MARION COUNTY

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

Docket No. 100330-WS

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

Florida

Volume 5
Book 2
Set 8 of 17

Part 3 of 3

Containing:
Permits
Monthly Operating Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE
07293 SEP-1 2
FPSC-COMMISSION CLERK

CONSUMPTIVE USE TECHNICAL STAFF REPORT
April 16, 2002
3095
(formerly 2-083-0258)

OWNER: Ocala Oaks Utilities Inc
Glen Labrecque
8374 Market St #419
Bradenton, FL
34202
(352) 694-7474

APPLICANT: Ocala Oaks / Aqua Source
Edward Wickham
1343 NE 17th Rd
Ocala, FL
34470
(352) 732-6027

AGENT: RHPA
Corey M Kramer El
PO Box 701323
Saint Cloud, FL
34770-01323
(407) 957-3308

PROJECT NAME: Hawks Point
ACRES CONTROLLED: 1.000
PROJECT ACREAGE: 60.000

LOCATION: Marion County
Section(s): 26 **Township(s):** 16S **Range(s):** 22E

AUTHORIZATION STATEMENT:

The District authorizes, as limited by the attached permit conditions, the use of 15.3 million gallons per year of ground water from the Floridan aquifer for the household use of 328 people.

WATER USE:

Requested Allocation:

15.3 million gallons per year (mgy) of ground water from the Floridan aquifer for household use of 328 people.

Recommended Allocation: same as requested.

Allocation Based On: Staff

Recommended Permit Duration:

20 year permit with no compliance report required pursuant to section 373.236(3), Florida Statutes. Permittee is required to comply with, and submit all information and data required by, the limiting conditions set forth in this technical staff report.

PREVIOUSLY PERMITTED USE:

CUP No. 2-083-0258

Expiration Date: November 9, 2001

Allocation: 12.8 mgy ground water from the Floridan aquifer for the household use of 325 people.

USE STATUS:

This is a renewal of a previously issued permit with a modification to increase allocation and population.

PROJECT DESCRIPTION:

TIMEFRAMES

Date application received:	11/7/01
Date of 1st RAI:	12/4/01
Date of receipt of response to 1st RAI:	1/22/02
Date of 2nd RAI:	2/13/02
Date of receipt of response to 2nd RAI:	3/4/02
Date application complete:	3/4/02
90th day:	6/2/02

Project Location

The project is located on S. E. 110th Street just west of Belleview in Marion County.

Background

This is an application for the renewal of an existing public supply operation with a modification to increase population and allocation.

	PRESENT	20 YEARS
Population Served:	323	328
Average Daily Use - Household (MGALS):	0.04	0.04
GPCD (average) - Household:	1 28.0	128.0
Yearly Use - Household (MGALS):	15.1	15.3
Yearly Use - Total (MGALS):	15.1	15.3

Effluent Disposal:

All wastewater is presently disposed through individual septic tanks.

Water Supply System Description

Two existing 6-inch diameter wells will be used to supply the household needs of 328 people.

Water Use information

Water use for public supply has been consistent throughout the duration of the previous permit and is not expected to increase over the next 20 years after the modification.

Permit Application Review

Section 373.223, Florida Statutes, and section 40C-2.301, Florida Administrative Code (F.A.C.), require an applicant to establish that the proposed use of water:

(a) is a reasonable-beneficial use;

(b) will not interfere with any presently existing legal use of water;

and,

(c) is consistent with the public interest.

In addition, the above requirements are further interpreted in chapter 40C-2, F.A.C., and in the District□s Applicant□s Handbook: Consumptive Uses of Water, February 8, 1999. District staff have reviewed the consumptive use permit application pursuant to the above described requirements and have determined that the application meets the conditions for issuance of this permit. Highlights of the staff□s review are discussed below.

I. Existing Legal Uses: Section 9.4.4, A.H. provides that the issuance of a permit will be denied as inconsistent with the public interest if the permit would allow withdrawals of water that would cause an interference with a legal use of water which existed at the time of permit application. This is a renewal for an existing use and there is an increase in allocation over previously permitted amounts. An analytical model indicated no drawdown in the Floridan aquifer at the property boundary associated with this use. With this small drawdown, staff believes this project will not interfere with existing legal uses.

WATER CONSERVATION:

Staff has evaluated whether this withdrawal meets the District□s water conservation requirements set forth in section 10.3 and 12.2.5, of the Applicant□s Handbook (A.H.). Subsection 10.3(e), A.H., provides that all available water conservation measures must be implemented unless the applicant demonstrates that implementation is not economically, environmentally or technologically feasible. 12.2.5.2 provides that the applicants who cannot implement all of the items listed in 12.2.5.1 must submit documentation demonstrating that the proposed use will otherwise meet the criterion in section 10.3(e). Staff has concluded that, due to the size of the community, conservation education and low per capita usage, the applicant has demonstrated that implementation of the factors listed in section 12.2.5.1 is not economically, environmentally or technologically feasible and that the requirements of section 12.2.5.2; A.H. will be met by implementation of the measures listed below:

1. Water conservation plumbing retrofitting devices supplied to customers.
2. Low volume fixtures are required by county codes for new construction.

3. All service connections are metered.
4. Visual leak detection program in use at this time.
5. Customers are educated as to restrictions and offered advice on locating leaks indoor and outdoors.
6. Brochures on water conservation are available to all customers.

USE OF REUSE/LOWER QUALITY SOURCE:

The staff evaluated whether the proposed withdrawal of water by this project meets the District□s lowest quality water source requirements set forth in section 10.3 of the Applicant□s Handbook (A.H.). Subsection 10.3 (f), A.H., states that when reclaimed water is readily available, it must be used in place of higher quality water sources unless the applicant demonstrates that its use is either not economically, environmentally, or technologically feasible. Subsection 10.3 (g), A.H., states that the lowest acceptable quality water source, including reclaimed water or surface water (which includes storm water), must be utilized for each consumptive use. To use a higher quality water source an applicant must demonstrate that the use of all lower quality water sources will not be economically, environmentally, or technologically feasible.

There is no source of reclaimed water or other lower quality source available for use at this project at this time. The staff is requiring the applicant to use a lower quality source when it becomes available and is feasible (Other Condition No. 9).

PERMIT DURATION:

The applicant has requested a 20-year duration permit. Section 6.5.1, A.H., states that when requested by an applicant, a consumptive use permit shall have a duration of 20 years provided that the applicant provides reasonable assurance that the proposed use meets the conditions for issuance in section 40C-2.301, F.A.C. and the criteria in Part II, A.H., for the requested 20-year permit duration. Staff has concluded that the applicant has met the above requirements and is therefore recommending issuance of a 20-year permit.

INTERESTED PARTIES: No
OBJECTORS: No

STATION INFORMATION:
SITE NAME: Hawks Point

Well Information:

Well No.	GRS Station No.	Casing Diameter (inches)	Well Depth (feet)	Status	Source
11185	11185	6	160	Active	Floridan Aquifer
11184	11184	6	160	Active	Floridan Aquifer

RECOMMENDATION: Approval

GENERAL CONDITIONS BY STAFF (FEBRUARY 12, 1999):

1, 2, 3, 4, 5, 6, 7, 8

OTHER CONDITIONS:

1. Total withdrawals from wells number 11184 (GRS ID 11184) and 11185 (GRS ID 11185) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31.

2. This permit will expire 20 years from the date of issuance.

3. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed 15.3 million gallons.

4. Wells number 11184 (GRS ID 11184) and 11185 (GRS ID 11185) (as listed on the application) are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

5. All submittals made to demonstrate compliance with this permit must include the CUP number 3095 plainly labeled thereon.

6. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

7. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

8. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.

9. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

REVIEWER:

Randall Motes
Cecil Slaughter

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

See page 4 for instructions

I. General Information for the Month Year of: May-08

A. Public Water System (PWS) Information

PWS Name:	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.

6-4-08
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: May-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water(s) Produced, gal *	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	UV Dose: Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	35,000		1.2								1	
2	X	24 hrs	25,000		1.2								1	
3	X	24 hrs	41,000		1.2									
4		24 hrs	41,000											
5	X	24 hrs	35,000		1.1								0.9	
6	X	24 hrs	42,000		1.2								1	
7	X	24 hrs	42,000		1.3								1.2	
8	X	24 hrs	46,000		1.8								1.5	
9	X	24 hrs	44,000		1.5								1.3	
10	X	24 hrs	39,000		1.1									
11		24 hrs	39,000											
12	X	24 hrs	40,000		1								0.8	
13	X	24 hrs	53,000		1.1								0.9	
14	X	24 hrs	48,000		1								0.8	
15	X	24 hrs	49,000		1								0.8	
16	X	24 hrs	27,000		1.1								0.9	
17	X	24 hrs	54,000		1									
18		24 hrs	54,000											
19	X	24 hrs	47,000		1								0.8	
20	X	24 hrs	36,000		1.1								0.9	
21	X	24 hrs	64,000		1								0.8	
22	X	24 hrs	30,000		1								0.8	
23	X	24 hrs	39,000		1								0.8	
24	X	24 hrs	36,000		1									
25		24 hrs	36,000											
26	X	24 hrs	46,000		1								0.8	
27	X	24 hrs	45,000		1								0.8	
28	X	24 hrs	59,000		1								0.8	
29	X	24 hrs	40,000		1								0.8	
30	X	24 hrs	31,000		1								0.7	
31	X	24 hrs	40,000		2.2									
Total			1,303,000											
Average			42,032											
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: June-08

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.

7-9-2008
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-08

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

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

Day of 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 Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp. of Water, C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	UV Dose: Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	40,000											
2	X	24 hrs	43,000		2.2								2.1	
3	X	24 hrs	26,000		2.2								2.1	
4	X	24 hrs	40,000		2.2								2.1	
5	X	24 hrs	26,000		1.8								1.6	
6	X	24 hrs	31,000		1.5								1.4	
7	X	24 hrs	42,000		1.2									
8		24 hrs	42,000											
9	X	24 hrs	36,000		1.2								1	
10	X	24 hrs	14,000		1.2								1	
11	X	24 hrs	29,000		1.1								1	
12	X	24 hrs	23,000		1.4								1	
13	X	24 hrs	31,000		1.2								1	
14	X	24 hrs	31,000		1.4								1	
15		24 hrs	31,000											
16	X	24 hrs	19,000		1								0.9	
17	X	24 hrs	35,000		1								0.9	
18	X	24 hrs	21,000		1								0.9	
19	X	24 hrs	36,000		1								0.8	
20	X	24 hrs	20,000		1.1								1	
21	X	24 hrs	26,000		0.2								0.8	
22		24 hrs	26,000											
23	X	24 hrs	27,000		1								0.8	
24	X	24 hrs	22,000		1								0.8	
25	X	24 hrs	27,000		1.5								1.3	
26	X	24 hrs	23,000		1.3								1.1	
27	X	24 hrs	23,000		1.2								1	
28	X	24 hrs	24,000		1.2									
29		24 hrs	23,000											
30	X	24 hrs	27,000		1.2								1	
31		24 hrs												
Total			864,000											
Average			28,800											
Maximum			43,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point		Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8-7-08	Gary Kissick	C-7846

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Was Plant Staffed or Visited by Operator? (Yes or X)	Hours plant was in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, If Applicable*								UV Dose*		Lowest Residual Disinfectant Concentration in 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
				Treatment Plant Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Measurement Point During Peak Flow at (Time)	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	18,000		1.3								1.0	
2	X	24.0	39,000		1.3								1.0	
3	X	24.0	24,000		1.1								0.9	
4	X	24.0	32,000		1.4								1.0	
5		24.0	32,000											
6	X	24.0	29,000		1.3									
7	X	24.0	21,000		1.3								1.1	
8	X	24.0	26,000		1.1								0.9	
9	X	24.0	29,000		1.0								0.8	
10	X	24.0	28,000		1.0								0.8	
11	X	24.0	19,000		1.0								0.8	
12	X	24.0	29,000		1.2								1.0	
13		24.0	29,000											
14	X	24.0	30,000		1.0								0.8	
15	X	24.0	21,000		1.0								0.8	
16	X	24.0	21,000		1.0								0.8	
17	X	24.0	25,000		1.0								0.8	
18	X	24.0	19,000		1.0								0.9	
19	X	24.0	29,000		1.0								1.0	
20		24.0	29,000											
21	X	24.0	27,000		1.3								1.2	
22	X	24.0	28,000		1.2								1.0	
23	X	24.0	26,000		1.0								0.7	
24	X	24.0	24,000		0.8								0.6	
25	X	24.0	21,000		2.2								2.2	
26	X	24.0	31,000		1.7									
27		24.0	31,000											
28	X	24.0	24,000		1.0								0.8	
29	X	24.0	24,000		1.4								1.2	
30	X	24.0	21,000		1.4								1.2	
31	X	24.0	31,000		0.9								0.8	
Total			817,000											
Average			26,355											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

II. Certification by Lead/Chief Operator

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

9-8-08
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Plant Operated (X)	Hours Plant Operated	Quantity of Finished Water Produced, gallons	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg/L-min	Temp of Water, C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	26,000		1.0								0.8	
2		24.0	26,000											
3	X	24.0	29,000		1.0								0.8	
4	X	24.0	24,000		1.0								0.9	
5	X	24.0	36,000		1.8								1.7	
6	X	24.0	22,000		2.0								1.9	
7	X	24.0	28,000		1.5								1.3	
8	X	24.0	15,000		1.4								1.2	
9	X	24.0	35,000		1.4									
10		24.0	35,000											
11	X	24.0	27,000		1.0								0.7	
12	X	24.0	25,000		1.0								0.7	
13	X	24.0	26,000		1.0								0.8	
14	X	24.0	20,000		1.1								0.8	
15	X	24.0	21,000		1.1								1.0	
16	X	24.0	35,000		1.2								1.0	
17		24.0	35,000											
18	X	24.0	18,000		1.1								0.9	
19	X	24.0	27,000		1.1								1.0	
20	X	24.0	23,000		1.2								1.0	
21	X	24.0	21,000		1.1								0.9	
22	X	24.0	16,000		1.1								0.9	
23	X	24.0	27,000		1.0									
24		24.0	27,000											
25	X	24.0	28,000		0.9								0.7	
26	X	24.0	22,000		1.0								0.8	
27	X	24.0	29,000		1.0								0.8	
28	X	24.0	30,000		1.0								0.8	
29	X	24.0	31,000		2.2								2.1	
30	X	24.0	22,000		2.2									
31		24.0	22,000											
Total			808,000											
Avgerage			26,065											
Maximum			36,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

10.8.2008
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Month Day	Plant Operation (Yes/No)	Hours Plant Operated	Net Quantity of Finished Water Produced (Gallons)	CT Calculations for UV Dose to Demostrate Four-Log Virus Inactivation, if Applicable*							UV Dose			
				Peak Hourly Flow Rate, gpd*	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow (mg/L)*	Disinfectant Contact Time (T) During Peak Flow (minutes)*	Value of CT Provided Before Point of First Customer During Peak Flow (mg-min/L)*	Temp of Water (°C) if Applicable	pH of Water if Applicable	Minimum CT Required, mg-min/L*	Lowest Operating UV Dose, mWsec/cm²	Minimum UV Dose Required, mWsec/cm²	Lowest Residual Disinfectant Concentration (C) in Water Entering the Distribution System (mg/L)	Emergency or Abnormal Operating Conditions (Explain: Maintenance, Well Out of Service, Leaking Water System Components, Out of Operation, etc.)
1	X	24.0	37,000		2.2								2.2	
2	X	24.0	17,000		1.8								1.8	
3	X	24.0	29,000		2.2								2.2	
4	X	24.0	22,000		2.2								2.2	
5	X	24.0	28,000		2.2								2.2	
6		24.0	28,000											
7	X	24.0	18,000		2.2									
8	X	24.0	29,000		2.0								1.9	
9	X	24.0	22,000		1.5								1.5	
10	X	24.0	29,000		1.5								1.4	
11	X	24.0	17,000		1.6								1.4	
12	X	24.0	28,000		1.2								1.0	
13		24.0	28,000											
14	X	24.0	37,000		1.1									
15	X	24.0	15,000		1.1								0.9	
16	X	24.0	30,000		1.1								0.9	
17	X	24.0	24,000		1.2								1.0	
18	X	24.0	20,000		1.2								1.2	
19	X	24.0	24,000		1.2								1.1	
20		24.0	24,000											
21	X	24.0	31,000		1.2									
22	X	24.0	20,000		1.2								1.1	
23	X	24.0	24,000		1.1								1.0	
24	X	24.0	32,000		1.2								1.1	
25	X	24.0	27,000		1.2								1.1	
26	X	24.0	31,000		1.3								1.2	
27	X	24.0	33,000		1.0									
28		24.0	33,000											
29	X	24.0	25,000		1.1								1.0	
30	X	24.0	17,000		1.0								1.0	
31		24.0												
Total			779,000											
Average			25,129											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

II. Certification by Lead/Chief Operator

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

11-6-2008
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Was Plant Staffed and in Operation? (Place an X)	Hours Plant Staffed and in Operation	Quantity of Finished Water Produced (gallons)	CT Calculations for UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*							UV Dose*		Lowest Residual Disinfectant Concentration in 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 (Yes or No)
				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 (minutes)	Lowest CT Provided Before or at the First Customer During Peak Hourly Flow (C x T) (mg-min/L)	Temp of Water (°C)	pH of Water If Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)		
1	X	24.0	38,000		1.0								1.0	
2	X	24.0	23,000		1.1								1.0	
3	X	24.0	26,000		1.0								1.0	
4	X	24.0	36,000		1.2								1.0	
5		24.0	36,000											
6	X	24.0	27,000		1.3								1.2	
7	X	24.0	28,000		1.3								1.2	
8	X	24.0	25,000		1.2								1.1	
9	X	24.0	22,000		1.2								1.2	
10	X	24.0	20,000		1.2								1.1	
11	X	24.0	33,000		1.2								1.0	
12		24.0	33,000											
13	X	24.0	25,000		1.2								1.1	
14	X	24.0	31,000		1.2								1.1	
15	X	24.0	36,000		1.1								1.0	
16	X	24.0	23,000		1.1								1.0	
17	X	24.0	32,000		1.2								1.1	
18	X	24.0	38,000		1.0									
19		24.0	38,000											
20	X	24.0	28,000		1.2								1.1	
21	X	24.0	31,000		1.2								1.1	
22	X	24.0	35,000		1.1								1.1	
23	X	24.0	19,000		1.1								1.0	
24	X	24.0	26,000		1.0								1.0	
25	X	24.0	28,000		1.0									
26		24.0	28,000											
27	X	24.0	27,000		1.0								0.9	
28	X	24.0	27,000		1.0								0.9	
29	X	24.0	29,000		1.0								0.9	
30	X	24.0	29,000		1.0								1.0	
31	X	24.0	28,000		1.0								1.0	
Total			905,000											
Average			29,194											
Maximum			38,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
ontact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

II. Certification by Lead/Chief Operator

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

12-4-2008
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Days Plant Staffed by Operator (Place an "X")	Hours plant in Operation	Net Quantity of Finished Water Produced	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Hourly 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 the First Customer During Peak Flow, mg/L-min	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg/L-min	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24.0	29,000												
2	X	24.0	26,000		1.2									1.0	
3	X	24.0	27,000		0.8									0.7	
4	X	24.0	25,000		1.0									0.9	
5	X	24.0	38,000		1.3									1.3	
6	X	24.0	27,000		1.2									1.2	
7	X	24.0	29,000		1.2									1.2	
8	X	24.0	43,000		1.2									1.0	
9		24.0	43,000												
10	X	24.0	32,000		1.2									1.1	
11	X	24.0	27,000		1.1									1.0	
12	X	24.0	55,000		1.2									1.1	
13	X	24.0	28,000		1.1									1.0	
14	X	24.0	38,000		1.1									1.0	
15	X	24.0	39,000		1.0										
16		24.0	39,000												
17	X	24.0	47,000		1.0									1.0	
18	X	24.0	40,000		1.0									1.0	
19	X	24.0	42,000		1.0									0.9	
20	X	24.0	30,000		1.0									1.0	
21	X	24.0	27,000		1.0									1.0	
22	X	24.0	36,000		2.0										
23		24.0	36,000												
24	X	24.0	16,000		1.6									1.5	
25	X	24.0	31,000		1.5									1.5	
26	X	24.0	23,000		1.6									1.5	
27	X	24.0	31,000		1.6									1.6	
28	X	24.0	28,000		1.4									1.4	
29	X	24.0	30,000		1.2									1.0	
30		24.0	30,000												
31		24.0													
Total			992,000												
Average			32,000												
Maximum			55,000												

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

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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point		Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

1-8-2009

Signature and Date

Gary Kissick

Printed or Typed Name

C-7846

License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Started or Visited by Operator (Place an "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	24.0	20,000		1.1								1.0	
2	X	24.0	31,000		1.1								1.0	
3	X	24.0	26,000		1.0								0.9	
4	X	24.0	20,000		1.0								0.9	
5	X	24.0	27,000		1.1								0.9	
6	X	24.0	32,000		1.2								1.0	
7		24.0	32,000											
8	X	24.0	24,000		1.1								1.0	
9	X	24.0	18,000		1.0								0.9	
10	X	24.0	31,000		1.0								0.9	
11	X	24.0	22,000		1.1								1.0	
12	X	24.0	14,000		1.1								1.0	
13	X	24.0	35,000		1.1									
14		24.0	35,000											
15	X	24.0	27,000		1.0								0.9	
16	X	24.0	28,000		1.0								0.9	
17	X	24.0	29,000		1.0								0.9	
18	X	24.0	24,000		1.0								1.0	
19	X	24.0	28,000		1.0								0.9	
20	X	24.0	31,000		1.0									
21		24.0	31,000											
22	X	24.0	22,000		1.0								1.0	
23	X	24.0	23,000		1.0								0.9	
24	X	24.0	34,000		1.1								1.0	
25	X	24.0	31,000		1.0								1.0	
26	X	24.0	24,000		1.0								0.9	
27	X	24.0	35,000		1.0								1.0	
28		24.0	35,000											
29	X	24.0	30,000		1.0								0.9	
30	X	24.0	28,000		0.9								0.8	
31	X	24.0	30,000		0.9								0.8	
Total			857,000											
Average			27,645											
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

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: * 2008

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

II. Certification by Lead/Chief Operator

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

2-5-2009
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/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	24.0	34,000		0.9								0.8	
2	X	24.0	22,000		1.0								0.9	
3	X	24.0	37,000		1.0								1.0	
4		24.0	37,000											
5	X	24.0	30,000		0.9								0.9	
6	X	24.0	23,000		1.0								0.9	
7	X	24.0	32,000		0.9								0.9	
8	X	24.0	23,000		1.0								0.9	
9	X	24.0	26,000		1.0								1.0	
10	X	24.0	33,000		1.0								0.9	
11		24.0	33,000											
12	X	24.0	25,000		1.0								0.9	
13	X	24.0	19,000		0.9								0.9	
14	X	24.0	38,000		1.0								0.9	
15	X	24.0	22,000		1.0								0.8	
16	X	24.0	15,000		0.9								0.8	
17	X	24.0	21,000		2.2									
18		24.0	22,000											
19	X	24.0	19,000		1.9								0.9	
20	X	24.0	25,000		1.8								0.9	
21	X	24.0	22,000		1.7								1.6	
22	X	24.0	16,000		1.6								1.6	
23	X	24.0	21,000		1.6								1.5	
24		24.0	22,000											
25	X	24.0	25,000		1.4								1.2	
26	X	24.0	28,000		1.5								1.4	
27	X	24.0	26,000		1.1								1.0	
28	X	24.0	25,000		1.1								1.0	
29	X	24.0	22,000		1.0								0.9	
30	X	24.0	23,000		1.0								0.8	
31	X	24.0	27,000		1.2								1.0	
Total			793,000											
Avgerage			25,581											
Maximum			38,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point		Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

3/9/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place an "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm		
1		24.0	27,000											
2	X	24.0	19,000		1.1								1.0	
3	X	24.0	28,000		1.1								0.9	
4	X	24.0	32,000		1.0								0.9	
5	X	24.0	21,000		1.0								0.9	
6	X	24.0	20,000		1.0								0.8	
7	X	24.0	35,000		1.0									
8		24.0	36,000											
9	X	24.0	30,000		1.1								1.0	
10	X	24.0	23,000		1.1								1.0	
11	X	24.0	35,000		0.9								0.8	
12	X	24.0	26,000		1.0								1.0	
13	X	24.0	29,000		1.2								1.1	
14		24.0	30,000											
15	X	24.0	38,000		1.2									
16	X	24.0	27,000		1.2								1.1	
17	X	24.0	29,000		1.1								1.1	
18	X	24.0	30,000		1.1								1.0	
19	X	24.0	32,000		1.1								1.0	
20	X	24.0	20,000		1.1								1.0	
21	X	24.0	63,000		1.0								1.0	
22		24.0	64,000											
23	X	24.0	25,000		0.9								0.9	
24	X	24.0	21,000		1.0								0.9	
25	X	24.0	40,000		1.0								0.9	
26	X	24.0	27,000		1.0								0.9	
27	X	24.0	22,000		1.0								0.9	
28		24.0	22,000											
29		24.0												
30		24.0												
31		24.0												
Total			851,000											
Avgerage			27,452											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
ontact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II Certification by Lead/Chief Operator

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

4/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	39,000		1.0								0.8	
2	X	24.0	20,000		0.9								0.9	
3	X	24.0	31,000		1.0								0.9	
4	X	24.0	44,000		1.0								2.2	
5	X	24.0	30,000		2.2								0.7	
6	X	24.0	30,000		0.9									
7	X	24.0	33,000		1.0								0.8	
8		24.0	35,000										0.8	
9	X	24.0	21,000		1.0								0.9	
10	X	24.0	38,000		1.0								0.8	
11	X	24.0	33,000		1.0								0.8	
12	X	24.0	24,000		0.9								0.8	
13	X	24.0	40,000		0.9								0.8	
14	X	24.0	35,000		1.0									
15		24.0	36,000										2.2	
16	X	24.0	24,000		2.2								1.9	
17	X	24.0	23,000		1.9								1.7	
[illegible]	X	24.0	38,000		1.7								1.2	
19	X	24.0	43,000		1.3								1.2	
20	X	24.0	63,000		1.3								1.2	
21	X	24.0	37,000		1.4									
22		24.0	38,000										1.2	
23	X	24.0	32,000		1.2								1.1	
24	X	24.0	28,000		1.2								0.8	
25	X	24.0	45,000		1.0								0.8	
26	X	24.0	36,000		1.0								0.9	
27	X	24.0	49,000		1.0								1.0	
28	X	24.0	25,000		1.0									
29		24.0	25,000										0.9	
30	X	24.0	44,000		1.0								0.9	
31	X	24.0	22,000		0.9									
Total			1,061,000											
Avgerage			34,226											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point	PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Hawks Point	Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
D Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/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	24.0	47,000		1.0								0.9	
2	X	24.0	24,000		1.0								0.8	
3	X	24.0	36,000		1.0								1.0	
4		24.0	37,000											
5	X	24.0	49,000		1.0								0.8	
6	X	24.0	31,000		0.9								0.8	
7	X	24.0	33,000		0.9								0.8	
8	X	24.0	34,000		1.0								0.9	
9	X	24.0	50,000		0.9								0.8	
10	X	24.0	38,000		0.9								0.8	
11	X	24.0	44,000		1.1									
12		24.0	44,000											
13	X	24.0	43,000		1.0								0.9	
14	X	24.0	31,000		1.0								0.9	
15	X	24.0	35,000		1.0								1.0	
16	X	24.0	34,000		1.0								0.9	
17	X	24.0	40,000		0.9								0.8	
	X	24.0	39,000		1.0								0.8	
		24.0	39,000											
20	X	24.0	45,000		0.9								0.8	
21	X	24.0	38,000		0.9								0.8	
22	X	24.0	46,000		1.0								0.9	
23	X	24.0	44,000		1.0								1.0	
24	X	24.0	36,000		0.9								0.8	
25	X	24.0	59,000		0.8								0.6	
26		24.0	59,000											
27	X	24.0	54,000		0.9								0.8	
28	X	24.0	51,000		1.0								0.9	
29	X	24.0	42,000		0.8								0.7	
30	X	24.0	42,000		0.9								0.8	
31		24.0												
Total			1,244,000											
Avgerage			40,129											
Maximum			59,000											

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

II Certification by Lead/Chief Operator

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

6/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Mainteinance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	35,000		0.9								0.8	
2	X	24.0	50,500		1.0									
3		24.0	50,500											
4	X	24.0	26,000		0.9								0.8	
5	X	24.0	40,000		1.0								0.8	
6	X	24.0	38,000		0.9								0.8	
7	X	24.0	35,000		0.9								0.8	
8	X	24.0	21,000		0.9								0.8	
9	X	24.0	36,500		1.0									
10		24.0	36,500											
11	X	24.0	28,000		1.2								1.1	
12	X	24.0	17,000		0.6								0.4	
13	X	24.0	13,000		1.1								0.9	
14	X	24.0	24,000		1.2								1.2	
15	X	24.0	17,000		1.2								1.2	
16	X	24.0	30,000		1.2								1.1	
17		24.0	30,000											
18	X	24.0	19,000		1.2								1.0	
19	X	24.0	18,000		1.2								1.0	
	X	24.0	27,000		1.0								1.0	
	X	24.0	27,000		1.0								1.0	
22	X	24.0	28,000		0.9								0.8	
23	X	24.0	29,500		1.0								0.8	
24		24.0	29,500											
25	X	24.0	47,000		1.9								1.8	
26	X	24.0	22,000		1.5								1.5	
27	X	24.0	36,000		1.5								1.4	
28	X	24.0	36,000		1.5								1.4	
29	X	24.0	29,000		1.0								0.9	
30	X	24.0	44,000		0.9									
31		24.0	45,000											
Total			965,000											
Avgerage			31,129											
Maximum			50,500											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
7/8/09	Paul Thompson	A-7251

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	41,000		0.9								0.8	
2	X	24.0	35,000		0.8								0.7	
3	X	24.0	23,000		1.5								1.4	
4	X	24.0	46,000		1.3								1.2	
5	X	24.0	25,000		1.2								1.2	
6	X	24.0	41,000		1.2									
7		24.0	41,000											
8	X	24.0	39,000		1.1								1.1	
9	X	24.0	33,000		1.0								1.0	
10	X	24.0	54,000		1.0								1.0	
11	X	24.0	38,000		1.0								0.9	
12	X	24.0	38,000		1.0								0.9	
13	X	24.0	40,000		1.0								1.0	
14		24.0	41,000											
15	X	24.0	48,000		0.8								0.7	
16	X	24.0	30,000		1.1								0.9	
17	X	24.0	34,000		1.0								0.9	
[illegible]	X	24.0	28,000		1.1								0.9	
[illegible]	X	24.0	51,000		0.9								0.8	
20	X	24.0	51,000		0.8								0.6	
21		24.0	52,000											
22	X	24.0	45,000		0.8								0.7	
23	X	24.0	39,000		0.9								0.8	
24	X	24.0	35,000		1.0								1.0	
25	X	24.0	43,000		1.0								0.9	
26	X	24.0	33,000		0.7								0.6	
27	X	24.0	39,000		1.0									
28		24.0	43,000											
29	X	24.0	34,000		1.2								1.0	
30	X	24.0	35,000		0.9								0.8	
31		24.0												
Total			1,175,000											
Avgerage			37,903											
Maximum			54,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8/7/09	Paul Thompson	A-7251

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* — CT Calculations: Peak Flow Rate, gpd.	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	X	24.0	47,000		0.9								0.8	
2	X	24.0	32,000		0.5								0.3	
3	X	24.0	39,000		1.2								1.1	
4	X	24.0	49,000		1.0									
5		24.0	50,000											
6	X	24.0	38,000		0.9								0.7	
7	X	24.0	27,000		0.9								0.8	
8	X	24.0	27,000		1.1								1.0	
9	X	24.0	34,000		2.2								2.2	
10	X	24.0	30,000		2.2								2.2	
11	X	24.0	47,000		1.6								1.4	
12		24.0	47,000											
13	X	24.0	43,000		2.2								2.1	
14	X	24.0	38,000		1.4								1.3	
15	X	24.0	46,000		1.3								1.3	
16	X	24.0	34,000		1.9								1.3	
17	X	24.0	29,000		1.0								0.9	
18	X	24.0	32,000		1.0									
19		24.0	33,000											
20	X	24.0	30,000		0.9								0.8	
21	X	24.0	24,000		1.1								1.0	
22	X	24.0	23,000		1.1								1.0	
23	X	24.0	20,000		1.1								1.1	
24	X	24.0	26,000		1.0								1.0	
25	X	24.0	59,000		1.0									
26		24.0	60,000											
27	X	24.0	31,000		1.2								1.2	
28	X	24.0	20,000		0.9								0.8	
29	X	24.0	31,000		0.9								0.8	
30	X	24.0	21,000		0.9								0.8	
31	X	24.0	16,000		1.2								1.1	
Total			1,083,000											
Avgerage			34,935											
Maximum			60,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
09/04/09	Paul Thompson	A-7251

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	21,000		1.0								1.0	
2		24.0	25,500											
3	X	24.0	24,500		1.1								1.0	
4	X	24.0	20,000		1.1								1.0	
5	X	24.0	20,000		1.0								0.9	
6	X	24.0	22,000		1.1								1.0	
7	X	24.0	98,000		1.2								1.2	
8	X	24.0	25,000		1.0								1.0	
9		24.0	28,500											
10	X	24.0	26,500		1.1								1.1	
11	X	24.0	26,000		0.9								0.8	
12	X	24.0	25,000		1.0								0.8	
13	X	24.0	22,000		1.5								1.1	
14	X	24.0	21,000		1.4								1.0	
15	X	24.0	24,000		1.2								1.0	
16		24.0	24,000											
17	X	24.0	23,000		1.0								1.0	
	X	24.0	22,000		1.1								1.0	
	X	24.0	27,000		1.0								1.0	
20	X	24.0	25,000		1.0								0.9	
21	X	24.0	21,000		0.9								0.8	
22	X	24.0	23,000		1.0									
23		24.0	26,000											
24	X	24.0	25,000		0.9								0.8	
25	X	24.0	23,000		1.1								1.0	
26	X	24.0	19,000		1.1								1.0	
27	X	24.0	21,000		1.0								1.0	
28	X	24.0	26,000		1.0								0.9	
29	X	24.0	27,000		1.0								0.8	
30		24.0	32,000											
31	X	24.0	28,000		2.2								2.2	
Total			821,000											
Avgerage			26,484											
Maximum			98,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

10/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	*Lowest Residual* Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	*Disinfectant Contact Time* (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided *Before or at* First Customer During Peak Flow, mg-min/L	*Temp of* Water, °C	*pH of Water,* if Applicable	Minimum CT *Required, mg* min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	24,000		1.7								1.7	
2	X	24.0	28,000		1.5								1.5	
3	X	24.0	17,000		1.3								1.2	
4	X	24.0	28,000		1.3								1.3	
5	X	24.0	30,000		1.4								1.2	
6		24.0	30,000											
7	X	24.0	25,000		1.3								1.3	
8	X	24.0	26,000		1.2								1.2	
9	X	24.0	32,000		1.2								1.2	
10	X	24.0	33,000		1.2								1.2	
11	X	24.0	18,000		1.2								1.1	
12	X	24.0	24,000		1.2									
13		24.0	24,000											
14	X	24.0	29,000		1.0								0.9	
15	X	24.0	22,000		1.0								0.9	
16	X	24.0	25,000		1.1								1.0	
17	X	24.0	20,000		1.1								1.0	
	X	24.0	23,000		1.1								1.1	
	X	24.0	27,000		1.0									
20		24.0	27,000											
21	X	24.0	29,000		1.0								0.9	
22	X	24.0	21,000		1.0								0.9	
23	X	24.0	21,000		1.0								1.0	
24	X	24.0	27,000		0.9								0.8	
25	X	24.0	19,000		1.0								1.0	
26	X	24.0	27,000		1.0								1.0	
27		24.0	27,000											
28	X	24.0	24,000		0.9								0.8	
29	X	24.0	23,000		1.1								1.0	
30	X	24.0	29,000		1.1								1.1	
31		24.0												
Total			759,000											
Avgerage			24,484											
Maximum			33,000											

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point		PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Hawks Point		Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

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II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/6/09	Paul Thompson	A-7251

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
y of ne Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	21,000		1.1								1.1	
2	X	24.0	23,000		1.0								1.0	
3	X	24.0	31,000		1.0								0.8	
4		24.0	31,000											
5	X	24.0	30,000		0.9								0.7	
6	X	24.0	22,000		0.9								0.8	
7	X	24.0	21,000		1.0								0.9	
8	X	24.0	27,000		1.0								0.9	
9	X	24.0	21,000		1.0								0.9	
10	X	24.0	29,000		1.0									
11		24.0	30,000											
12	X	24.0	39,000		1.1								1.0	
13	X	24.0	17,000		1.0								0.9	
14	X	24.0	25,000		1.0								0.9	
15	X	24.0	23,000		0.9								0.8	
16	X	24.0	15,000		1.0								1.0	
17	X	24.0	31,000		1.0									
1		24.0	32,000											
19	X	24.0	27,000		1.1								1.0	
20	X	24.0	25,000		1.1								1.0	
21	X	24.0	34,000		1.1								1.1	
22	X	24.0	31,000		1.1								1.1	
23	X	24.0	24,000		1.0								1.0	
24	X	24.0	40,000		1.0									
25		24.0	40,000											
26	X	24.0	22,000		0.9								0.8	
27	X	24.0	39,000		1.1								1.0	
28	X	24.0	35,000		1.0								0.9	
29	X	24.0	23,000		1.0								0.9	
30	X	24.0	23,000		0.9								0.8	
31		24.0	24,000											
Total			855,000											
Avgerage			27,581											
Maximum			40,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

12/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	49,000		1.0								1.0	
2	X	24.0	23,000		1.1								1.0	
3	X	24.0	29,000		1.0								1.0	
4	X	24.0	29,000		1.2								1.0	
5	X	24.0	27,000		1.0								1.0	
6	X	24.0	26,000		1.1								1.0	
7	X	24.0	33,000		1.2								1.0	
8		24.0	33,000											
9	X	24.0	29,000		0.8								0.7	
10	X	24.0	14,000		0.9								0.8	
11	X	24.0	38,000		0.8								0.7	
12	X	24.0	18,000		0.8								0.7	
13	X	24.0	20,000		0.8								0.7	
14	X	24.0	23,000		0.8									
15		24.0	22,000											
16	X	24.0	30,000		0.7								0.5	
17	X	24.0	25,000		2.2								2.2	
18	X	24.0	18,000		2.0								2.0	
19	X	24.0	27,000		1.5								1.5	
20	X	24.0	21,000		1.6								1.5	
21	X	24.0	27,000		1.4								1.2	
22		24.0	28,000											
23	X	24.0	27,000		2.2								2.2	
24	X	24.0	23,000		1.8								1.8	
25	X	24.0	23,000		1.0								0.9	
26	X	24.0	25,000		1.4								1.3	
27	X	24.0	26,000		1.3								1.3	
28	X	24.0	30,000		1.2									
29		24.0	30,000											
30	X	24.0	15,000		1.3								1.3	
31		24.0												
Total			788,000											
Avgerage			25,419											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point		Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

1/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS Identificaiton Number:	3424685	Plant Name	Hawks Point

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	34,000		1.2								1.2	
2	X	24.0	25,000		1.3								1.2	
3	X	24.0	17,000		1.2								1.2	
4	X	24.0	27,000		1.2								1.0	
5	X	24.0	25,000		1.4								1.2	
6		24.0	26,000											
7	X	24.0	31,000		1.2								1.1	
8	X	24.0	25,000		1.2								1.2	
9	X	24.0	23,000		1.3								1.2	
10	X	24.0	21,000		1.2								1.1	
11	X	24.0	21,000		1.2								1.0	
12	X	24.0	28,000		1.2								1.2	
13		24.0	29,000											
14	X	24.0	30,000		1.2								1.2	X - HPT Inspection
15	X	24.0	29,000		1.1								1.0	
16	X	24.0	23,000		1.2								1.2	
17	X	24.0	27,000		1.1								1.0	
18	X	24.0	30,000		1.1								1.1	
19	X	24.0	24,000		1.1									
20		24.0	24,000											
21	X	24.0	34,000		1.1								1.0	
22	X	24.0	29,000		1.0								1.0	
23	X	24.0	23,000		1.5								1.4	
24	X	24.0	22,000		1.6								1.5	
25	X	24.0	23,000		1.5								1.5	
26	X	24.0	24,000		1.4									
27		24.0	25,000											
28	X	24.0	38,000		1.3								1.2	
29	X	24.0	29,000		1.0								1.0	
30	X	24.0	26,000		1.0								0.9	
31	X	24.0	26,000		1.1								1.0	
Total			818,000											
Avgerage			26,387											
Maximum			38,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

47

II. Certification by Lead/Chief Operator

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

02/08/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	23,000		1.1								1.0	
2	X	24.0	31,000		1.2								1.0	
3		24.0	32,000											
4	X	24.0	26,000		1.2								1.1	
5	X	24.0	20,000		1.0								0.9	
6	X	24.0	36,000		1.2								1.1	
7	X	24.0	34,000		1.4								1.3	
8	X	24.0	20,000		1.3								1.2	
9	X	24.0	26,000		1.3									
10		24.0	26,000											
11	X	24.0	31,000		1.2								1.1	
12	X	24.0	37,000		1.4								1.3	
13	X	24.0	35,000		1.4								1.4	
14	X	24.0	24,000		1.2								1.1	
15	X	24.0	14,000		1.1								1.0	
16	X	24.0	26,000		1.0									
17		24.0	26,000											
18	X	24.0	24,000		1.2								1.1	
19	X	24.0	18,000		1.1								1.0	
20	X	24.0	21,000		1.3								1.2	
21	X	24.0	18,000		1.2								1.2	
22	X	24.0	23,000		1.1								1.0	
23	X	24.0	25,000		1.1									
24		24.0	26,000											
25	X	24.0	20,000		1.1								1.0	
26	X	24.0	20,000		1.2								1.2	
27	X	24.0	20,000		1.2								1.2	
28	X	24.0	25,000		1.1								1.0	
29	X	24.0	19,000		1.2								1.2	
30	X	24.0	25,000		1.2									
31		24.0	26,000											
Total			777,000											
Avgerage			25,065											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
3/9/10	Paul Thompson	A-7251

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	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 if Applicable	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	24.0	17,000		1.4								1.3	
2	X	24.0	32,000		1.3								1.3	
3	X	24.0	25,000		1.3								1.3	
4	X	24.0	17,000		1.2								1.2	
5	X	24.0	18,000		1.2								1.1	
6	X	24.0	23,000		1.2									
7		24.0	24,000											
8	X	24.0	27,000		1.0								0.9	
9	X	24.0	23,000		1.0								1.0	
10	X	24.0	18,000		1.1								1.0	
11	X	24.0	20,000		1.1								1.0	
12	X	24.0	21,000		1.0								1.0	
13	X	24.0	26,000		1.1									
14		24.0	27,000											
15	X	24.0	22,000		1.0								0.9	
16	X	24.0	20,000		1.2								1.1	
17	X	24.0	20,000		1.1								1.0	
18	X	24.0	22,000		1.1								1.0	
19	X	24.0	18,000		1.2								1.0	
20	X	24.0	26,000		1.2									
21		24.0	27,000											
22	X	24.0	28,000		1.2								1.0	
23	X	24.0	32,000		1.2								1.0	
24	X	24.0	26,000		1.1								1.0	
25	X	24.0	21,000		1.1								1.0	
26	X	24.0	19,000		1.2								1.0	
27	X	24.0	25,000		1.2								1.0	
28		24.0	25,000											
29		24.0												
30		24.0												
31		24.0												
Total			649,000											
Avgerage			20,935											
Maximum			32,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/8/10	Paul Thompson	A-7251

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before of at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	25,000		1.1								0.9	
2	X	24.0	20,000		1.0								0.8	
3	X	24.0	23,000		1.1								1.0	
4	X	24.0	22,000		1.1								0.9	
5	X	24.0	20,000		1.1								0.9	
6	X	24.0	28,000		1.1									
7		24.0	29,000											
8	X	24.0	24,000		1.0								1.0	
9	X	24.0	23,000		1.2								1.0	
10	X	24.0	21,000		1.1								0.9	
11	X	24.0	19,000		1.1								1.1	
12	X	24.0	27,000		1.1								1.0	
13	X	24.0	26,000		1.0									
14		24.0	27,000											
15	X	24.0	28,000		1.1								1.0	
16	X	24.0	19,000		1.2								1.0	
17	X	24.0	26,000		1.4								1.0	
18	X	24.0	20,000		1.3								1.1	
19	X	24.0	26,000		1.1								0.9	
20		24.0	26,000											
21	X	24.0	33,000		1.2									
22	X	24.0	19,000		1.1								1.1	
23	X	24.0	25,000		1.0								0.9	
24	X	24.0	23,000		1.2								1.0	
25	X	24.0	20,000		1.2								1.0	
26	X	24.0	19,000		1.0								0.9	
27	X	24.0	24,000		1.2									
28		24.0	25,000											
29	X	24.0	27,000		1.2								1.0	
30	X	24.0	23,000		1.2								1.0	
31	X	24.0	25,000		1.1								1.0	
Total			742,000											
Average			23,935											
Maximum			33,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hawks Point			PWS Identification Number:	3424685
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawks Point			Plant Telephone Number:	352-787-0980
Plant Address:	SE 43rd Ave & SE 107th	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Larry White	C	7082	Days 1st Shift

II. Certification by Lead/Chief Operator

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

5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS Identificaiton Number:	3424685	Plant Name:	Hawks Point

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	21,000		1.2								1.1	
2	X	24.0	38,000		1.2								1.0	
3	X	24.0	25,000		1.2								1.0	
4		24.0	26,000											
5	X	24.0	43,000		1.4								1.0	
6	X	24.0	25,000		1.3								1.0	
7	X	24.0	39,000		1.4								1.0	
8	X	24.0	23,000		1.4								1.1	
9	X	24.0	25,000		1.3								1.1	
10	X	24.0	38,000		1.2								1.0	
11		24.0	38,000											
12	X	24.0	20,000		1.3								1.1	
13	X	24.0	34,000		1.2								1.0	
14	X	24.0	41,000		1.2								1.0	
15	X	24.0	26,000		1.2								1.1	
16	X	24.0	27,000		1.2								1.1	
17	X	24.0	45,000		1.2									
18		24.0	46,000											
19	X	24.0	37,000		1.2								1.0	
20	X	24.0	26,000		1.2								1.1	
21	X	24.0	35,000		1.1								1.0	
22	X	24.0	26,000		1.2								1.0	
23	X	24.0	37,000		1.2								1.1	
24	X	24.0	34,000		1.2									
25		24.0	34,000											
26	X	24.0	28,000		1.2								1.1	
27	X	24.0	32,000		1.1								1.1	
28	X	24.0	28,000		1.1								1.0	
29	X	24.0	30,000		1.1								1.1	
30	X	24.0	24,000		1.1								1.0	
31														
Total			951,000											
Average			30,677											
Maximum			46,000											

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

HBEL, Inc.

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

Date issued: April 14, 2009

RECEIVED
APR 16
Aqua Utilities Florida

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawks Point Triannual **[2134291]**
Received: 3/25/09 14:52

Dear Will Fontaine;

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

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

E96080, E83509

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Eric Charest
HBEL, Inc. Laboratory Manager

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

HBEL, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawks Point Triannual **[2134291]**
Received: 3/25/09 14:52

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			
	PEST5308		
2134291001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134291]

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

Laboratory ID: **2134291001** *Sampled:* 03/25/09 9:21 *Received:* 03/25/09 14:52
Sample ID: **P.O.E. Grab** *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 U**	T.O.N.	1.0	EPA 140.1	WCDE18810		03/26/09 8:20	PA	E83509
pH	Q	**7.92**	SU	0.200	EPA 150.1	WCGE30811		03/27/09 13:35	GS	E96080
Aluminum		**0.0030 U**	mg/L	0.0030	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Barium		**0.0046**	mg/L	0.0018	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Beryllium		**0.00010 U**	mg/L	0.00010	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Cadmium		**0.00070 U**	mg/L	0.00070	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Chromium		**0.0018 U**	mg/L	0.0018	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Copper		**0.0023**	mg/L	0.0014	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Iron		**0.025 U**	mg/L	0.025	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Manganese		**0.0037 U**	mg/L	0.0037	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Nickel		**0.0020 U**	mg/L	0.0020	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Silver		**0.0010 U**	mg/L	0.0010	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Sodium		**9.0**	mg/L	0.50	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Zinc		**0.036**	mg/L	0.010	EPA 200.7	META9303		04/1/09 17:03	DM	E96080
Antimony		**0.00082 U**	mg/L	0.00082	EPA 200.9	META9306		04/3/09 16:25	DM	E96080
rsenic		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9309		04/3/09 18:36	DM	E96080
Lead		**0.00061 U**	mg/L	0.00061	EPA 200.9	META9305		04/3/09 11:57	DM	E96080
elenium		**0.0022 U**	mg/L	0.0022	EPA 200.9	META9294		03/26/09 17:25	DM	E96080
Thallium		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9298		03/27/09 11:48	DM	E96080
Mercury		**0.000060 U**	mg/L	0.000060	EPA 245.1	META9302	03/30/09 11:05	03/30/09 17:15	DM	E96080
Chloride		**17**	mg/L	5.0	EPA 300.0	IC8007		03/30/09 14:19	SP	E96080
Fluoride		**0.14**	mg/L	0.011	EPA 300.0	IC8005		03/26/09 14:04	JL	E96080
Nitrate as N		**3.4**	mg/L	0.0030	EPA 300.0	IC8005		03/26/09 14:04	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC8005		03/26/09 14:04	JL	E96080
Sulfate		**28**	mg/L	1.4	EPA 300.0	IC8007		03/30/09 14:19	SP	E96080
1,2-Dibromo-3-chloropropane		**0.0035 U**	ug/L	0.0035	EPA 504.1	PEST5307	03/26/09 13:00	03/27/09 2:20	JL	E96080
1,2-Dibromoethane		**0.0046 U**	ug/L	0.0046	EPA 504.1	PEST5307	03/26/09 13:00	03/27/09 2:20	JL	E96080
Chlordane		**0.13 U**	ug/L	0.13	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
Endrin		**0.10 U**	ug/L	0.10	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
gamma-BHC (Lindane)		**0.020 U**	ug/L	0.020	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
Heptachlor		**0.036 U**	ug/L	0.036	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
Heptachlor epoxide		**0.027 U**	ug/L	0.027	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
Methoxychlor		**0.044 U**	ug/L	0.044	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
PCB		**0.14 U**	ug/L	0.14	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
Toxaphene		**0.60 U**	ug/L	0.60	EPA 505	PEST5308	03/30/09 14:00	03/31/09 3:00	JL	E96080
2,4,5-TP		**0.19 U**	ug/L	0.19	EPA 515.1	PEST5310	03/31/09 14:30	04/2/09 1:12	JL	E96080
2,4-D		**0.22 U**	ug/L	0.22	EPA 515.1	PEST5310	03/31/09 14:30	04/2/09 1:12	JL	E96080
Dalapon		**2.3 U**	ug/L	2.3	EPA 515.1	PEST5310	03/31/09 14:30	04/2/09 1:12	JL	E96080
Dinoseb		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5310	03/31/09 14:30	04/2/09 1:12	JL	E96080
Pentachlorophenol		**0.39 U**	ug/L	0.39	EPA 515.1	PEST5310	03/31/09 14:30	04/2/09 1:12	JL	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134291]

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

Parameter	Qualifier	Result [1]	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	PEST5310	03/31/09 14:30	04/2/09 1:12	JL	E96080
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3064		04/6/09 15:06	WR	E96080
Alachlor		**0.61 U**	ug/L	0.61	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Atrazine		**0.48 U**	ug/L	0.48	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Benzo(a)pyrene		**0.070 U**	ug/L	0.070	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
bis(2-ethylhexyl)phthalate		**0.85 U**	ug/L	0.85	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Di(2-ethylhexyl)adipate		**0.68 U**	ug/L	0.68	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Hexachlorobenzene		**0.31 U**	ug/L	0.31	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Hexachlorocyclopentadiene		**0.24 U**	ug/L	0.24	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Simazine		**0.63 U**	ug/L	0.63	EPA 525.2	SVOC2753	03/27/09 8:00	03/29/09 9:53	CG	E96080
Carbofuran		**0.41 U**	ug/L	0.41	EPA 531.1	HPLC2576		03/26/09 17:46	JJM	E96080
Oxamyl		**0.13 U**	ug/L	0.13	EPA 531.1	HPLC2576		03/26/09 17:46	JJM	E96080
Glyphosate		**13 U**	ug/L	13	EPA 547	HPLC2577		03/30/09 13:30	JJM	E96080
Endothall		**2.8 U**	ug/L	2.8	EPA 548.1	SVOC2752	03/28/09 8:00	03/30/09 10:11	CG	E96080
Diquat		**1.9 U**	ug/L	1.9	EPA 549.2	HPLC2578	03/30/09 8:00	03/30/09 12:31	JJM	E96080
Gross Alpha		**2.0 +/- 1.7**	pCi/L		EPA 900.0	SAL1114		03/31/09 8:25	SAL	E84129
Radium 226		**0.4 +/- 0.9**	pCi/L		EPA 903.1	SAL1114		04/7/09 11:45	SAL	E84129
Radium 228		**0.4 U +/- 0.2**	pCi/L		EPA Alter.	SAL1114		04/9/09 14:56	SAL	E84129
Color		**4.0**	CU	1.8	SM2120 B	WCGE30797		03/26/09 12:50	TCL	E96080
Total Dissolved Solids		**240**	mg/L	16	SM2540 C	WCGE30794		03/27/09 11:15	SP	E96080
Cyanide		**0.0047 U**	mg/L	0.0047	SM4500CN E	WCGE30809	03/26/09 11:30	03/27/09 14:41	GG	E96080
Surfactants as LAS, Mol.wt.340		**0.022 U**	mg/L	0.022	SM5540 C	WCGE30814	03/26/09 13:30	03/27/09 16:51	GG	E96080

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

CERTIFICATE OF ANALYSIS

[2134291]

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

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2134291002**					*Sampled:*			*Received:* 03/25/09 14:52		
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	VOC3064		04/6/09 16:59	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
etrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
otal Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3064		04/6/09 16:59	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3064		04/6/09 16:59	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 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 FL Zip: 34749
Phone: (352) 787-0931 Fax: 787 6333
Client Contact: G. Kissick (904) 237-0919
Project Name: HAWKS POINT # 6577
Sampled By: G.K.

Method(s) of Shipment: _____

e-mail: _____

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

For Lab Use Only
1.9°C Temperature Checked (Y) N
Custody Seals Intact Y N
pH Checked Y N
LAB # 217291

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	ANALYSES REQUESTED	COMMENTS
								A: 1°+2° Metals; B: Cyanide; C: Nitrate Nitrite Chloride Sulfate Fluoride SM 4500 TDS M2540; D: Odor; VOC	
001	3-25-09	8:52 AM	G	DW	1	HP-A		✓	Sampled AT P.O.E.
		8:58 AM			1	HP-B		✓	Sampled + Preserved
		8:54 AM			1	HP-C		✓	Per Sampling
									Instructions
001	↓	8:52 AM	↓	↓	1	HP-D		✓	Ph 7.71
002					3	Trip Blank		✓	clz Res 0.98
									Temp 18.8°C

* 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	Handle to Fedex
DATE/TIME	3-25-09	DATE/TIME	3-25-09 1452	DATE/TIME	3-25-09 1600
RECEIVED BY		RECEIVED BY	Fedex	RECEIVED FOR HBEL CUSTODY BY	
DATE/TIME	3-25-09 1235	DATE/TIME	3-26 1452	DATE/TIME	3-26 1015

Report Page 9 of 9

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

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

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

ACCREDITED IN ACCORDANCE WITH nelac

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg FL 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

1.9°C Temperature Checked ✓ N

Custody Seals Intact Y N

pH Checked Y N

LAB # 214291

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	F VOC	Q Gross Alpha Rad 226, 228	G 504 EDB/DBCP	H 515.1	J 525.2	K 531.1 Carbamates	L 547 Glyphosate	M 548 Endothal	549 Diquat	550	COMMENTS
001	3-25-09	9:21 AM	G	DW	3	HP - F	✓										Sampled AT POE Per Instructions
		8:40 AM			3	HP - Q		✓									
		9:08 AM			3	HP - G			✓								
		8:44 AM			1	HP - H				✓							Ph 7.71
		8:40 AM			3	HP - J					✓						Cl2 Res 0.98
		9:02 AM			1	HP - K						✓					Temp. 18.3 °C
		9:04 AM			1	HP - L							✓				
		9:12 AM			3	HP - M								✓			
		9:00 AM			1	HP - N									✓		
001		9:16 AM			3	HP - P										✓	

* 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 3-25-09	DATE/TIME 3-25-09 1452	DATE/TIME 3/25/09 1601	
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY	
DATE/TIME 3-25-09 1235	DATE/TIME 3/25 1452	DATE/TIME 3.26. 15	

Report Page 1 of 2

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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: Hawks Point PWS I.D. #: 3424685

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

Address: SE 43rd Ave + SE 104th

City: Belleview State: FL ZIP Code: 34420

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: 03/25/09 Sample Time: 9:21 AM

Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)

- Distribution
- X 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)

- X 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: Gary Kissick
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, Gary Kissick (Print Name), facility operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Date: 4-17-2009

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: HBEL, Inc. Florida Certification #: E96080

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 3/25/09

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

Lab Assigned Report Number or Job ID: 2134291001

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

Were any analyses subcontracted? X Yes No

If yes, please provide DOH certification numbers: E81429

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature  Date: 14-Apr-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory

Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

HBEL, Inc.

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

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: Hawks Point Triannual

Sample Location: P.O.E. Grab
Sample Number: 2134291001

Sampling Date: 3/25/09 9:21
PWS ID (From Page 1): _____

Date Received: 3/25/09 14:52

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	4/06/09 15:06	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 15:06	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	4/06/09 15:06	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	4/06/09 15:06	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 15:06	E96080
[illegible]69	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	4/06/09 15:06	E96080
[illegible]76	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	4/06/09 15:06	E96080
[illegible]7	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	4/06/09 15:06	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	4/06/09 15:06	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	4/06/09 15:06	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 15:06	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	4/06/09 15:06	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	4/06/09 15:06	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	4/06/09 15:06	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	4/06/09 15:06	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	4/06/09 15:06	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	4/06/09 15:06	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	4/06/09 15:06	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	4/06/09 15:06	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 15:06	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 15:06	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.

5600 US 1 North
Fort Pierce FL 34946
FDOH # E96080

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

Printed: 4/14/09

HBEL, Inc.

3200 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Hawks Point Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134291001

Sampling Date: 3/25/09 9:21

Date Received: 3/25/09 14:52

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	**3.4**		EPA 300.0	0.0030	3/26/09 14:04	E96080
1041	Nitrite as N	[1]	mg/L	**0.0022**	U	EPA 300.0	0.0022	3/26/09 14:04	E96080
1005	Arsenic	[0.01]	mg/L	**0.0010**	U	EPA 200.9	0.0010	4/03/09 18:36	E84129
1010	Barium	[2]	mg/L	**0.0046**	I	EPA 200.7	0.0018	4/01/09 17:03	E96080
1015	Cadmium	[0.005]	mg/L	**0.00070**	U	EPA 200.7	0.00070	4/01/09 17:03	E96080
1020	Chromium	[0.1]	mg/L	**0.0018**	U	EPA 200.7	0.0018	4/01/09 17:03	E96080
1024	Cyanide	[0.2]	mg/L	**0.0047**	U	SM4500CN E	0.0047	3/27/09 14:41	E96080
1025	Fluoride	[4]	mg/L	**0.14**		EPA 300.0	0.011	3/26/09 14:04	E96080
1030	Lead	[0.015]	mg/L	**0.00061**	U	EPA 200.9	0.00061	4/03/09 11:57	E96080
1035	Mercury	[0.002]	mg/L	**0.000060**	U	EPA 245.1	0.000060	3/30/09 17:15	E96080
1036	Nickel	[0.1]	mg/L	**0.0020**	U	EPA 200.7	0.0020	4/01/09 17:03	E96080
1045	Selenium	[0.05]	mg/L	**0.0022**	U	EPA 200.9	0.0022	3/26/09 17:25	E96080
1052	Sodium	[160]	mg/L	**9.0**		EPA 200.7	0.50	4/01/09 17:03	E96080
1074	Antimony	[0.006]	mg/L	**0.00082**	U	EPA 200.9	0.00082	4/03/09 16:25	E96080
1075	Beryllium	[0.004]	mg/L	**0.00010**	U	EPA 200.7	0.00010	4/01/09 17:03	E96080
1085	Thallium	[0.002]	mg/L	**0.0010**	U	EPA 200.9	0.0010	3/27/09 11:48	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable 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 peri

3200 US 1 North
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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

Printed: 4/14/09

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

SECONDARY CONTAMINANTS
62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Hawks Point Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134291001

Sampling Date: 3/25/09 9:21

Date Received: 3/25/09 14:52

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	**0.0030**	U	EPA 200.7	0.0030	4/01/09 17:03	E96080
1017	Chloride	[250]	mg/L	**17**	I	EPA 300.0	5.0	3/30/09 14:19	E96080
1022	Copper	[1]	mg/L	**0.0023**	I	EPA 200.7	0.0014	4/01/09 17:03	E96080
1025	Fluoride	[2]	mg/L	**0.14**		EPA 300.0	0.011	3/26/093/26/09	E96080
1028	Iron	[0.3]	mg/L	**0.025**	U	EPA 200.7	0.025	4/01/09 17:03	E96080
1032	Manganese	[0.05]	mg/L	**0.0037**	U	EPA 200.7	0.0037	4/01/09 17:03	E96080
1050	Silver	[0.1]	mg/L	**0.0010**	U	EPA 200.7	0.0010	4/01/09 17:03	E96080
1055	Sulfate	[250]	mg/L	**28**		EPA 300.0	1.4	3/30/09 14:19	E96080
1095	Zinc	[5]	mg/L	**0.036**	I	EPA 200.7	0.010	4/01/09 17:03	E96080
1905	Color	[15]	CU	**4.0**	I	SM2120 B	1.8	3/26/09 12:50	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	**1.0**	U	EPA 140.1	1.0	3/26/09 8:20	E83509
1925	pH	[6.5-8.5]	SU	**7.92**	Q	EPA 150.1	0.200	3/27/09 13:35	E96080
1930	Total Dissolved Solids	[500]	mg/L	**240**		SM2540 C	16	3/27/09 11:15	E96080
2905	Foaming Agents	[0.5]	mg/L	**0.022**	U	SM5540 C	0.022	3/27/09 16:51	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable 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 peri

5[illegible] US 1 North
P[illegible]ierce, FL 34946
FDOH # E96080

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

Printed: 4/14/09

HBEL, Inc.

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.
Workorder: Hawks Point Triannual
Sample Location: P.O.E. Grab
Sample Number: 2134291001
Sampling Date: 3/25/09 9:21
PWS ID (From Page 1): _____
Date Received: 3/25/09 14:52

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	3/30/09	3/31/09 3:00	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	**0.020**	U	EPA 505	0.020	0.02	3/30/09	3/31/09 3:00	E96080
2015	Methoxychlor	[40]	ug/L	**0.044**	U	EPA 505	0.044	0.1	3/30/09	3/31/09 3:00	E96080
2020	Toxaphene	[3]	ug/L	**0.60**	U	EPA 505	0.60	1	3/30/09	3/31/09 3:00	E96080
2031	Dalapon	[200]	ug/L	**2.3**	U	EPA 515.1	2.3	1	3/31/09	4/02/09 1:12	E96080
2032	Diquat	[20]	ug/L	**1.9**	U	EPA 549.2	1.9	0.4	3/30/09	3/30/09 12:31	E96080
2033	Endothall	[100]	ug/L	**2.8**	U	EPA 548.1	2.8	9	3/28/09	3/30/09 10:11	E96080
2034	Glyphosate	[700]	ug/L	**13**	U	EPA 547	13	6		3/30/09 13:30	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	**0.68**	U	EPA 525.2	0.68	0.6	3/27/09	3/29/09 9:53	E96080
2036	Oxamyl	[200]	ug/L	**0.13**	U	EPA 531.1	0.13	2		3/26/09 17:46	E96080
2037	Simazine	[4]	ug/L	**0.63**	U	EPA 525.2	0.63	0.07	3/27/09	3/29/09 9:53	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	**0.85**	U	EPA 525.2	0.85	0.6	3/27/09	3/29/09 9:53	E96080
2	Picloram	[500]	ug/L	**0.23**	U	EPA 515.1	0.23	0.1	3/31/09	4/02/09 1:12	E96080
2041	Dinoseb	[7]	ug/L	**0.23**	U	EPA 515.1	0.23	0.2	3/31/09	4/02/09 1:12	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	**0.24**	U	EPA 525.2	0.24	0.1	3/27/09	3/29/09 9:53	E96080
2046	Carbofuran	[40]	ug/L	**0.41**	U	EPA 531.1	0.41	0.9		3/26/09 17:46	E96080
2050	Atrazine	[3]	ug/L	**0.48**	U	EPA 525.2	0.48	0.1	3/27/09	3/29/09 9:53	E96080
2051	Alachlor	[2]	ug/L	**0.61**	U	EPA 525.2	0.61	0.2	3/27/09	3/29/09 9:53	E96080
2065	Heptachlor	[0.4]	ug/L	**0.036**	U	EPA 505	0.036	0.04	3/30/09	3/31/09 3:00	E96080
2067	Heptachlor epoxide	[.2]	ug/L	**0.027**	U	EPA 505	0.027	0.02	3/30/09	3/31/09 3:00	E96080
2105	2,4-D	[70]	ug/L	**0.22**	U	EPA 515.1	0.22	0.1	3/31/09	4/02/09 1:12	E96080
2110	2,4,5-TP	[50]	ug/L	**0.19**	U	EPA 515.1	0.19	0.2	3/31/09	4/02/09 1:12	E96080
2274	Hexachlorobenzene	[1]	ug/L	**0.31**	U	EPA 525.2	0.31	0.1	3/27/09	3/29/09 9:53	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	**0.070**	U	EPA 525.2	0.070	0.02	3/27/09	3/29/09 9:53	E96080
2326	Pentachlorophenol	[1]	ug/L	**0.39**	U	EPA 515.1	0.39	0.04	3/31/09	4/02/09 1:12	E96080
2383	PCB	[.5]	ug/L	**0.14**	U	EPA 505	0.14	0.1	3/30/09	3/31/09 3:00	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	**0.0035**	U	EPA 504.1	0.0035	0.02	3/26/09	3/27/09 2:20	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	**0.0046**	U	EPA 504.1	0.0046	0.01	3/26/09	3/27/09 2:20	E96080
2959	Chlordane	[2]	ug/L	**0.13**	U	EPA 505	0.13	0.2	3/30/09	3/31/09 3:00	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.

5[illegible] JS 1 North
Fort Pierce, FL 34946
FDOH # E96080

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

Printed: 4/14/09

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

April 13, 2009
Project No: 90664

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134291

Sample Number	Sample Description	Date & Time Collected	Date & Time Received
90664.01	2134291 001Q	03/25/09 08:48	03/27/09 09:30

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

(Print Name) (Print Title)

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

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
2134291
Sample ID: 2134291 001Q

April 13, 2009
Sample No.: 90664.01
PWS ID: _____

Radionuclides
62-550.310(6)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.0		EPA 900.0	2.0	3	1.7	03/31/09	08:25	E84129
4020	Radium-226	5*	pCi/L	0.4		EPA 903.1	0.04	1	0.9	04/07/09	11:41	E84129
4030	Radium-228	5*	pCi/L	0.4	U1	EPA RA-05	0.4	1	0.2	04/09/09	14:56	E84129

* Combined Limit
*** If the results exceed 5 pCi/L, a measurement for radium-226 is required.
If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

* Qualifiers:

U1 Analyte was not detected, indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

906604

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** 3/27/09. **TAT:** STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: 2134291
AWE

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

Chem Code	MATRIX	COLLECTION DATE	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSIS REQUIRED: Gross Alpha	226	228				COLLECTION REMARKS: SAMPLE COMMENTS
					PRESERVATIVE		N	N	N				
01	DW	3/25/09	0848	G	2134291001Q	3	1	1	1				3-1LP, HNO_3

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
Route to FedEx	3/26/09	1600	FedEx		
RELINQUISHED BY:	DATE	TIME	LABORATORY NAME AND RECEIVED BY:	DATE	TIME
FedEx			K Nudsmark	3/27/09	0932

Page 3 of 3

70

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

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

System Name: PWS I.D. #:

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address:

City: State: ZIP Code:

Phone #: Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: Sample Time:

Sample Location (be specific): Trip Blank

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

Sample Type (Check Only One)

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

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

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

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

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name:

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

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, , Print Name Print Title

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

Signature: Date:

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: HBEL, Inc. Florida Certification #: E96080

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 3/25/09

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

Lab Assigned Report Number or Job ID: 2134291002

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

Were any analyses subcontracted? X Yes No

23 If yes, please provide DOH certification numbers: E81429

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature  Date: 14-Apr-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory

Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

HBEL, Inc.

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

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: Hawks Point Triannual

Sample Location: Trip Blank

Sample Number: 2134291002

Sampling Date:

PWS ID (From Page 1): _____

Date Received: 3/25/09 14:52

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	4/06/09 16:59	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 16:59	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	4/06/09 16:59	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	4/06/09 16:59	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 16:59	E96080
[illegible]69	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	4/06/09 16:59	E96080
[illegible]76	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	4/06/09 16:59	E96080
[illegible]77	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	4/06/09 16:59	E96080
[illegible]79	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	4/06/09 16:59	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	4/06/09 16:59	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 16:59	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	4/06/09 16:59	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	4/06/09 16:59	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	4/06/09 16:59	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	4/06/09 16:59	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	4/06/09 16:59	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	4/06/09 16:59	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	4/06/09 16:59	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	4/06/09 16:59	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 16:59	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	4/06/09 16:59	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.

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

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

Printed: 4/14/09

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

PLANT TECHNICIANS, INC. LAB CERTIFICATION #E83141 QA# 870255
P.O. BOX 447 FRUITLAND PARK, FL 34731
OFFICE:352-787-2944 LAB:352-787-6689 FAX:352-787-3196

Report Number _____ Sub-Contract Lab ID _____

ANALYSIS REQUESTED (please check all that apply)
X Standard Coliform Test
_____ HPC _____ Other

Lab Receipt Date & Time 4/13/10 1120HR
Analysis Date & Time 4/13/10 1152-1158HR
SAMPLE ACCEPTANCE CRITERIA:
Sample Preservation X On Ice _____ Not On Ice 4 C
Disinfectant Check X Not Detected _____ mg/L
This Sample does not meet the following NELAC requirements
REPORT DATE: 4/20/10

System Name: HAWKS POINT #6577 (NP) PWS I.D. 3424685
System address: SE 43RD & SE 107 LN City:BELLVIEW Phone:787-0980 Fax:787-6333
Collector: G. KISSICK Phone:904-237-0919 Fax:SAME

TYPE OF SUPPLY: (check only one)
X Community Water System _____ Noncommunity Water System _____ Nontransient Noncommunity Water System _____ Limited Use System
_____ Private Well _____ Swimming Pool _____ Bottled Water _____ Other

REASON FOR SAMPLING: X Routine Compliance _____ Repeat _____ Replacement _____ Main Clearance _____ Well Survey _____ Other
(check only one)
SAMPLE COLLECTION DATE 4/12/10

To be completed by collector of sample — THESE RESULTS RELATE ONLY TO THESE SAMPLES — To be completed by lab

Sample Number	Sample point (location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd (mg/L)	PH	Total Coliform Analysis Method SM9222B / Fecal or E. Coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualif2	Lab Sample #
W-1	WELL #1	1450HR	R	0		A	A			1004769
W-2	WELL #2	1455HR	R	0		A	A			1004770
R-1	4483 SE 109TH PL	1505HR	D	1.1		A	A			1004771
R-2	10835 SE 44TH TER	1515HR	D	1.1		A	A			1004772

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900 Do not include raw or plant samples in the average) 1.1

2 Defined in Florida Administrative Code Rule 62-160, Table I
All test are performed in accordance with NELAC standards.
LAB CONTACT PERSON JOHN FREDOCK 352-787-2944

Disinfectant Residual Analysis Method X DPD Colorimetric _____ Other

Person performing analysis is (Please see instructions on reverse):
X Certified operator# DNC 7846 _____ Employed by a certified lab
_____ Supervised by a cert operator# _____ Employed by DEP or DOH

Date PWS notified by lab of positive result _____
Date State notified by lab of positive result _____
Lab Signature: Sandra Pearson
Title: Q.A. MANAGER

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
P.O. BOX 490310
LEESBURG, FL 34749

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

1 DEP SAMPLE TYPE CODES: D=Distribution(routine comp) C=Repeat or Check R=Raw N=Entry to Distribution P=Plant Tap S=Special (clearance, etc)

RESULTS A=Absent P=Present C=Confluent Growth TNCT=To numerous to count

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA E-MAIL
JMLIHVARCIK@AQUAAMERICA.COM

March 29, 2010

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, Florida 34748

OCD-PW-SS-10-0158

Marion County – PW	PWS ID Number
Belleview Hills Estates	3424839
Belleview Hills S/D	3424030
Fairfax Hills S/D	3424042
Hawks Point S/D	3424685
Marion Hills	3424001
Woodberry Forest S/D	3424646

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on March 17, 2010, by Jill M. Farris to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

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

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than May 7, 2010.** *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Jill Farris by phone at (407) 894-7555, extension 2226 or by e-mail at Jill.Farris@dep.state.fl.us.

Sincerely,

Reggie Phillips, Environmental Supervisor II
Drinking Water Compliance and Enforcement

RFP/jmf
Enclosures

cc: Patrick Farris, Environmental Compliance Specialist [PAFARRIS@AQUAAMERICA.COM]
Jill Farris, DEP Drinking Water Compliance and Enforcement

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name HAWKS POINT SUBDIVISION County Marion PWS ID # 3424685
Plant Location SE 43rd Avenue & SE 107 Avenue, Belleview, FL 34480 Phone 352-732-6027
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcik Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, Florida 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone 352-435-4029
.This Survey Date 03/17/10 Last Survey Date 02/14/07 Last Compliance Inspection Date 07/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 273,600 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 132
Population Served 462 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
Location Housing
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Gary Kissick C-7846

Hrs/day: *Required* *Visit *Actual* *Visit
Days/wk: *Required* 5+1 *Actual* 5+1
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
Comments: *5 visits/week and one visit each weekend for a total of 0.6 hour/week.

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Day (from MORs) 30,857 gpd
Maximum Day (from MORs) 98,000 gpd 08/09
Comments

Flow Measuring Device Flow Meter
Meter Size & Type (2) 3" Hersey
Date Last Calibrated 03/16/07

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Yes
Source Diesel Generator
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well Pumps All
☐ High Service Pumps
☒ Treatment Equipment
Satisfy avg. daily demand? ☒Yes ☐No ☐Unknown
Audio-visual alarm? ☐Yes ☒No
Comments

PLANS AND MAPS

Coliform Sampling Plan	☒ Yes	☐ No	☐ N/A
D/DBP Monitoring Plan	☒ Yes	☐ No	☐ N/A
Lead and Copper Plan	☒ Yes	☐ No	☐ N/A
Distribution System Map	☒ Yes	☐ No	☐ N/A
Emergency Response Plan	☒ Yes	☐ No	☐ N/A

Comments Lead and Copper Plan approved 01/07/09.

PREVENTIVE MAINTENANCE/O&M
Operation & Maintenance Manual ☒ Yes ☐ No
Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program	☐ Yes	☐ No	☒ N/A
Records	☐ Yes	☐ No	☒ N/A
Isolation Valve Exercise	☒ Yes	☐ No	☐ N/A
Records	☒ Yes	☐ No	☐ N/A

Comments System is looped, no blowoffs.

CROSS CONNECTION CONTROL
BFPAs None noted # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date August 2007
Comments

PWS ID # 3424685
Date 03/17/10

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAE0118)	2 (AAE0119)		
Year Drilled		1986	1986		
Depth Drilled		170'	170'		
Drilling Method		Rotary	Rotary		
Type of Grout		Neat cement	Neat cement		
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)		Black steel	Black steel		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>100'	>100'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	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		
Security		Yes	Yes		
Well Vent Protection		Yes	Yes		

COMMENTS _____

PWS ID # 3424685
Date 03/17/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner (x2) Capacity 17 gpd
Chlorine Feed Rate 48 % (both)
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.43 Remote 0.97
Remote tap location 10878 SE 106th Place
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments

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

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Visible Algae Growth
Protective Screen Condition
Frequency of Cleaning
Date Last Inspected/Cleaned
Comments

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

Tank Type/Number	H		
Capacity (gal)	10,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	44/64		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Discharge piping		
Date of Inspection	12/09		
Date of Cleaning	12/09		

Comments

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3424685
Date 03/03/10

DEFICIENCIES:

1. **Failure to provide an audio/visual alarm to indicate a loss of standby power.**

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

COMMENTS/REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm.

- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, annually, and certification of delivery of the CCR must be submitted to the Department no later than August 10, annually.

- **Provide documentation that the finished-drinking-water meter has been calibrated.**

  Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

Inspector _____ Title Env. Specialist II Date 03/29/10

Approved by _____ Title Env. Supervisor II Date 3/29/10

RESPONSE

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: Jill M. Farris, Environmental Specialist II

In response to the Department's **Sanitary Survey Report** for the subject public water system dated March 17, 2010, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	**Corrective Action Done**	**Date Done**

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____
(Please Type or Print)

AQUA SM

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

May 11, 2010

Jill Farris
FDEP CD
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspection
Belleview Hills S/D
PWS ID No. 3424030
Marion County

Dear Ms. Farris:

This letter is in response to your inspection of the facility referenced above on March 17, 2010.

Belleview Hills Subdivision & Hawks Point:

1. *Failure to provide an audio/visual alarm to indicate loss of standby power.*

   The audio/visual alarm has been installed on the generator.

Fairfax Hills:

1. *Failure to maintain hydropneumatic tank.*

   The hydropneumatic tank has been ordered from the manufacture and will be installed upon delivery. The Department and the customers will be notified prior to the installation.

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

Sincerely,

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

cc: Paul Thompson, via e-mail
Harry Householder, via e-mail
Michael Pickel, 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: May-08

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				

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.

6-4-08
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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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-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal.	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, 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	7,000		1.3								1	
3		24 hrs	7,000											
4		24 hrs	7,000											
5	X	24 hrs	8,000		1.3								1	
6		24 hrs	8,000											
7	X	24 hrs	7,000		1.2								0.9	
8		24 hrs	7,000											
9	X	24 hrs	5,000		1.2								0.9	
10		24 hrs	5,000											
11		24 hrs	5,000											
12	X	24 hrs	5,000		1.2								1	
13		24 hrs	5,000											
14	X	24 hrs	7,000		1.3								1.1	
15		24 hrs	7,000											
16	X	24 hrs	8,000		1.2								1	
17		24 hrs	8,000											
18		24 hrs	8,000											
19	X	24 hrs	12,000		1.1								0.8	
20		24 hrs	12,000											
1	X	24 hrs	18,000		1.3								1.1	
22		24 hrs	18,000											
23	X	24 hrs	9,000		1.2								1	
24		24 hrs	9,000											
25		24 hrs	9,000											
26	X	24 hrs	9,000		1.3								1.1	
27		24 hrs	9,000											
28	X	24 hrs	7,000		1.2								1	
29		24 hrs	7,000											
30	X	24 hrs	9,000		1.6								1.4	
31		24 hrs	9,000											
Total			257,000											
Average			8,290											
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: June-08

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.

7-9-2008
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-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				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	5,000		1.6								1.4	
3		24 hrs	5,000											
4	X	24 hrs	6,000		1.6								1.4	
5		24 hrs	6,000											
6	X	24 hrs	8,000		1.4								1.2	
7		24 hrs	8,000											
8		24 hrs	7,000											
9	X	24 hrs	3,000		1.6								1.2	
10		24 hrs	3,000											
11	X	24 hrs	4,000		1.6								1.2	
12		24 hrs	4,000											
13	X	24 hrs	7,000		1.4								1.1	
14		24 hrs	7,000											
15		24 hrs	7,000											
16	X	24 hrs	3,000		1.2								1	
17		24 hrs	3,000											
18	X	24 hrs	5,000		1.2								1	
19		24 hrs	5,000											
20	X	24 hrs	6,000		1.1								0.9	
21		24 hrs	6,000											
22		24 hrs	6,000											
23	X	24 hrs	6,000		1.2								1	
24		24 hrs	6,000											
25	X	24 hrs	2,000		2.2								2.1	
26		24 hrs	2,000											
27	X	24 hrs	5,000		1.1								1	
28		24 hrs	5,000											
29		24 hrs	5,000											
30	X	24 hrs	3,000		1.2								1	
31		24 hrs												
Total			157,000											
Average			5,233											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ct	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operators:				
Lead/Chief Operator:	Gary Kissick	C	7846	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

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

8-7-08
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

98

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gallons	If Applicable, CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation:* Peak Hourly 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 or Other Involved, Taking Water System Components Out of Operation
1		24.0	3,000											
2	X	24.0	4,000		1.2								1.0	
3		24.0	4,000											
4	X	24.0	12,000		1.2								1.0	
5		24.0	12,000											
6		24.0	12,000											
7	X	24.0	3,000		1.1								0.9	
8		24.0	3,000											
9	X	24.0	5,000		1.2								1.0	
10		24.0	5,000											
11	X	24.0	6,000		1.1								0.9	
12		24.0	6,000											
13		24.0	6,000											
14	X	24.0	3,000		1.2								1.0	
15		24.0	3,000											
16	X	24.0	4,000		1.1								0.9	
17		24.0	4,000											
18	X	24.0	6,000		1.5								1.2	
19		24.0	6,000											
20		24.0	6,000											
21	X	24.0	5,000		1.3								1.1	
22		24.0	5,000											
23	X	24.0	400		1.3								1.1	
24		24.0	4,000											
25	X	24.0	4,000		1.2								1.0	
26		24.0	4,000											
27		24.0	4,000											
28	X	24.0	4,000		1.3								1.1	
29		24.0	4,000											
30	X	24.0	3,000		1.3								1.1	
31		24.0	3,000											
Total			153,400											
Average			4,948											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ct	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

9-8-08

Signature and Date

Gary Kissick

Printed or Typed Name

C-7846

License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	7,000		1.2								1.0	
2		24.0	7,000											
3		24.0	7,000											
4	X	24.0	8,000		1.6								1.5	
5		24.0	8,000											
6	X	24.0	2,000		1.3								1.1	
7		24.0	2,000											
8	X	24.0	7,000		1.3								1.1	
9		24.0	7,000											
10		24.0	7,000											
11	X	24.0	4,000		1.3								1.1	
12		24.0	4,000											
13	X	24.0	3,000		1.5								1.3	
14		24.0	3,000											
15	X	24.0	5,000		1.3								1.1	
16		24.0	5,000											
17		24.0	5,000											
18	X	24.0	3,000		1.0								0.8	
19		24.0	3,000											
20	X	24.0	3,000		1.7								1.5	
21		24.0	3,000											
22	X	24.0	4,000		1.4								1.2	
23		24.0	4,000											
24		24.0	4,000											
25	X	24.0	4,000		1.7								1.5	
26		24.0	4,000											
27	X	24.0	4,000		1.4								1.2	
28		24.0	4,000											
29	X	24.0	4,000		1.7								1.4	
30		24.0	4,000											
31		24.0	4,000											
Total			143,000											
Average			4,613											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ct	City: Summerfield		State: Florida	Zip Code: 34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

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

10.8-2008	Gary Kissick	C-7846
Signature and Date	Printed or Typed Name	License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed & Treating Operation (Y or N)	Hours plant in Operation	Net Quantity of Water Produced (gal.)	Chlorine CT Calculations and CT Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*							UV Dose*			
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at the 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, mWsec/cm²	Minimum UV Dose Required, mWsec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	5,000		1.5								1.3	
2		24.0	5,000											
3	X	24.0	3,000		1.2								1.0	
4		24.0	3,000											
5	X	24.0	5,000		1.5								1.4	
6		24.0	5,000											
7		24.0	5,000											
8	X	24.0	4,000		1.5								1.3	
9		24.0	4,000											
10	X	24.0	5,000		1.4								1.2	
11		24.0	5,000											
12	X	24.0	5,000		1.7								1.5	
13		24.0	5,000											
14		24.0	5,000											
15	X	24.0	3,000		1.8								1.7	
16		24.0	3,000											
17	X	24.0	4,000		1.8								1.7	
18		24.0	4,000											
19	X	24.0	5,000		2.0								1.9	
20		24.0	5,000											
21		24.0	5,000											
22	X	24.0	5,000		1.0								0.8	
23		24.0	5,000											
24	X	24.0	4,000		1.4								1.3	
25		24.0	4,000											
26	X	24.0	4,000		1.3								1.2	
27		24.0	4,000											
28		24.0	4,000											
29	X	24.0	5,000		0.9								0.7	
30		24.0	5,000											
31		24.0												
Total			133,000											
Average			4,290											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ct	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11-6-2008	Gary Kissick	C-7846

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed for Water Treatment Operations	Hours Plant Staffed for Treatment Operations	Net Quantity of Finished Water Produced, gallons	CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				Peak Hourly Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at Lowest Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Highest Log Inactivation/ Removal Credited by Use of Free Chlorine	Highest Log Inactivation/ Removal Credited by Use of pH for Water CT, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	3,000		1.0								0.9	
2		24.0	3,000											
3	X	24.0	5,000		1.2								1.1	
4		24.0	5,000											
5		24.0	5,000											
6	X	24.0	4,000		1.0								0.8	
7		24.0	4,000											
8	X	24.0	4,000		1.4								1.3	
9		24.0	4,000											
10	X	24.0	2,000		1.3								1.1	
11		24.0	2,000											
12		24.0	1,000											
13	X	24.0	1,000		1.6								1.6	
14		24.0	1,000											
15	X	24.0	1,000		1.3								1.3	
16		24.0	1,000											
17	X	24.0	2,000		1.3								1.3	
18		24.0	2,000											
19		24.0	2,000											
20	X	24.0	2,000		1.3								1.3	
21		24.0	2,000											
22	X	24.0	2,000		1.3								1.3	
23		24.0	2,000											
24	X	24.0	1,000		1.2								1.2	
25		24.0	1,000											
26		24.0	1,000											
27	X	24.0	2,000		1.2								1.2	
28		24.0	2,000											
29	X	24.0	2,000		1.4								1.4	
30		24.0	2,000											
31	X	24.0	2,000		1.2								1.2	
Total			73,000											
Average			2,355											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

ant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

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

12-4-2008
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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

PWS ID:	3424001	Plant Name	Marion Hills

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
					CT Calculations						UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Hour 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		24.0	2,000											
2		24.0	2,000											
3	X	24.0	2,000		1.3								1.3	
4		24.0	2,000											
5	X	24.0	2,000		1.3								1.2	
6		24.0	2,000											
7	X	24.0	2,000		1.2								1.2	
8		24.0	2,000											
9		24.0	2,000											
10	X	24.0	1,000		1.2								1.1	
11		24.0	1,000											
12	X	24.0	2,000		1.2								1.1	
13		24.0	2,000											
14	X	24.0	2,000		1.3								1.2	
15		24.0	2,000											
16		24.0	2,000											
17	X	24.0	2,000		1.3								1.3	
18		24.0	2,000											
19	X	24.0	3,000		1.2								1.2	
20		24.0	3,000											
21	X	24.0	2,000		1.3								1.2	
22		24.0	2,000											
23		24.0	2,000											
24	X	24.0	2,000		1.5								1.5	
25		24.0	2,000											
26	X	24.0	1,000		1.4								1.4	
27		24.0	1,000											
28	X	24.0	1,000		1.4								1.4	
29		24.0	1,000											
30		24.0	1,000											
31		24.0												
Total			55,000											
Average			1,774											
Maximum			3,000											

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

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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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.):				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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

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

1-9-09

Signature and Date

Gary Kissick

Printed or Typed Name

C-7846

License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operators (Place "X" Here)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	2,000		1.3								1.2	
2		24.0	2,000											
3	X	24.0	500		1.3								1.2	
4		24.0	500											
5	X	24.0	3,000		1.2								1.0	
6		24.0	3,000											
7		24.0	3,000											
8	X	24.0	2,000		1.3								1.2	
9		24.0	2,000											
10	X	24.0	3,000		1.3		1.4						1.2	
11		24.0	3,000											
12	X	24.0	4,000		1.3								1.2	
13		24.0	4,000											
14		24.0	4,000											
15	X	24.0	3,000		1.2								1.2	
16		24.0	3,000											
17	X	24.0	2,000		1.4								1.3	
18		24.0	2,000											
19	X	24.0	3,000		1.4								1.3	
20		24.0	3,000											
21		24.0	3,000											
22	X	24.0	1,000		1.3								1.1	
23		24.0	1,000											
24	X	24.0	2,000		1.3								1.2	
25		24.0	2,000											
26	X	24.0	3,000		1.3								1.2	
27		24.0	3,000											
28		24.0	3,000											
29	X	24.0	1,000		1.2								1.1	
30		24.0	1,000											
31	X	24.0	2,000		1.3								1.2	
Total			74,000											
Average			2,387											
Maximum			4,000											

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

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

PWS ID:	3424001	Plant Name:	Marion Hills

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2008

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
2-5-09	Gary Kissick	C-7846

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the M	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
		24.0	2,000											
2	X	24.0	4,000		1.3								1.3	
3		24.0	4,000											
4		24.0	4,000											
5	X	24.0	2,000		1.1								1.0	
6		24.0	2,000											
7	X	24.0	2,000		1.3								1.2	
8		24.0	2,000											
9	X	24.0	4,000		1.2								1.2	
10		24.0	4,000											
11		24.0	4,000											
12	X	24.0	2,000		1.3								1.2	
13		24.0	2,000											
14	X	24.0	2,000		1.3								1.2	
15		24.0	2,000											
16	X	24.0	4,000		1.3								1.3	
17		24.0	3,000											
18		24.0	3,000											
19	X	24.0	4,000		1.3								1.2	
		24.0	4,000											
	X	24.0	2,000		1.3								1.2	
22		24.0	2,000											
23	X	24.0	4,000		1.6								1.6	
24		24.0	4,000											
25		24.0	4,000											
26	X	24.0	2,000		1.3								1.2	
27		24.0	2,000											
28	X	24.0	2,000		1.3								1.2	
29		24.0	2,000											
30	X	24.0	2,000		1.3								1.4	
31		24.0	3,000											
Total			89,000											
Avgerage			2,871											
Maximum			4,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

3/9/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place a "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Any Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	3,000											
2	X	24.0	1,000		1.4								1.3	
3		24.0	2,000											
4	X	24.0	3,000		1.4								1.3	
5		24.0	4,000											
6	X	24.0	3,000		1.1								1.0	
7		24.0	3,000											
8		24.0	3,000											
9	X	24.0	2,000		1.4								1.4	
10		24.0	3,000											
11	X	24.0	3,000		1.4								1.3	
12		24.0	4,000											
13	X	24.0	3,000		1.4								1.3	
14		24.0	3,000											
15		24.0	3,000											
16	X	24.0	3,000		1.3								1.2	
17		24.0	4,000											
18	X	24.0	3,000		1.3								1.2	
19		24.0	3,000											
20	X	24.0	4,000		1.4								1.3	
21		24.0	5,000											
22		24.0	5,000											
23	X	24.0	4,000		1.2								1.0	
24		24.0	5,000											
25	X	24.0	3,000		1.4								1.3	
26		24.0	3,000											
27	X	24.0	4,000		1.4								1.3	
28		24.0	4,000											
29		24.0												
30		24.0												
31		24.0												
Total			93,000											
Average			3,000											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

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

4/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the M	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	4,000											
2	X	24.0	3,000		1.4								1.3	
3		24.0	4,000											
4	X	24.0	3,000		1.4								1.3	
5		24.0	4,000											
6	X	24.0	4,000		1.4								1.3	
7		24.0	4,000											
8		24.0	4,000											
9	X	24.0	4,000		1.4								1.4	
10		24.0	4,000											
11	X	24.0	4,000		1.4								1.4	
12		24.0	4,000											
13	X	24.0	8,000		1.4								1.4	
14		24.0	8,000											
15		24.0	8,000											
16	X	24.0	4,000		1.2								1.2	
17		24.0	5,000											
18	X	24.0	4,000		1.2								1.2	
19		24.0	4,000											
20	X	24.0	5,000		1.3								1.2	
21		24.0	5,000											
22		24.0	5,000											
23	X	24.0	3,000		1.4								1.3	
24		24.0	4,000											
25	X	24.0	6,000		1.4								1.3	
26		24.0	7,000											
27	X	24.0	5,000		1.3								1.3	
28		24.0	5,000											
29		24.0	5,000											
30	X	24.0	3,000		1.3								1.2	
31		24.0	3,000											
Total			143,000											
Avgerage			4,613											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	3,000		1.3								1.1	
2		24.0	2,000											
3	X	24.0	5,000		1.3								1.0	
4		24.0	5,000											
5		24.0	6,000											
6	X	24.0	3,000		1.3								1.2	
7		24.0	3,000											
8	X	24.0	5,000		1.3								1.2	
9		24.0	5,000											
10	X	24.0	5,000		1.3								1.3	
11		24.0	5,000											
12		24.0	6,000											
13	X	24.0	3,000		1.2								1.1	
14		24.0	3,000											
15	X	24.0	3,000		1.3								1.2	
16		24.0	4,000											
17	X	24.0	5,000		1.2								1.0	
18		24.0	5,000											
[illegible]		24.0	5,000											
[illegible]	X	24.0	6,000		1.2								1.1	
21		24.0	6,000											
22	X	24.0	7,000		1.3								1.2	
23		24.0	8,000											
24	X	24.0	6,000		1.3								1.3	
25		24.0	6,000											
26		24.0	7,000											
27	X	24.0	6,000		1.2								1.1	
28		24.0	6,000											
29	X	24.0	6,000		1.2								1.2	
30		24.0	6,000											
31		24.0												
Total			151,000											
Average			4,871											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
ntact Person's E-Mail Address:	pdthompson@aquaamerica.com				

b. ater Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

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

6/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Mo	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	7,000		1.2								1.2	
2		24.0	7,000											
3		24.0	7,000											
4	X	24.0	5,000		1.1								1.0	
5		24.0	6,000											
6	X	24.0	7,000		1.2								1.1	
7		24.0	8,000											
8	X	24.0	10,000		1.2								1.1	
9		24.0	10,000											
10		24.0	11,000											
11	X	24.0	14,000		0.5								0.3	
12		24.0	14,000											
13	X	24.0	4,000		0.5								0.3	
14		24.0	4,000		1.4									
15	X	24.0	5,000		1.4								1.3	
16		24.0	5,000											
17		24.0	6,000											
18	X	24.0	3,000		1.4								1.3	
1[illegible]		24.0	4,000											
2[illegible]	X	24.0	3,000		1.4								1.4	
21		24.0	3,000											
22	X	24.0	3,000		1.4								1.4	
23		24.0	3,000											
24		24.0	3,000											
25	X	24.0	4,000		1.2								1.2	
26		24.0	4,000											
27	X	24.0	2,000		1.3								1.3	
28		24.0	3,000											
29	X	24.0	4,000		1.4								1.3	
30		24.0	5,000											
31		24.0	5,000											
Total			179,000											
Avgerage			5,774											
Maximum			14,000											

* Refer to the instruc[illegible] for this report to determine which plants must provide this information.

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II Certification by Lead/Chief Operator

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

7/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	3,000		1.2								1.2	
2		24.0	3,000											
3	X	24.0	3,000		1.2								1.2	
4		24.0	4,000											
5	X	24.0	2,000		1.0								0.9	
6		24.0	2,000											
7		24.0	2,000											
8	X	24.0	2,000		1.2								1.1	
9		24.0	2,000											
10	X	24.0	4,000		1.1								1.0	
11		24.0	4,000											
12	X	24.0	6,000		1.1								1.0	
13		24.0	6,000											
14		24.0	6,000											
15	X	24.0	3,000		0.8								0.7	
16		24.0	3,000											
17	X	24.0	3,000		1.2								1.2	
18		24.0	3,000											
19	X	24.0	7,000		1.2								1.2	
20		24.0	7,000											
		24.0	8,000											
22	X	24.0	3,000		1.2								1.1	
23		24.0	4,000											
24	X	24.0	5,000		1.2								1.1	
25		24.0	6,000											
26	X	24.0	5,000		1.1								1.0	
27		24.0	5,000											
28		24.0	6,000											
29	X	24.0	3,000		1.2								1.0	
30		24.0	3,000											
31		24.0												
Total			123,000											
Average			3,968											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

8/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the th	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	3,000		1.2								1.0	
2		24.0	3,000											
3	X	24.0	5,000		1.2								1.1	
4		24.0	5,000											
5		24.0	5,000											
6	X	24.0	3,000		1.1								1.0	
7		24.0	3,000											
8	X	24.0	4,000		1.2								1.2	
9		24.0	4,000											
10	X	24.0	7,000		1.3								1.3	
11		24.0	8,000											
12		24.0	8,000											
13	X	24.0	4,000		1.3								1.3	
14		24.0	4,000											
15	X	24.0	6,000		1.1								1.1	
16		24.0	7,000											
17	X	24.0	4,000		1.2								1.2	
18		24.0	4,000											
19		24.0	4,000											
20	X	24.0	4,000		1.1								1.0	
21		24.0	4,000											
22	X	24.0	4,000		1.2								1.2	
23		24.0	5,000											
24	X	24.0	6,000		1.1								1.1	
25		24.0	6,000											
26		24.0	6,000											
27	X	24.0	4,000		1.2								1.1	
28		24.0	4,000											
29	X	24.0	5,000		1.2								1.1	
30		24.0	6,000											
31	X	24.0	7,000		1.2								1.2	
Total			152,000											
Average			4,903											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

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

09/04/09 — Signature and Date

Paul Thompson — Printed or Typed Name

A-7251 — License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the mth	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	7,000											
2		24.0	7,000											
3	X	24.0	4,000		1.2								1.2	
4		24.0	4,000											
5	X	24.0	6,000		1.0								0.9	
6		24.0	7,000											
7	X	24.0	7,000		1.3								1.3	
8		24.0	8,000											
9		24.0	8,000											
10	X	24.0	5,000		1.4								1.3	
11		24.0	5,000											
12	X	24.0	3,000		1.2								1.0	
13		24.0	4,000											
14	X	24.0	4,000		1.4								1.0	
15		24.0	4,000											
16		24.0	4,000											
17	X	24.0	3,000		1.4								1.3	
18		24.0	3,000											
19	X	24.0	3,000		1.4								1.3	
20		24.0	3,000											
21	X	24.0	3,000		1.3								1.3	
22		24.0	3,000											
23		24.0	4,000											
24	X	24.0	3,000		1.2								1.1	
25		24.0	3,000											
26	X	24.0	7,000		1.2								1.1	
27		24.0	7,000											
28	X	24.0	5,000		1.3								1.3	
29		24.0	5,000											
30		24.0	4,000											
31	X	24.0	3,000		0.6								0.3	
Total			146,000											
Avgerage			4,710											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

10/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the th	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	*Lowest Residual* Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant *Contact Time* (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided *Before or at* First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	3,000											
2	X	24.0	3,000		1.3								1.3	
3		24.0	3,000										1.3	
4	X	24.0	3,000		1.3								1.3	
5		24.0	3,000											
6		24.0	4,000											
7	X	24.0	3,000		0.6								0.3	
8		24.0	3,000											
9	X	24.0	3,000		1.3								1.3	
10		24.0	4,000											
11	X	24.0	3,000		1.4								1.3	
12		24.0	3,000											
13		24.0	3,000											
14	X	24.0	3,000		1.3								1.3	
15		24.0	3,000											
16	X	24.0	8,000		1.3								1.2	
17		24.0	8,000											
18	X	24.0	9,000		1.3								1.3	
19		24.0	9,000											
20		24.0	9,000											
21	X	24.0	3,000		1.3								1.3	
22		24.0	4,000											
23	X	24.0	3,000		1.3								1.3	
24		24.0	3,000											
25	X	24.0	4,000		1.3								1.2	
26		24.0	5,000											
27		24.0	5,000											
28	X	24.0	3,000		1.2								1.2	
29		24.0	3,000											
30	X	24.0	4,000		1.2								1.2	
31		24.0												
Total			127,000											
Avgerage			4,097											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

11/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual *Disinfectant* Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	4,000											
2	X	24.0	4,000		1.2								1.1	
3		24.0	5,000											
4		24.0	5,000											
5	X	24.0	3,000		1.2								1.2	
6		24.0	3,000											
7	X	24.0	4,000		1.2								1.1	
8		24.0	5,000											
9	X	24.0	5,000		1.2								1.2	
10		24.0	5,000											
11		24.0	6,000											
12	X	24.0	3,000		1.3								1.2	
13		24.0	3,000											
14	X	24.0	4,000		1.2								1.2	
15		24.0	4,000											
16	X	24.0	4,000		1.0								1.0	
17		24.0	4,000											
18		24.0	3,000											
19	X	24.0	3,000		1.0								1.0	
20		24.0	3,000											
21	X	24.0	6,000		1.2								1.1	
22		24.0	7,000											
23	X	24.0	4,000		1.2								1.2	
24		24.0	5,000											
25		24.0	5,000											
26	X	24.0	3,000		1.2								1.2	
27		24.0	4,000											
28	X	24.0	4,000		1.3								1.2	
29		24.0	4,000											
30	X	24.0	4,000		1.3									
31		24.0	5,000											
Total			131,000											
Average			4,226											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

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

12/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	5,000											
2	X	24.0	5,000		1.2								1.0	
3		24.0	6,000											
4	X	24.0	4,000		1.2								1.2	
5		24.0	4,000											
6	X	24.0	4,000		1.4								1.2	
7		24.0	4,000											
8		24.0	5,000											
9	X	24.0	3,000		1.2								1.1	
10		24.0	4,000											
11	X	24.0	3,000		1.2								1.2	
12		24.0	3,000											
13	X	24.0	5,000		1.2								1.1	
14		24.0	5,000											
15		24.0	5,000											
16	X	24.0	3,000		0.6								0.4	
17		24.0	4,000											
[illegible]	X	24.0	4,000		1.0								0.9	
[illegible]		24.0	4,000											
20	X	24.0	5,000		1.0								0.9	
21		24.0	5,000											
22		24.0	6,000											
23	X	24.0	3,000		1.9								1.8	
24		24.0	4,000											
25	X	24.0	3,000		1.7								1.7	
26		24.0	3,000											
27	X	24.0	5,000		1.5								1.4	
28		24.0	5,000											
29		24.0	6,000											
30	X	24.0	3,000		1.4								1.4	
31		24.0												
Total			128,000											
Avgerage			4,129											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

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

1/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	3424001	Plant Name	Marion Hills

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	4,000											
2	X	24.0	3,000		1.6								1.6	
3		24.0	3,000											
4	X	24.0	4,000		1.4								1.3	
5		24.0	4,000											
6		24.0	5,000											
7	X	24.0	3,000		1.5								1.4	
8		24.0	4,000		1.5								1.5	X - HPT Inspection
9	X	24.0	5,000		1.5								1.5	
10		24.0	5,000											
11	X	24.0	4,000		1.5								1.4	
12		24.0	4,000											
13		24.0	5,000											
14	X	24.0	3,000		1.4								1.4	
15		24.0	3,000											
16	X	24.0	5,000		1.5								1.4	
17		24.0	6,000											
18	X	24.0	4,000		1.5								1.5	
19		24.0	4,000											
20		24.0	4,000											
21	X	24.0	4,000		1.4								1.4	
22		24.0	4,000											
23	X	24.0	6,000		1.5								1.4	
24		24.0	6,000											
25	X	24.0	4,000		1.5								1.5	
26		24.0	4,000											
27		24.0	4,000											
28	X	24.0	4,000		1.5								1.5	
29		24.0	4,000											
30	X	24.0	4,000		1.5								1.5	
31		24.0	5,000											
Total			131,000											
Avgerage			4,226											
Maximum			6,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield State: Florida	Zip Code: 34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

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

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

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant *Concentration (C)* Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C *Measurement* Point During Peak Flow, minutes	*Lowest CT* Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	4,000		1.4								1.4	
2		24.0	5,000											
3		24.0	5,000											
4	X	24.0	3,000		1.5								1.4	
5		24.0	3,000											
6	X	24.0	5,000		1.5								1.4	
7		24.0	6,000											
8	X	24.0	4,000		1.7								1.7	
9		24.0	4,000											
10		24.0	5,000											
11	X	24.0	3,000		1.5								1.5	
12		24.0	4,000											
13	X	24.0	7,000		1.5								1.5	
14		24.0	6,000											
15	X	24.0	5,000		1.4								1.4	
16		24.0	5,000											
17		24.0	4,000											
18	X	24.0	3,000		1.5								1.4	
19		24.0	3,000											
20	X	24.0	4,000		1.4								1.4	
21		24.0	4,000											
22	X	24.0	4,000		1.4								1.4	
23		24.0	5,000											
24		24.0	5,000											
25	X	24.0	4,000		1.6								1.5	
26		24.0	4,000											
27	X	24.0	4,000		1.5								1.5	
28		24.0	5,000											
29	X	24.0	4,000		1.4								1.3	
30		24.0	4,000											
31		24.0	4,000											
Total			135,000											
Avgerage			4,355											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift

125

II. Certification by Lead/Chief Operator

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

3/9/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place an "X" in Day)	Hours plant in Operation	Net Quantity of Finished Water Produced, gals	Peak Flow Rate, gpd*	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C If Applicable	pH of Water If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/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, Result of Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	3,000		1.3								1.3	
2		24.0	4,000											
3	X	24.0	4,000		1.5								1.5	
4		24.0	4,000											
5	X	24.0	4,000		1.5								1.5	
6		24.0	4,000											
7		24.0	5,000											
8	X	24.0	4,000		1.3								1.2	
9		24.0	3,000											
10	X	24.0	4,000		1.6								1.6	
11		24.0	4,000											
12	X	24.0	4,000		1.6								1.6	
13		24.0	5,000											
14		24.0	5,000											
15	X	24.0	4,000		1.6								1.6	
16		24.0	4,000											
17	X	24.0	5,000		1.6								1.5	
18		24.0	5,000											
19	X	24.0	5,000		1.6								1.5	
20		24.0	5,000											
21		24.0	5,000											
22	X	24.0	4,000		1.3								1.2	
23		24.0	4,000											
24	X	24.0	5,000		1.5								1.4	
25		24.0	5,000											
26	X	24.0	4,000		1.6								1.6	
27		24.0	4,000											
28		24.0	4,000											
29		24.0												
30		24.0												
31		24.0												
Total			120,000											
Average			3,871											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) *Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	4,000		1.5								1.5	
2		24.0	5,000											
3	X	24.0	4,000		1.5								1.4	
4		24.0	4,000											
5	X	24.0	4,000		1.5								1.5	
6		24.0	4,000											
7		24.0	5,000											
8	X	24.0	5,000		1.5								1.4	
9		24.0	6,000											
10	X	24.0	4,000		1.3								1.2	
11		24.0	4,000											
12	X	24.0	5,000		1.3								1.2	
13		24.0	5,000											
14		24.0	5,000											
15	X	24.0	4,000		1.3								1.2	
16		24.0	4,000											
17	X	24.0	5,000		1.7								1.4	
18		24.0	5,000											
19	X	24.0	5,000		1.2								1.0	
20		24.0	5,000											
21		24.0	6,000											
22	X	24.0	5,000		1.2								1.0	
23		24.0	5,000											
24	X	24.0	7,000		1.3								1.2	
25		24.0	7,000											
26	X	24.0	5,000		1.3								1.1	
27		24.0	5,000											
28		24.0	6,000											
29	X	24.0	4,000		1.3								1.1	
30		24.0	4,000											
31	X	24.0	4,000		1.2								1.0	
Total			150,000											
Average			4,839											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 SE 51st Ave	City: Summerfield	State: Florida	Zip Code:	34491
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Larry White	C	7082	Day

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/7/10	Paul Thompson	A-7251

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

PWS ID:	3424001	Plant Name:	Marion Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	4,000											
2	X	24.0	5,000		1.2								1.1	
3		24.0	5,000											
4		24.0	5,000											
5	X	24.0	4,000		1.3								1.0	
6		24.0	5,000											
7	X	24.0	8,000		1.4								1.0	
8		24.0	8,000											
9	X	24.0	5,000		1.3								1.0	
10		24.0	6,000											
11		24.0	6,000											
12	X	24.0	6,000		1.1								0.9	
13		24.0	6,000											
14	X	24.0	11,000		1.1								0.9	
15		24.0	12,000											
16	X	24.0	5,000		1.1								0.9	
17		24.0	6,000											
18		24.0	6,000											
19	X	24.0	5,000		1.1								0.9	
20		24.0	5,000											
21	X	24.0	7,000		1.1								0.9	
22		24.0	8,000											
23	X	24.0	8,000		1.0								0.8	
24		24.0	8,000											
25		24.0	9,000											
26	X	24.0	5,000		1.1								1.0	
27		24.0	5,000											
28	X	24.0	7,000		1.2								1.0	
29		24.0	7,000											
30	X	24.0	7,000		1.3								1.2	
31														
Total			194,000											
Average			6,258											
Maximum			12,000											

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

HBEL, Inc.

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

Date issued: June 10, 2009

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6577 Marion Hills Triannual **[2034430]**
Received: 5/14/09 12:50

Dear Will Fontaine;

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

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

E96080, E83509

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Eric Charest
HBEL, Inc. Laboratory Manager

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

HBEL, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6577 Marion Hills Triannual **[2034430]**
Received: 5/14/09 12:50

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
2034430001	MH Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2034430]

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

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2034430001**					*Sampled:* 05/14/09 10:50		*Received:* 05/14/09 12:50			
Sample ID: **MH Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
pH	Q	**8.05**	SU	0.200	EPA 150.1	WCGE31058		05/20/09 19:07	GS	E96080
Aluminum		**0.0030 U**	mg/L	0.0030	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Barium		**0.0040**	mg/L	0.0018	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Beryllium		**0.00010 U**	mg/L	0.00010	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Cadmium		**0.00070 U**	mg/L	0.00070	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Chromium		**0.0018 U**	mg/L	0.0018	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Copper		**0.010**	mg/L	0.0014	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Iron		**0.025 U**	mg/L	0.025	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Manganese		**0.0037 U**	mg/L	0.0037	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Nickel		**0.0020 U**	mg/L	0.0020	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Silver		**0.0010 U**	mg/L	0.0010	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Sodium		**5.6**	mg/L	0.50	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Zinc		**0.021**	mg/L	0.010	EPA 200.7	META9389		06/1/09 15:35	DM	E96080
Antimony		**0.00082 U**	mg/L	0.00082	EPA 200.9	META9375		05/20/09 18:24	DM	E96080
Arsenic		**0.0026**	mg/L	0.0010	EPA 200.9	META9370		05/19/09 16:02	DM	E96080
Lead		**0.00070 U**	mg/L	0.00070	EPA 200.9	META9384		05/28/09 14:44	DM	E96080
Selenium		**0.0022 U**	mg/L	0.0022	EPA 200.9	META9374		05/20/09 13:12	DM	E96080
Thallium		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9371		05/19/09 19:03	DM	E96080
Mercury		**0.000060 U**	mg/L	0.000060	EPA 245.1	META9377	05/21/09 9:46	05/22/09 12:10	DM	E96080
Chloride		**14**	mg/L	5.0	EPA 300.0	IC8063		05/19/09 15:46	SP	E96080
Fluoride		**0.12**	mg/L	0.011	EPA 300.0	IC8058		05/14/09 22:11	JL	E96080
Nitrate as N		**1.8**	mg/L	0.0030	EPA 300.0	IC8058		05/14/09 22:11	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC8058		05/14/09 22:11	JL	E96080
Sulfate		**17**	mg/L	1.4	EPA 300.0	IC8063		05/19/09 15:46	SP	E96080
1,2-Dibromo-3-chloropropane		**0.0036 U**	ug/L	0.0036	EPA 504.1	PEST5339	05/18/09 12:00	05/19/09 3:53	JL	E96080
1,2-Dibromoethane		**0.0047 U**	ug/L	0.0047	EPA 504.1	PEST5339	05/18/09 12:00	05/19/09 3:53	JL	E96080
Chlordane		**0.13 U**	ug/L	0.13	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
Endrin		**0.10 U**	ug/L	0.10	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
gamma-BHC (Lindane)		**0.020 U**	ug/L	0.020	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
Heptachlor		**0.035 U**	ug/L	0.035	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
Heptachlor epoxide		**0.027 U**	ug/L	0.027	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
Methoxychlor		**0.043 U**	ug/L	0.043	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
PCB		**0.14 U**	ug/L	0.14	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
Toxaphene		**0.59 U**	ug/L	0.59	EPA 505	PEST5342	05/19/09 14:00	05/20/09 3:36	JL	E96080
2,4,5-TP		**0.19 U**	ug/L	0.19	EPA 515.1	PEST5343	05/19/09 8:00	05/20/09 21:07	JL	E96080
2,4-D		**0.22 U**	ug/L	0.22	EPA 515.1	PEST5343	05/19/09 8:00	05/20/09 21:07	JL	E96080
Dalapon		**2.3 U**	ug/L	2.3	EPA 515.1	PEST5343	05/19/09 8:00	05/20/09 21:07	JL	E96080
Dinoseb		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5343	05/19/09 8:00	05/20/09 21:07	JL	E96080
Pentachlorophenol		**0.39 U**	ug/L	0.39	EPA 515.1	PEST5343	05/19/09 8:00	05/20/09 21:07	JL	E96080
Picloram		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5343	05/19/09 8:00	05/20/09 21:07	JL	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2034430]

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

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3093		05/23/09 9:26	WR	E96080
Alachlor		**0.60 U**	ug/L	0.60	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Atrazine		**0.48 U**	ug/L	0.48	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Benzo(a)pyrene		**0.069 U**	ug/L	0.069	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
bis(2-ethylhexyl)phthalate		**0.84 U**	ug/L	0.84	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Di(2-ethylhexyl)adipate		**0.67 U**	ug/L	0.67	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Hexachlorobenzene		**0.30 U**	ug/L	0.30	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Hexachlorocyclopentadiene		**0.23 U**	ug/L	0.23	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Simazine		**0.62 U**	ug/L	0.62	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 9:16	WR	E96080
Carbofuran		**0.41 U**	ug/L	0.41	EPA 531.1	HPLC2599		05/19/09 21:47	JJM	E96080
Oxamyl		**0.13 U**	ug/L	0.13	EPA 531.1	HPLC2599		05/19/09 21:47	JJM	E96080
Glyphosate		**13 U**	ug/L	13	EPA 547	HPLC2598		05/15/09 19:28	JJM	E96080
Endothall		**2.8 U**	ug/L	2.8	EPA 548.1	SVOC2773	05/18/09 6:00	05/18/09 22:55	WR	E96080
Diquat		**1.9 U**	ug/L	1.9	EPA 549.2	HPLC2600	05/19/09 14:00	05/21/09 12:15	JJM	E96080
Gross Alpha		**2.6 +/- 2.5**	pCi/L		EPA 900.0	SAL1129		06/1/09 16:57	SAL	E84129
Radium 226		**0.2 +/- 0.1**	pCi/L		EPA 903.1	SAL1129		06/3/09 15:15	SAL	E84129
Radium 228		**0.3 U +/- 0.2**	pCi/L		EPA Alter.	SAL1129		06/5/09 16:43	SAL	E84129
Color		**3.0**	CU	1.8	SM2120 B	WCGE31032		05/15/09 13:25	TCL	E96080
Odor - Dechlorinated		**1.0 U**	T.O.N.	1.0	SM2150 B	WCGE31035		05/14/09 16:55	TR	E96080
Total Dissolved Solids		**190**	mg/L	16	SM2540 C	WCGE31044		05/19/09 15:35	SP	E96080
Cyanide		**0.0047 U**	mg/L	0.0047	SM4500CN E	WCGE31110	05/27/09 10:00	05/28/09 11:33	GG	E96080
Surfactants as LAS, Mol.wt.340		**0.022 U**	mg/L	0.022	SM5540 C	WCGE31077	05/15/09 9:00	05/15/09 16:53	GG	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2034430]

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

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2034430002**					*Sampled:* 05/14/09 0:00		*Received:* 05/14/09 12:50			
Sample ID: **Trip Blank**					*Matrix:* Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3093		05/23/09 9:59	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3093		05/23/09 9:59	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 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 FL 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) N: 0.2°C

Custody Seals Intact: Y N

pH Checked: Y N

LAB # 2034430

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	10+ 2° METALS	CYANIDE	NO2 NO3 SM 4500 Cl F Color TDS MBAS	ODOR	VOC	GLYCOL/MA EPA 226 220			COMMENTS
001	5-14-09	10:15 AM	G	DW	1	MH A	✓								Cl2 Res 1.47
		10:17 AM			1	MH B		✓							Ph 7.8
		10:19 AM			1	MH C			✓						Temp 26.7°C
		10:21 AM			1	MH D				✓					All Samples completed
		10:25 AM			3	MH E					✓				by Lab Instructions
		10:30 AM	↓	↓	3	MH F						✓			
002						Trip Blk					X				
					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 6 of 6

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 5-14-09	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME 5/14/09 1612150	DATE/TIME	DATE/TIME

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) 467-1584

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 FL 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 Checked: (Y) N — 0.2°C
Custody Seals Intact: Y N (N/A)
pH Checked: Y N

LAB # 2034430

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE 504 505	515.1	525.2	531.1	547	548			COMMENTS
001	5-14-09	10:40 AM	G	DW	6	MH G	✓								pH 7.8
		10:42 AM			1	MH H		✓							Temp 26.7°C
		10:44 AM			1	MH I			✓						Cl2 Res 1.47
		10:46 AM			1	MH K				✓					
		1040 AM			1	MH L					✓				
		1050 AM	↓	↓	1	MH M						✓			

ANALYSES REQUESTED

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

Report Page 1 of 2

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 5-14-09	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME 5/14/09 @ 1621:50	DATE/TIME	DATE/TIME

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

CHAIN PAGE 2 of 2

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

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

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

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 05/14/09 Sample Time: 10:50 AM

Sample Location (be specific): MH Grab

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

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

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/14/09

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

Lab Assigned Report Number or Job ID: 2034430001

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? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature [signature] Date: 10-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

00 U.S. 1 North, Fort Pierce, FL 34946
. none: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: 6577 Marion Hills Triannual

Sample Location: MH Grab

Sample Number: 2034430001

Sampling Date: 5/14/09 10:50

Date Received: 5/14/09 12:50

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	**1.8**		EPA 300.0	0.0030	5/14/09 22:11	E96080
1041	Nitrite as N	[1]	mg/L	**0.0022**	U	EPA 300.0	0.0022	5/14/09 22:11	E96080
1005	Arsenic	[0.01]	mg/L	**0.0026**	I	EPA 200.9	0.0010	5/19/09 16:02	E84129
1010	Barium	[2]	mg/L	**0.0040**	I	EPA 200.7	0.0018	6/01/09 15:35	E96080
1015	Cadmium	[0.005]	mg/L	**0.00070**	U	EPA 200.7	0.00070	6/01/09 15:35	E96080
1020	Chromium	[0.1]	mg/L	**0.0018**	U	EPA 200.7	0.0018	6/01/09 15:35	E96080
1024	Cyanide	[0.2]	mg/L	**0.0047**	U	SM4500CN E	0.0047	5/28/09 11:33	E96080
1025	Fluoride	[4]	mg/L	**0.12**		EPA 300.0	0.011	5/14/09 22:11	E96080
1030	Lead	[0.015]	mg/L	**0.00070**	U	EPA 200.9	0.00070	5/28/09 14:44	E96080
1035	Mercury	[0.002]	mg/L	**0.000060**	U	EPA 245.1	0.000060	5/22/09 12:10	E96080
1036	Nickel	[0.1]	mg/L	**0.0020**	U	EPA 200.7	0.0020	6/01/09 15:35	E96080
1045	Selenium	[0.05]	mg/L	**0.0022**	U	EPA 200.9	0.0022	5/20/09 13:12	E96080
1052	Sodium	[160]	mg/L	**5.6**		EPA 200.7	0.50	6/01/09 15:35	E96080
1074	Antimony	[0.006]	mg/L	**0.00082**	U	EPA 200.9	0.00082	5/20/09 18:24	E96080
1075	Beryllium	[0.004]	mg/L	**0.00010**	U	EPA 200.7	0.00010	6/01/09 15:35	E96080
1085	Thallium	[0.002]	mg/L	**0.0010**	U	EPA 200.9	0.0010	5/19/09 19:03	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable 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 a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

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

SECONDARY CONTAMINANTS
62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: 6577 Marion Hills Triannual

Sample Location: MH Grab

Sample Number: 2034430001

Sampling Date: 5/14/09 10:50

Date Received: 5/14/09 12:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	**0.0030**	U	EPA 200.7	0.0030	6/01/09 15:35	E96080
1017	Chloride	[250]	mg/L	**14**	I	EPA 300.0	5.0	5/19/09 15:46	E96080
1022	Copper	[1]	mg/L	**0.010**		EPA 200.7	0.0014	6/01/09 15:35	E96080
1025	Fluoride	[2]	mg/L	**0.12**		EPA 300.0	0.011	5/14/095/14/09	E96080
1028	Iron	[0.3]	mg/L	**0.025**	U	EPA 200.7	0.025	6/01/09 15:35	E96080
1032	Manganese	[0.05]	mg/L	**0.0037**	U	EPA 200.7	0.0037	6/01/09 15:35	E96080
1050	Silver	[0.1]	mg/L	**0.0010**	U	EPA 200.7	0.0010	6/01/09 15:35	E96080
1055	Sulfate	[250]	mg/L	**17**		EPA 300.0	1.4	5/19/09 15:46	E96080
1095	Zinc	[5]	mg/L	**0.021**	I	EPA 200.7	0.010	6/01/09 15:35	E96080
1905	Color	[15]	CU	**3.0**	I	SM2120 B	1.8	5/15/09 13:25	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	**1.0**	U	SM2150 B	1.0	5/14/09 16:55	E96080
1925	pH	[6.5-8.5]	SU	**8.05**	Q	EPA 150.1	0.200	5/20/09 19:07	E96080
1930	Total Dissolved Solids	[500]	mg/L	**190**		SM2540 C	16	5/19/09 15:35	E96080
2905	Foaming Agents	[0.5]	mg/L	**0.022**	U	SM5540 C	0.022	5/15/09 16:53	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

HBEL, Inc.

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.
Workorder: 6577 Marion Hills Triannual
Sample Location: MH Grab
Sample Number: 2034430001
Sampling Date: 5/14/09 10:50
PWS ID (From Page 1): _____
Date Received: 5/14/09 12:50

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	5/19/09	5/20/09 3:36	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	**0.020**	U	EPA 505	0.020	0.02	5/19/09	5/20/09 3:36	E96080
2015	Methoxychlor	[40]	ug/L	**0.043**	U	EPA 505	0.043	0.1	5/19/09	5/20/09 3:36	E96080
2020	Toxaphene	[3]	ug/L	**0.59**	U	EPA 505	0.59	1	5/19/09	5/20/09 3:36	E96080
2031	Dalapon	[200]	ug/L	**2.3**	U	EPA 515.1	2.3	1	5/19/09	5/20/09 21:07	E96080
2032	Diquat	[20]	ug/L	**1.9**	U	EPA 549.2	1.9	0.4	5/19/09	5/21/09 12:15	E96080
2033	Endothall	[100]	ug/L	**2.8**	U	EPA 548.1	2.8	9	5/18/09	5/18/09 22:55	E96080
2034	Glyphosate	[700]	ug/L	**13**	U	EPA 547	13	6		5/15/09 19:28	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	**0.67**	U	EPA 525.2	0.67	0.6	5/18/09	5/20/09 9:16	E96080
2036	Oxamyl	[200]	ug/L	**0.13**	U	EPA 531.1	0.13	2		5/19/09 21:47	E96080
2037	Simazine	[4]	ug/L	**0.62**	U	EPA 525.2	0.62	0.07	5/18/09	5/20/09 9:16	E96080
9	bis(2-ethylhexyl)phthalate	[6]	ug/L	**0.84**	U	EPA 525.2	0.84	0.6	5/18/09	5/20/09 9:16	E96080
2040	Picloram	[500]	ug/L	**0.23**	U	EPA 515.1	0.23	0.1	5/19/09	5/20/09 21:07	E96080
2041	Dinoseb	[7]	ug/L	**0.23**	U	EPA 515.1	0.23	0.2	5/19/09	5/20/09 21:07	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	**0.23**	U	EPA 525.2	0.23	0.1	5/18/09	5/20/09 9:16	E96080
2046	Carbofuran	[40]	ug/L	**0.41**	U	EPA 531.1	0.41	0.9		5/19/09 21:47	E96080
2050	Atrazine	[3]	ug/L	**0.48**	U	EPA 525.2	0.48	0.1	5/18/09	5/20/09 9:16	E96080
2051	Alachlor	[2]	ug/L	**0.60**	U	EPA 525.2	0.60	0.2	5/18/09	5/20/09 9:16	E96080
2065	Heptachlor	[0.4]	ug/L	**0.035**	U	EPA 505	0.035	0.04	5/19/09	5/20/09 3:36	E96080
2067	Heptachlor epoxide	[.2]	ug/L	**0.027**	U	EPA 505	0.027	0.02	5/19/09	5/20/09 3:36	E96080
2105	2,4-D	[70]	ug/L	**0.22**	U	EPA 515.1	0.22	0.1	5/19/09	5/20/09 21:07	E96080
2110	2,4,5-TP	[50]	ug/L	**0.19**	U	EPA 515.1	0.19	0.2	5/19/09	5/20/09 21:07	E96080
2274	Hexachlorobenzene	[1]	ug/L	**0.30**	U	EPA 525.2	0.30	0.1	5/18/09	5/20/09 9:16	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	**0.069**	U	EPA 525.2	0.069	0.02	5/18/09	5/20/09 9:16	E96080
2326	Pentachlorophenol	[1]	ug/L	**0.39**	U	EPA 515.1	0.39	0.04	5/19/09	5/20/09 21:07	E96080
2383	PCB	[.5]	ug/L	**0.14**	U	EPA 505	0.14	0.1	5/19/09	5/20/09 3:36	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	**0.0036**	U	EPA 504.1	0.0036	0.02	5/18/09	5/19/09 3:53	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	**0.0047**	U	EPA 504.1	0.0047	0.01	5/18/09	5/19/09 3:53	E96080
2959	Chlordane	[2]	ug/L	**0.13**	U	EPA 505	0.13	0.2	5/19/09	5/20/09 3:36	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 acceptable 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 a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

HBEL, Inc.

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

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: 6577 Marion Hills Triannual
Sample Location: MH Grab
Sample Number: 2034430001
Sampling Date: 5/14/09 10:50
PWS ID (From Page 1): _____
Date Received: 5/14/09 12:50

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	5/23/09 9:26	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:26	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	5/23/09 9:26	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	5/23/09 9:26	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:26	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	5/23/09 9:26	E96080
76	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	5/23/09 9:26	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	5/23/09 9:26	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	5/23/09 9:26	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	5/23/09 9:26	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:26	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	5/23/09 9:26	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	5/23/09 9:26	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	5/23/09 9:26	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	5/23/09 9:26	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	5/23/09 9:26	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	5/23/09 9:26	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	5/23/09 9:26	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	5/23/09 9:26	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:26	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:26	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.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

June 9, 2009
Project No: 92147

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2034430

Sample Number	Sample Description	Date & Time Collected	Date & Time Received
92147.01	2034430 001	05/14/09 10:50	05/20/09 11:25

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
2034430
Sample ID: 2034430 001

June 9, 2009
Sample No.: 92147.01
PWS ID: _____

Radionuclides
62-550.310(6)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.6		EPA 900.0	2.0	3	2.5	06/01/09	16:57	E84129
4006	Combined Uranium	20	pCi/L	0.40		ASTM D5174	0.04	—	—	06/02/09	14:20	E84129
4020	Radium-226	5*	pCi/L	0.2		EPA 903.1	0.03	1	0.1	06/03/09	15:15	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA-05	0.3	1	0.2	06/05/09	16:43	E84129

* Combined Limit
*** If the results exceed 5 pCi/L, a measurement for radium-226 is required.
If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

*** Qualifiers:**

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

HBEL, Inc.

HBEL, Inc.
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
SUBCONTRACT CHAIN OF CUSTODY RECORD

92147

Subcontracting Form 001A
REV 002
Effective Date 03/17/2008

Receiving Laboratory: SAL

The samples are to be shipped by Fed. Ex **to arrive on** 5.20.09 . **TAT:** Std

HBEL, Inc.

PROJECT NAME: 2034430

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: 1 Gross α	1 Ra 226	1 Ra 228				COLLECTION REMARKS / SAMPLE COMMENTS
							PRESERVATIVE: N	N	N				
ALF	DW	5.14.09	1050	G	2034430001	3	1	1	1				
					3 LP, HNO3								

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
	5.17.09	1600			
RELINQUISHED BY:	DATE	TIME	LABORATORY NAME AND RECEIVED BY:	DATE	TIME
			K Henderson	5/20/09	1125

Page 146 of 146

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

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

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

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 05/14/09 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

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

Sample Type (Check Only One)

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

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

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

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/14/09

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

Lab Assigned Report Number or Job ID: 2034430002

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? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature [signature] Date: 10-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: 6577 Marion Hills Triannual
Sample Location: Trip Blank
Sample Number: 2034430002
Sampling Date: 5/14/09 0:00
PWS ID (From Page 1): _____
Date Received: 5/14/09 12:50

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	5/23/09 9:59	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:59	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	5/23/09 9:59	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	5/23/09 9:59	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:59	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	5/23/09 9:59	E96080
76	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	5/23/09 9:59	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	5/23/09 9:59	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	5/23/09 9:59	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	5/23/09 9:59	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:59	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	5/23/09 9:59	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	5/23/09 9:59	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	5/23/09 9:59	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	5/23/09 9:59	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	5/23/09 9:59	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	5/23/09 9:59	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	5/23/09 9:59	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	5/23/09 9:59	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:59	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	5/23/09 9:59	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.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

PLANT TECHNICIANS, INC. LAB CERTIFICATION #E83141 DA# 870255
P.O. BOX 447 FRUITLAND PARK, FL 34731
OFFICE:352-787-2944 LAB:352-787-6689 FAX:352-787-3196

Report Number _____ Sub-Contract Lab ID _____

ANALYSIS REQUESTED (please check all that apply)
X Standard Coliform Test
_____ HPC _____ Other

Lab Receipt Date & Time 4/13/10 1120HR
Analysis Date & Time 4/13/10 1134-1138HR

SAMPLE ACCEPTANCE CRITERIA:
Sample Preservation X On Ice ____ Not On Ice 4 C
Disinfectant Check X Not Detected _____ mg/L
This Sample does not meet the following NELAC requirements
REPORT DATE: 4/20/10

System Name: MARION HILLS #6577 (MH) PWS I.D. 3424001
System address: 14009 SE 51ST AV City:SUMMERFIELD Phone:787-0980 Fax:787-6333
Collector: G. KISSICK Phone:904-237-0919 Fax:SAME

TYPE OF SUPPLY: (check only one)
X Community Water System ____ Noncommunity Water System ____ Nontransient Noncommunity Water System ____ Limited Use System
____ Private Well ____ Swimming Pool ____ Bottled Water ____ Other

REASON FOR SAMPLING: (check only one) X Routine Compliance ____ Repeat ____ Replacement ____ Main Clearance ____ Well Survey ____ Other
SAMPLE COLLECTION DATE 4/12/10

To be completed by collector of sample — THESE RESULTS RELATE ONLY TO THESE SAMPLES — To be completed by lab

Sample Number	Sample point (location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd (mg/L)	PH	Total Coliform Analysis Method SM9222B / Fecal or E. Coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualif2	Lab Sample #
W	WELL	1300HR	R	0		A	A			1004762
R-1	14125 SE 51ST AV	1315HR	D	.9		A	A			1004763
R-2	14171 SE 51ST AV	1325HR	D	.9		A	A			1004764

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900 Do not include raw or plant samples in the average) .9

2 Defined in Florida Administrative Code Rule 62-160, Table 1
All test are performed in accordance with NELAC standards.
LAB CONTACT PERSON JOHN FREDOCK 352-787-2944

Disinfectant Residual Analysis Method X DPD Colorimetric ____ Other

Person performing analysis is (Please see instructions on reverse):
Y Certified operator#DWC 7846 ____ Employed by a certified lab
____ Supervised by a cert operator# ____ Employed by DEP or DOH

Date PWS notified by lab of positive result _____
Date State notified by lab of positive result _____
Lab Signature: Sandra Wesson
Title: Q.A. MANAGER

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
P.O. BOX 490310
LEESBURG, FL 34749

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

1 DEP SAMPLE TYPE CODES: D=Distribution(routine comp) C=Repeat or Check R=Raw N=Entry to Distribution P=Plant Tap S=Special (clearance, etc)

RESULTS A=Absent P=Present C=Confluent Growth TNCT=To numerous to count

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA E-MAIL
JMLIHVARCIK@AQUAAMERICA.COM

March 29, 2010

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, Florida 34748

OCD-PW-SS-10-0158

Marion County – PW	PWS ID Number
Belleview Hills Estates	3424839
Belleview Hills S/D	3424030
Fairfax Hills S/D	3424042
Hawks Point S/D	3424685
Marion Hills	3424001
Woodberry Forest S/D	3424646

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on March 17, 2010, by Jill M. Farris to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

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

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than May 7, 2010.** *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Jill Farris by phone at (407) 894-7555, extension 2226 or by e-mail at Jill.Farris@dep.state.fl.us.

Sincerely,

Reggie Phillips, Environmental Supervisor II
Drinking Water Compliance and Enforcement

RFP/jmf
Enclosures

cc: Patrick Farris, Environmental Compliance Specialist [PAFARRIS@AQUAAMERICA.COM]
Jill Farris, DEP Drinking Water Compliance and Enforcement

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name MARION HILLS County Marion PWS ID # 3424001
Plant Location 140th Street & 51st Avenue, Summerfield, FL 34470 Phone 352-732-6027
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcik Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, Florida 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone 352-435-4029
.This Survey Date 03/17/10 Last Survey Date 02/14/07 Last Compliance Inspection Date 07/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 36,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 29
Population Served 102 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
Location Housing
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Gary Kissick C-7846

Hrs/day: *Required* *Visit *Actual* *Visit
Days/wk: *Required* 2 *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
Comments: *2 visits/week on nonconsecutive days for a total of 0.2 hour/week.

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Day (from MORs) 4,479 gpd
Maximum Day (from MORs) 14,000 gpd 05/2009
Comments

Flow Measuring Device Flow Meter
Meter Size & Type 3" Kent
Date Last Calibrated Unknown

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Not Required
Source Elliot Propane
Capacity of Standby (kW) Unknown
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well Pumps
☐ High Service Pumps
☒ Treatment Equipment
Satisfy avg. daily demand? ☐Yes ☐No ☒Unknown
Audio-visual alarm? ☐Yes ☒No
Comments

PLANS AND MAPS

Coliform Sampling Plan	☒ Yes	☐ No	☐ N/A
D/DBP Monitoring Plan	☒ Yes	☐ No	☐ N/A
Lead and Copper Plan	☒ Yes	☐ No	☐ N/A
Distribution System Map	☒ Yes	☐ No	☒ N/A
Emergency Response Plan	☒ Yes	☐ No	☒ N/A

Comments

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual	☒ Yes	☐ No	
Preventive Maintenance Program	☒ Yes	☐ No	
Flushing Program	☐ Yes	☐ No	☒ N/A
Records	☐ Yes	☐ No	☒ N/A
Isolation Valve Exercise	☒ Yes	☐ No	☐ N/A
Records	☒ Yes	☐ No	☐ N/A

Comments System does not have any blowoffs.

CROSS CONNECTION CONTROL
BFPAs None noted # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date August 2007
Comments

PWS ID # 3424001
Date 03/17/10

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAC3109)			
Year Drilled		1979			
Depth Drilled		150'			
Drilling Method		Cable tool			
Type of Grout		Neat cement			
Static Water Level		Unknown			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		50 gpm			
Strainer		Screen			
Length (outside casing)		105'			
Diameter (outside casing)		4"			
Material (outside casing)		Black steel			
Well Contamination History		None noted			
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?		Yes			
Well Casing Sanitary Seal		Ok			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Security		Yes			
Well Vent Protection		N/A			

COMMENTS _____

PWS ID # 3424001
Date 03/17/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 35% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.71 Remote 1.34
Remote tap location 14209 SE 51st Avenue
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments

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

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Visible Algae Growth _____
Protective Screen Condition _____
Frequency of Cleaning _____
Date Last Inspected/Cleaned _____
Comments _____

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

Tank Type/Number	H		
Capacity (gal)	1,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	12/09		
Date of Cleaning	12/09		

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3424001
Date 03/17/10

DEFICIENCIES:

There were no deficiencies noted at the time of the inspection.

COMMENTS/REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm.

- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, annually, and certification of delivery of the CCR must be submitted to the Department no later than August 10, annually.

- **Provide documentation that the finished-drinking-water meter has been calibrated.**

  Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

Inspector _____ Title Env. Specialist II Date 03/29/10

Approved by _____ Title Env. Supervisor II Date 3/29/10

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

See page 4 for instructions

I. General Information for the Month/Year of: May-08

A. Public Water System (PWS) Information

PWS Name:	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				

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.

6/9/08
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: May-08

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

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

				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	12,000											
2	X	24 hrs	13,000		1.4								1.2	
3		24 hrs	14,000											
4		24 hrs	14,000											
5	X	24 hrs	10,000		1.2								1.2	
6		24 hrs	11,000											
7	X	24 hrs	10,000		1.2								1	
8		24 hrs	10,000											
9	X	24 hrs	13,000		1								0.8	
10		24 hrs	13,000											
11		24 hrs	13,000											
12	X	24 hrs	13,000		1								0.6	
13		24 hrs	13,000											
14	X	24 hrs	11,000		1								0.8	
15		24 hrs	11,000											
16	X	24 hrs	11,000		1								0.6	
17		24 hrs	11,000											
18		24 hrs	11,000											
19	X	24 hrs	14,000		1								0.8	
20		24 hrs	14,000											
21	X	24 hrs	9,000		0.8								0.6	
22		24 hrs	10,000											
23	X	24 hrs	11,000		1								0.8	
24		24 hrs	11,000											
25		24 hrs	11,000											
26	X	24 hrs	14,000		1								0.6	
27		24 hrs	14,000											
28	X	24 hrs	10,000		1								0.8	
29		24 hrs	10,000											
30	X	24 hrs	11,000		0.6								0.6	
31		24 hrs	11,000											
Total			364,000											
Average			11,742											
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: June-08

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				

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

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in 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.

7/08/08
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: June-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	11,000											
2	X	24 hrs	11,000		1.6								0.8	
3		24 hrs	11,000											
4	X	24 hrs	13,000		1.8								1	
5		24 hrs	12,000											
6	X	24 hrs	17,000		1.7								1	
7		24 hrs	18,000											
8		24 hrs	18,000											
9	X	24 hrs	12,000		1.4								1.2	
10		24 hrs	12,000											
11	X	24 hrs	12,000		1.4								1	
12		24 hrs	11,000											
13	X	24 hrs	11,000		1.4								1.2	
14		24 hrs	12,000											
15		24 hrs	12,000											
16	X	24 hrs	13,000		1.2								1	
17		24 hrs	14,000											
18	X	24 hrs	13,000		1.4								1.2	
19		24 hrs	13,000											
20	X	24 hrs	11,000		1.4								1	
21		24 hrs	11,000											
22		24 hrs	12,000											
23	X	24 hrs	15,000		1.2								1	
24		24 hrs	15,000											
25	X	24 hrs	13,000		1.4								1.2	
26		24 hrs	13,000											
27	X	24 hrs	13,000		1.2								1.2	
28		24 hrs	13,000											
29		24 hrs	13,000											
30	X	24 hrs	14,000		1.4								1.2	
31		24 hrs												
Total			389,000											
Average			12,967											
Maximum			18,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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

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II. Certification by Lead/Chief Operator

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

8/7/08

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gallons	CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Unusual (Emergency) or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	11,000		1.4									1.2	
2	X	24.0	11,000		1.2									1.2	
3		24.0	12,000												
4	X	24.0	14,000		1.4									1.2	
5		24.0	14,000												
6		24.0	14,000												
7	X	24.0	16,000		1.0									0.8	
8	X	24.0	12,000		1.2									1.0	
9	X	24.0	12,000		1.2									1.0	
10		24.0	13,000												
11	X	24.0	13,000		1.4									1.2	
12		24.0	13,000												
13		24.0	13,000												
14	X	24.0	11,000		1.2									1.0	
15		24.0	12,000												
16	X	24.0	15,000		1.0									1.0	
17		24.0	16,000												
18	X	24.0	11,000		1.2									1.0	
19		24.0	11,000												
20		24.0	12,000												
21	X	24.0	11,000		1.4									1.0	
22		24.0	12,000												
23	X	24.0	11,000		1.2									1.0	
24		24.0	11,000												
25	X	24.0	13,000		1.4									1.2	
26		24.0	13,000												
27		24.0	13,000												
28	X	24.0	12,000		1.2									1.0	
29	X	24.0	11,000		1.4									1.2	
30	X	24.0	16,000		1.2									1.0	
31		24.0	16,000												
Total			395,000												
Average			12,742												
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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

II. Certification by Lead/Chief Operator

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

09/08/08
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*												
				CT Calculations								UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator or Person	Hours Plant Staffed for Operation	Net Quantity of Finished Water Produced, gallons	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	Lowest 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	If Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	15,000		1.2								1.0	
2		24.0	15,000											
3		24.0	16,000											
4	X	24.0	14,000		1.4								1.2	
5		24.0	14,000											
6	X	24.0	13,000		1.4								1.0	
7		24.0	14,000											
8	X	24.0	15,000		1.2								1.0	
9		24.0	15,000											
10		24.0	16,000											
11	X	24.0	17,000		1.2								1.0	
12		24.0	16,000											
13	X	24.0	17,000		1.2								1.0	
14	X	24.0	20,000		1.4								1.0	
15	X	24.0	19,000		1.2								1.0	
16		24.0	20,000											
17		24.0	20,000											
18	X	24.0	20,000		1.4								1.2	
19		24.0	20,000											
20	X	24.0	14,000		1.2								1.0	
21	X	24.0	11,000		1.2								1.2	
22	X	24.0	30,000		1.2								1.2	
23		24.0	30,000											
24		24.0	31,000											
25	X	24.0	41,000		1.4								1.0	
26		24.0	41,000											
27	X	24.0	20,000		1.2								1.0	
28	X	24.0	26,000		1.0								1.0	
29	X	24.0	34,000		1.2								0.8	
30		24.0	34,000											
31		24.0	35,000											
Total			663,000											
Average			21,387											
Maximum			41,000											

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

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Was Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Quantity Produced (Finished Water) (gallons)	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involved Treating Water or System Components, Loss of Power, Out of Operation Alarms, 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 if Applicable	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	11,000		1.0								1.0	
2	X	24.0	41,000		1.0								0.6	
3	X	24.0	57,000		0.8								0.6	
4	X	24.0	34,000		1.2								1.0	
5	X	24.0	38,000		1.2								1.0	
6		24.0	38,000											
7		24.0	38,000											
8	X	24.0	30,000		1.4								1.0	
9		24.0	30,000											
10	X	24.0	13,000		1.0								1.0	
11		24.0	13,000											
12	X	24.0	16,000		1.2								1.0	
13		24.0	16,000											
14		24.0	17,000											
15	X	24.0	14,000		1.2								1.0	
16		24.0	14,000											
17	X	24.0	14,000		1.2								1.2	
18	X	24.0	12,000		1.2								1.0	
19	X	24.0	12,000		1.4								1.2	
20		24.0	13,000											
21		24.0	13,000											
22	X	24.0	13,000		1.2								1.0	
23		24.0	14,000											
24	X	24.0	14,000		1.2								1.2	
25	X	24.0	12,000		1.4								1.2	
26	X	24.0	12,000		1.2								1.2	
27		24.0	12,000											
28		24.0	12,000											
29	X	24.0	14,000		1.4								1.2	
30	X	24.0	14,000		1.2								1.2	
31		24.0												
Totals			601,000											
Averages			19,387											
Maximum			57,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code: 34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/6/08	Paul Thompson	A-7251

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of Month	Plant Started or Valved by Operator (Yes/No)	Hours Plant Was in Operation	Net Quantity of Water Produced (gal)	CT Calculations for UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Component Out of Operation
				Peak Hourly Flow Rate, gpm	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 Flowing, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg/L-min/Dose	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	13,000		1.0									1.0	
2	X	24.0	10,000		1.0									0.8	
3	X	24.0	12,000		1.0									0.9	
4		24.0	12,000												
5		24.0	13,000												
6	X	24.0	16,000		1.0									0.8	
7	X	24.0	12,000		1.0									0.6	
8	X	24.0	13,000		1.0									0.6	
9		24.0	13,000												
10	X	24.0	14,000		1.4									1.0	
11		24.0	14,000												
12		24.0	14,000												
13	X	24.0	19,000		1.8									1.6	
14		24.0	19,000												
15	X	24.0	14,000		1.8									1.6	
16		24.0	14,000												
17	X	24.0	15,000		1.1									0.9	
18		24.0	15,000												
19		24.0	15,000												
20	X	24.0	12,000		1.0									0.8	
21		24.0	12,000												
22	X	24.0	11,000		1.2									1.1	
23	X	24.0	13,000		1.2									1.0	
24	X	24.0	12,000		1.4									1.0	
25		24.0	13,000												
26		24.0	12,000												
27	X	24.0	9,000		1.2									1.2	
28	X	24.0	10,000		1.2									1.0	
29	X	24.0	18,000		1.4									1.2	
30		24.0	18,000												
31	X	24.0	13,000		1.2									1.2	
Total			420,000												
Average			13,548												
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):		D

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

II. Certification by Lead/Chief Operator

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

12/5/08
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant Staffed or Visited by Operator	Net Quantity of Finished Water Produced in Gallons	CT Calculations or UV Dose to Demostate 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		24.0	13,000											
2		24.0	13,000											
3	X	24.0	15,000		1.4								1.2	
4		24.0	15,000											
5	X	24.0	15,000		1.2								1.2	
6		24.0	15,000											
7	X	24.0	16,000		1.2								1.0	
8		24.0	14,000											
9		24.0	14,000											
10	X	24.0	12,000		1.2								1.0	
11		24.0	11,000											
12	X	24.0	11,000		1.2								1.2	
13	X	24.0	10,000		1.2								1.2	
14	X	24.0	15,000		1.4								1.2	
15		24.0	15,000											
16		24.0	15,000											
17	X	24.0	12,000		1.4								1.0	
18		24.0	13,000											
19	X	24.0	12,000		1.2								1.2	
20		24.0	12,000											
21	X	24.0	12,000		1.2								1.0	
22		24.0	13,000											
23		24.0	13,000											
24	X	24.0	11,000		1.4								1.2	
25		24.0	11,000											
26	X	24.0	11,000		1.2								1.2	
27		24.0	11,000											
28	X	24.0	12,000		1.4								1.2	
29		24.0	13,000											
30		24.0	13,000											
31		24.0												
Total			388,000											
Average			12,516											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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

II. Certification by Lead/Chief Operator

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

01/08/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant Was in Operation	Net Quantity of Finished Water Produced, in gal.	CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	13,000		1.4								1.2	
2	X	24.0	12,000		1.2								1.2	
3	X	24.0	11,000		1.2								1.2	
4	X	24.0	11,000		1.2								1.0	
5	X	24.0	13,000		1.2								1.2	
6		24.0	13,000											
7		24.0	14,000											
8	X	24.0	10,000		1.4								1.2	
9	X	24.0	11,000		1.2								1.0	
10	X	24.0	10,000		1.4								1.2	
11	X	24.0	11,000		1.2								1.2	
12	X	24.0	10,000		1.4								1.2	
13		24.0	11,000											
14		24.0	11,000											
15	X	24.0	10,000		1.2								1.0	
16		24.0	10,000											
17	X	24.0	11,000		1.4								1.2	
18		24.0	11,000											
19	X	24.0	15,000		1.2								1.0	
		24.0	15,000											
		24.0	15,000											
22	X	24.0	14,000		1.2								1.2	
23		24.0	14,000											
24	X	24.0	17,000		1.4								1.0	
25		24.0	18,000											
26	X	24.0	44,000		1.2								1.2	
27		24.0	44,000											
28	X	24.0	47,000		1.4								1.2	
29		24.0	47,000											
30	X	24.0	15,000		1.4								1.2	
31	X	24.0	16,000		1.2								1.2	
Total			524,000											
Averages			16,903											
Maximum			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

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: * 2008

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II. Certification by Lead/Chief Operator

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

02/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	16,000											
2	X	24.0	16,000		1.4								1.0	
3		24.0	17,000											
4		24.0	17,000											
5	X	24.0	19,000		1.2								1.0	
6	X	24.0	16,000		1.4								1.2	
7		24.0	16,000											
8	X	24.0	12,000		1.2								1.2	
9	X	24.0	16,000		1.2								1.0	
10		24.0	16,000											
11		24.0	16,000											
12	X	24.0	13,000		1.4								1.2	
13	X	24.0	21,000		1.3								1.2	
14	X	24.0	13,000		1.4								1.2	
15		24.0	14,000											
16	X	24.0	15,000		1.4								1.2	
17		24.0	15,000											
18		24.0	15,000											
19	X	24.0	15,000		1.2								1.2	
20		24.0	16,000											
21	X	24.0	10,000		1.4								1.2	
22		24.0	10,000											
23	X	24.0	20,000		1.4								1.0	
24		24.0	21,000											
25		24.0	21,000											
26	X	24.0	15,000		1.2								1.0	
27		24.0	16,000											
28	X	24.0	15,000		1.2								1.2	
29		24.0	15,000											
30	X	24.0	17,000		1.4								1.2	
31		24.0	17,000											
Total			491,000											
Avgerage			15,839											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

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II. Certification by Lead/Chief Operator

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

3/9/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L*	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	17,000											
2	X	24.0	18,000		1.4								1.2	
3	X	24.0	15,000		1.2								1.2	
4	X	24.0	16,000		1.4								1.2	
5		24.0	17,000											
6	X	24.0	17,000		1.2								1.2	
7		24.0	16,000											
8		24.0	16,000											
9	X	24.0	13,000		1.4								1.2	
10	X	24.0	18,000		1.2								1.2	
11		24.0	18,000											
12	X	24.0	11,000		1.4								1.2	
13	X	24.0	15,000		1.2								1.0	
14		24.0	15,000											
15		24.0	15,000											
16	X	24.0	16,000		1.4								1.2	
17		24.0	16,000											
18	X	24.0	14,000		1.2								1.2	
19		24.0	15,000											
20	X	24.0	16,000		1.4								1.2	
21		24.0	16,000											
22		24.0	15,000											
23	X	24.0	16,000		1.2								1.2	
24	X	24.0	18,000		1.2								1.0	
25	X	24.0	17,000		1.4								1.2	
26	X	24.0	19,000		1.2								1.2	
27	X	24.0	13,000		1.4								1.2	
28		24.0	13,000											
29		24.0												
30		24.0												
31		24.0												
Total			441,000											
Avgerage			14,226											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

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II. Certification by Lead/Chief Operator

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

Signature and Date: 4/8/09

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Mo	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
		24.0	13,000											
2	X	24.0	11,000		1.4								1.0	
3		24.0	11,000											
4	X	24.0	11,000		2.0								1.2	
5		24.0	12,000											
6	X	24.0	11,000		2.0								1.2	
7		24.0	11,000											
8		24.0	11,000											
9	X	24.0	12,000		1.4								1.2	
10		24.0	13,000											
11	X	24.0	11,000		1.4								1.2	
12		24.0	12,000											
13	X	24.0	18,000		1.2								1.2	
14		24.0	18,000											
15		24.0	18,000											
16	X	24.0	15,000		1.4								1.2	
17		24.0	16,000											
18	X	24.0	13,000		1.2								1.2	
19	X	24.0	12,000		1.4								1.0	
20	X	24.0	13,000		1.4								1.2	
2		24.0	13,000											
22		24.0	14,000											
23	X	24.0	10,000		1.2								1.2	
24	X	24.0	12,000		1.2								1.2	
25	X	24.0	10,000		1.4								1.2	
26		24.0	11,000											
27	X	24.0	11,000		1.2								1.2	
28		24.0	11,000											
29		24.0	11,000											
30	X	24.0	14,000		1.4								1.0	
31		24.0	15,000											
tal			394,000											
/gerage			12,710											
aximum			18,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

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II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/6/09	Paul Thompson	A-7251

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	11,000		1.4								1.2	
2	X	24.0	11,000		1.4								1.0	
3	X	24.0	10,000		1.2								1.2	
4		24.0	10,000											
5		24.0	10,000											
6	X	24.0	16,000		1.2								1.2	
7		24.0	17,000											
8	X	24.0	14,000		1.2								1.2	
9		24.0	14,000											
10	X	24.0	17,000		1.2								1.0	
11		24.0	17,000											
12		24.0	17,000											
13	X	24.0	12,000		1.2								1.2	
14		24.0	11,000											
15	X	24.0	14,000		1.4								1.2	
16	X	24.0	9,000		1.4								1.2	
17	X	24.0	15,000		1.2								1.2	
18		24.0	15,000											
19		24.0	15,000											
20	X	24.0	14,000		1.4								1.2	
21		24.0	14,000											
22	X	24.0	14,000		0.8								0.4	
23	X	24.0	12,000		1.2								1.2	
24	X	24.0	13,000		0.8								0.8	
25		24.0	14,000											
26		24.0	14,000											
27	X	24.0	13,000		1.0								1.0	
28		24.0	13,000											
29	X	24.0	12,000		1.2								1.2	
30	X	24.0	15,000		1.4								1.2	
31		24.0												
Total			403,000											
Avgerage			13,000											
Maximum			17,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

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II Certification by Lead/Chief Operator

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

6/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	12,000		1.4								1.2	
2		24.0	12,000											
3		24.0	12,000											
4	X	24.0	15,000		2.1								1.2	
5		24.0	14,000											
6	X	24.0	13,000		2.0								1.2	
7		24.0	14,000											
8	X	24.0	15,000		2.2								2.2	
9		24.0	15,000											
10		24.0	15,000											
11	X	24.0	17,000		1.8								1.6	
12	X	24.0	11,000		1.8								1.4	
13	X	24.0	11,000		1.9								1.4	
14		24.0	12,000											
15	X	24.0	12,000		1.8								1.4	
16		24.0	12,000											
17		24.0	13,000											
18	X	24.0	11,000		1.6								1.4	
19	X	24.0	12,000		1.8								1.2	
20	X	24.0	13,000		1.8								1.2	
21		24.0	12,000											
22	X	24.0	8,000		1.6								1.4	
23		24.0	8,000											
24		24.0	9,000											
25	X	24.0	10,000		1.4								1.2	
26	X	24.0	12,000		1.2								1.2	
27		24.0	11,000											
28	X	24.0	8,000		1.4								1.2	
29	X	24.0	11,000		1.2								1.0	
30		24.0	11,000											
31		24.0	11,000											
Total			372,000											
Avgernge			12,000											
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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows				
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			PWS Identification Number:	6424591
Number of Service Connections at End of Month:	65			☐ Consecutive	
PWS Owner:	Aqua Utilities Florida			Total Population Served at End of Month:	228
Contact Person:	Paul Thompson				
Contact Person's Mailing Address:	PO Box 490310			Contact Person's Title:	Field Coordinator
Contact Person's Telephone Number:	(352) 787-0980	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			Contact Person's Fax Number:	(352) 787-6333

Water Treatment Plant Information

Plant Name:	Ridge Meadows				
Plant Address:	957 NW 58th Ct			Plant Telephone Number:	(352) 787-0980
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water	City: Ocala	State: Florida	Zip Code:	34482
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II. Certification by Lead/Chief Operator

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

7/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	7,000		1.4								1.2	
2	X	24.0	19,000		1.2								1.0	
3	X	24.0	16,000		1.2								1.0	
4		24.0	16,000											
5	X	24.0	8,000		1.0								1.0	
6		24.0	7,000											
7		24.0	7,000											
8	X	24.0	8,000		1.2								1.0	
9	X	24.0	13,000		1.2								1.0	
10		24.0	14,000											
11	X	24.0	12,000		1.0								1.0	
12	X	24.0	11,000		1.2								1.0	
13		24.0	12,000											
14		24.0	12,000											
15	X	24.0	10,000		0.8								0.6	
16	X	24.0	13,000		1.0								0.6	
17		24.0	13,000											
18	X	24.0	9,000		0.8								0.8	
19	X	24.0	11,000		1.0								0.6	
20		24.0	12,000											
21		24.0	12,000											
22	X	24.0	13,000		1.0								0.8	
23		24.0	14,000											
24	X	24.0	9,000		0.8								0.6	
25	X	24.0	12,000		0.6								0.6	
26	X	24.0	12,000		1.2								1.0	
27		24.0	12,000											
28		24.0	13,000											
29	X	24.0	12,000		1.4								1.2	
30		24.0	11,000											
31		24.0												
Total			350,000											
Avgerage			11,290											
Maximum			19,000											

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

Revised 4-7-09

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

Revised 9-4-09

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

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II. Certification by Lead/Chief Operator

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

09/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

Revised 9-4-09

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	13,000		1.4								1.2	
2	X	24.0	11,000		1.2								1.2	
3	X	24.0	12,000		1.4								1.2	
4		24.0	12,000											
5		24.0	12,000											
6	X	24.0	12,000		1.2								1.2	
7	X	24.0	12,000		1.2								1.0	
8		24.0	11,000											
9	X	24.0	12,000		1.2								1.2	
10	X	24.0	16,000		1.2								1.0	
11		24.0	16,000											
12		24.0	17,000											
13	X	24.0	10,000		1.4								1.2	
14		24.0	10,000											
15	X	24.0	10,000		1.2								1.0	
16		24.0	9,000											
17	X	24.0	10,000		1.4								1.0	
18		24.0	9,000											
19		24.0	9,000											
20	X	24.0	10,000		0.5								0.5	
21		24.0	11,000											
22	X	24.0	10,000		1.5								0.7	
23		24.0	11,000											
24	X	24.0	11,000		0.9								0.9	
25		24.0	11,000											
26		24.0	10,000											
27	X	24.0	10,000		0.6								0.4	
28		24.0	11,000											
29	X	24.0	9,000		0.8								0.6	
30	X	24.0	9,000		0.8								0.8	
31	X	24.0	12,000		1.2								1.0	
Total			348,000											
Avgerage			11,226											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II. Certification by Lead/Chief Operator

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

09/04/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	12,000											
2		24.0	12,000											
3	X	24.0	7,000		1.2								1.0	
4	X	24.0	10,000		1.2								1.0	
5		24.0	11,000											
6	X	24.0	11,000		1.0								1.0	
7	X	24.0	10,000		1.2								1.0	
8		24.0	10,000											
9		24.0	10,000											
10	X	24.0	11,000		1.0								1.0	
11		24.0	11,000											
12	X	24.0	10,000		1.0								1.0	
13	X	24.0	11,000		1.0								0.8	
14	X	24.0	11,000		1.0								1.0	
15		24.0	12,000											
16		24.0	12,000											
17	X	24.0	9,000		1.0								1.0	
18	X	24.0	14,000		1.0								0.8	
19		24.0	14,000											
20	X	24.0	11,000		1.0								1.0	
21	X	24.0	11,000		1.0								0.8	
22		24.0	11,000											
23		24.0	11,000											
24	X	24.0	13,000		1.0								1.0	
25	X	24.0	11,000		1.0								0.6	
26	X	24.0	8,000		1.0								0.8	
27		24.0	9,000											
28	X	24.0	12,000		1.0								0.6	
29		24.0	12,000											
30		24.0	12,000											
31	X	24.0	9,000		1.0								0.8	
Total			338,000											
Avgerage			10,903											
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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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

189

II. Certification by Lead/Chief Operator

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

10/7/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID	6424591	Plant Name	Ridge Meadows

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*												
				CT Calculations								UV Dose				
L the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/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	24.0	12,000		1.0								0.6	
2	X	24.0	12,000		0.8								0.6	
3	X	24.0	9,000		1.0								0.8	
4	X	24.0	10,000		1.0								1.0	
5		24.0	11,000											
6		24.0	11,000											
7	X	24.0	10,000		1.2								1.0	
8		24.0	10,000											
9	X	24.0	16,000		1.0								1.0	
10	X	24.0	11,000		1.2								1.0	
11	X	24.0	12,000		1.0								0.8	
12		24.0	13,000											
13		24.0	13,000											
14	X	24.0	11,000		1.0								0.8	
15	X	24.0	12,000		1.0								0.6	
16	X	24.0	10,000		0.8								0.6	
[illegible]	X	24.0	12,000		1.0								1.0	
[illegible]	X	24.0	13,000		1.0								1.0	
19		24.0	13,000											
20		24.0	13,000											
21	X	24.0	19,000		1.0								0.8	
22		24.0	19,000											
23	X	24.0	16,000		1.0								0.6	
24	X	24.0	8,000		1.2								1.0	
25		24.0	8,000		1.0								1.0	
26		24.0	8,000											
27	X	24.0	9,000		1.0								0.8	
28		24.0	9,000											
29	X	24.0	6,000		1.0								0.8	
30	X	24.0	9,000		1.0								0.6	
31		24.0												
tal			345,000											
gerage			11,129											
aximum			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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows		PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code: 34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

191

II. Certification by Lead/Chief Operator

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

11/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
y of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/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	24.0	13,000		1.0								0.6	
2	X	24.0	12,000		1.0								0.8	
3		24.0	13,000											
4		24.0	13,000											
5	X	24.0	12,000		1.0								0.6	
6		24.0	13,000											
7	X	24.0	11,000		1.0								0.8	
8		24.0	12,000											
9	X	24.0	13,000		1.0								0.6	
10		24.0	13,000											
11		24.0	13,000											
12	X	24.0	11,000		1.2								1.0	
13	X	24.0	13,000		1.0								0.8	
14	X	24.0	12,000		1.0								0.6	
15	X	24.0	12,000		1.0								0.8	
16		24.0	12,000											
17		24.0	12,000											
18	X	24.0	11,000		1.0								1.0	
19	X	24.0	12,000		1.0								0.8	
20	X	24.0	13,000		1.0								0.6	
21	X	24.0	12,000		0.8								0.6	
22		24.0	13,000											
23	X	24.0	14,000		1.0								0.6	
24		24.0	13,000											
25		24.0	13,000											
26	X	24.0	10,000		1.0								0.8	
27	X	24.0	13,000		1.0								0.6	
28		24.0	13,000											
29	X	24.0	12,000		1.0								0.8	
30	X	24.0	14,000		1.0								0.6	
31		24.0	14,000											
Total			387,000											
Avgerage			12,484											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows		PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code: 34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II. Certification by Lead/Chief Operator

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

12/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	14,000											
2	X	24.0	13,000		0.8								0.6	
3		24.0	13,000											
4	X	24.0	10,000		1.0								0.6	
5		24.0	10,000											
6	X	24.0	17,000		0.8								0.8	
7		24.0	17,000											
8		24.0	17,000											
9	X	24.0	11,000		0.8								0.6	
10	X	24.0	17,000		1.0								0.8	
11	X	24.0	6,000		0.6								0.5	
12		24.0	6,000											
13	X	24.0	8,000		2.2								2.2	
14		24.0	8,000											
15		24.0	7,000											
16	X	24.0	5,000		1.8								1.4	
17		24.0	5,000											
18	X	24.0	6,000		1.4								1.2	
		24.0	7,000											
20	X	24.0	7,000		1.2								1.0	
21		24.0	7,000											
22		24.0	7,000											
23	X	24.0	7,000		1.7								1.6	
24		24.0	7,000											
25	X	24.0	7,000		1.5								1.5	
26		24.0	7,000											
27	X	24.0	6,000		1.1								1.0	
28		24.0	7,000											
29		24.0	7,000											
30	X	24.0	7,000		1.2								1.2	
31		24.0												
Total			273,000											
Avgerage			8,806											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows		PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code: 34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II. Certification by Lead/Chief Operator

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

1/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	10,000		1.2								1.2	
2	X	24.0	6,000		1.4								1.2	X - HPT Inspection
3	X	24.0	7,000		1.4								1.2	
4	X	24.0	6,000		1.2								1.2	
5		24.0	6,000											
6		24.0	7,000											
7	X	24.0	6,000		1.4								1.2	
8		24.0	6,000											
9	X	24.0	6,000		1.2								1.2	
10		24.0	6,000											
11	X	24.0	7,000		1.2								1.0	
12		24.0	7,000											
13		24.0	8,000											
14	X	24.0	5,000		1.2								1.2	
15		24.0	6,000											
16	X	24.0	6,000		1.2								1.0	
17	X	24.0	7,000		1.4								1.2	
18	X	24.0	7,000		1.2								1.2	
9		24.0	7,000											
20		24.0	6,000											
21	X	24.0	6,000		1.3								1.2	
22	X	24.0	6,000		1.4								1.2	
23	X	24.0	6,000		1.2								1.2	
24		24.0	6,000											
25	X	24.0	8,000		1.4								1.2	
26		24.0	9,000											
27		24.0	9,000											
28	X	24.0	8,000		1.4								1.0	
29	X	24.0	6,000		1.2								1.2	
30		24.0	6,000											
31	X	24.0	8,000		1.4								1.2	
Total			210,000											
Avgerage			6,774											
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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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

197

II. Certification by Lead/Chief Operator

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

02/08/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

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

Total	207,000
Avgerage	6,677
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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

199

II. Certification by Lead/Chief Operator

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

3/9/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	6,000		1.0								0.9	
2		24.0	6,000											
3	X	24.0	7,000		1.6								1.6	
4		24.0	7,000											
5	X	24.0	7,000		1.3								1.3	
6		24.0	7,000											
7		24.0	8,000											
8	X	24.0	6,000		1.2								1.1	
9		24.0	7,000											
10	X	24.0	7,000		1.2								1.2	
11		24.0	6,000											
12	X	24.0	7,000		1.2								1.1	
13		24.0	7,000											
14		24.0	7,000											
15	X	24.0	7,000		1.0								0 9	
16		24.0	8,000											
17	X	24.0	6,000		1.7								1.6	
18		24.0	7,000											
19	X	24.0	8,000		1.5								1.5	
20		24.0	8,000											
21		24.0	8,000											
22	X	24.0	7,000		1.5								1.4	
23		24.0	7,000											
24	X	24.0	6,000		1.4								1.3	
25		24.0	6,000											
26	X	24.0	7,000		1.4								1.2	
27		24.0	7,000											
28		24.0	7,000											
29		24.0												
30		24.0												
31		24.0												
Total			194,000											
Avgerage			6,258											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code: 34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Larry White	C	7082	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

201

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	6,000		1.3								1.1	
2		24.0	6,000											
3	X	24.0	6,000		1.3								1.1	
4		24.0	7,000											
5	X	24.0	6,000		1.4								1.2	
6		24.0	6,000											
7		24.0	7,000											
8	X	24.0	7,000		1.3								1.2	
9		24.0	6,000											
10	X	24.0	6,000		1.2								1.1	
11		24.0	7,000											
12	X	24.0	7,000		1.2								1.1	
13		24.0	7,000											
14		24.0	8,000											
15	X	24.0	7,000		1.2								1.1	
16		24.0	6,000											
17	X	24.0	6,000		1.2								1.1	
18		24.0	6,000											
19	X	24.0	6,000		1.1								1.0	
20		24.0	7,000											
21		24.0	7,000											
22	X	24.0	7,000		1.0								0.9	
23		24.0	6,000											
24	X	24.0	5,000		1.4								1.2	
25		24.0	5,000											
26	X	24.0	4,000		1.3								1.2	
27		24.0	11,000											
28		24.0	12,000											
29	X	24.0	7,000		1.2								1.1	
30		24.0	6,000											
31	X	24.0	7,000		1.3								1.2	
Total			207,000											
Avgerage			6,677											
Maximum			12,000											

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

202

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 NW 58th Ct	City: Ocala	State: Florida	Zip Code:	34482
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Larry White	C	7082	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	6,000											
2	X	24.0	9,000		1.3								1.1	
3		24.0	9,000											
4		24.0	8,000											
5	X	24.0	8,000		1.2								1.0	
6		24.0	8,000											
7	X	24.0	9,000		1.3								1.2	
8		24.0	9,000											
9	X	24.0	8,000		1.3								1.2	
10		24.0	8,000											
11		24.0	8,000											
12	X	24.0	7,000		1.3								1.2	
13		24.0	7,000											
14	X	24.0	8,000		1.0								0.8	
15		24.0	7,000											
16	X	24.0	7,000		1.4								1.0	
17		24.0	7,000											
18		24.0	8,000											
19	X	24.0	8,000		1.2								1.0	
20		24.0	6,000											
21	X	24.0	6,000		1.2								1.0	
22		24.0	7,000											
23	X	24.0	8,000		1.2								1.2	
24		24.0	8,000											
25		24.0	8,000											
26	X	24.0	7,000		1.2								1.0	
27		24.0	8,000											
28	X	24.0	8,000		1.0								0.9	
29		24.0	8,000											
30	X	24.0	8,000		1.0								0.8	
31														
Total			231,000											
Avgerage			7,700											
Maximum			9,000											

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

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

Ridge Meadows

On July 15,2009 we completed the report for the above referenced water system, identification number 6424591. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 097771 for the following parameters (or parameter groups): Inorganics, Partial Secondaries, All 14 Radionuclides, Single Sample Volatile Organics, All 21 Synthetic Organics, All Except Dioxin

The results of the analyses were:

☑ **Satisfactory** (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).

☐ **Satisfactory**. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

☐ **Unsatisfactory** for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

☐ DEP Central District
☑ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other
☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

097771

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

System Name: Ridge Meadows PWS I.D. #: 6 4 2 4 5 9 1

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

Address: NW 57 Ct.

City: Ocala State: Fla ZIP Code:

Phone #: 352 3030718 Fax #: 732 3213

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 6.25.09 Sample Time: 12:30 AM (PM) (Circle One)

Sample Location (be specific): POE at Water Plant

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: Mark March

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

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

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

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

Signature: Mark March Date: 6.25.09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: **6424591** System Name: **Ridge Meadows** Sample Number: Not Provided
Sample Location: Point of Entry
Laboratory Assigned Submission Number: 097771 Date Sample(s) Received: 6/25/09

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:

Inorganics, Partial
Secondaries, All 14
Radionuclides, Single Sample
Volatile Organics, All 21
Synthetic Organics, All Except Dioxin

Subcontracted Laboratory DOH Certification Number(s): E83079 PA / E83033 FR *Analyte Sheet(s) Attached*

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: Lisa K Saupp Date: July 15, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Laboratory Reviewed: _____ DEP / DOH Reviewing Official: _____

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

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: Ridge Meadows
PWS ID: 6424591
Submission Number: 097771

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	2.98		EPA353.2	0.05	6/25/09	4:01 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	6/25/09	4:01 PM	E83265
1005	Arsenic	0.010	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079
1010	Barium	2	mg/L	0.0050	U	EPA200.7	0.0050	6/29/09		E83079
1015	Cadmium	0.005	mg/L	0.00050	U	EPA200.7	0.00050	6/29/09		E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
1024	Cyanide	0.2	mg/L	0.0050	U	EPA335.4	0.0050	6/30/09		E83079
1025	Fluoride	4.0	mg/L	0.10	U	SM4500FC	0.10	7/3/09		E83265
1030	Lead	0.015	mg/L	0.0025		EPA200.8	0.00050	6/29/09		E83079
1035	Mercury	0.002	mg/L	0.000020	U	EPA245.1	0.000020	6/30/09		E83079
[illegible]	Nickel	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
[illegible]	Selenium	0.05	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079
1052	Sodium	160	mg/L	7.9		EPA200.7	0.50	6/29/09		E83079
1074	Antimony	0.006	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079
1075	Beryllium	0.004	mg/L	0.00050	U	EPA200.7	0.00050	6/29/09		E83079
1085	Thallium	0.002	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079

U - The parameter was analyzed but not detected

AQUA PURE WATER & SEWAGE SERVICE, INC.

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(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: 097771

SECONDARY CONTAMINANTS
62-550.320

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0053	U	EPA200.8	0.0053	6/29/09		E83079
1017	Chloride	250	mg/L	11		EPA300.0	0.028	6/26/09		E83079
1022	Copper	1	mg/L	0.019		EPA200.8	0.00093	6/29/09		E83079
1025	Fluoride	2.0	mg/L	0.10		SM4500FC	0.10	7/3/09		E83265
1028	Iron	0.3	mg/L	0.020	U	EPA200.7	0.020	6/29/09		E83079
1032	Manganese	0.05	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
1055	Sulfate	250	mg/L	11.4		EPA375.2	2.50	7/3/09		E83265
1095	Zinc	5	mg/L	0.063		EPA200.7	0.010	6/29/09		E83079
1905	Color	15	CU	1	U	SM2120B	1	6/25/09	4:22 PM	E83265
[illegible]	Odor	3	TON	1	U	SM2150B	1	6/25/09	4:17 PM	E83265
[illegible]	pH (field pH from page 1)	6.5 - 8.5	SU	7.4		Field	Field	6/25/09		Field
[illegible]0	Total Dissolved Solids	500	mg/L	239		SM2540C	10	7/1/09		E83265
2905	Foaming Agents	0.5	mg/L	0.040	I	SM5540C	0.028	6/26/09	16:14	E83079

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

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

System Name: Ridge Meadows
PWS ID: 6424591
Submission Number: 097771

RADIONUCLIDES
62-550.310(6)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Cert #
4000	Gross Alpha (Excl Uranium)	15	pCi/L	2.4		900.0	2.0	3	1.6	7/7/09		E83033
4006	Combined Uranium (U-234,U-235,& U-238)		pCi/L	0.7	U	908.0	0.7		0.6	7/3/09		E83033
4020	Radium-226	5	pCi/L	0.6		903.1	0.2	1	0.2	7/9/09		E83033
4030	Radium-228	5	pCi/L	0.7	U	Ra-05	0.7	1	0.4	7/8/09		E83033

U - The parameter was analyzed but not detected.

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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: 097771

VOLATILE ORGANICS
62-550.310(4)(a)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2380	Cis-1,2-Dichloroethylene	70	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2955	Xylenes (total)	10,000	µg/L	0.50	U	EPA524.2	0.50	0.50	6/29/09		E83079
2964	Dichloromethane	5	µg/L	0.44	U	EPA524.2	0.44	0.50	6/29/09		E83079
2968	o-Dichlorobenzene	600	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2969	para-Dichlorobenzene	75	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2976	Vinyl Chloride	1	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2977	1,1-Dichloroethylene	7	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2979	trans-1,2-Dichloroethylene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2980	1,2-Dichloroethane	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
	1,1,1-Trichloroethane	200	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
	Carbon tetrachloride	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2983	1,2-Dichloropropane	5	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2984	Trichloroethylene	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2985	1,1,2-Trichloroethane	5	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2987	Tetrachloroethylene	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2989	Monochlorobenzene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2990	Benzene	1	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2991	Toluene	1,000	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2992	Ethylbenzene	700	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079
2996	Styrene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	6/29/09		E83079

U - The parameter was analyzed but not detected

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Safe Drinking Water Program Laboratory Reporting Format

System Name: Ridge Meadows
PWS ID: 6424591
Submission Number: 097771

SYNTHETIC ORGANICS
62-550.310(4)(b)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	µg/L	0.0019	U	EPA508.1	0.0019	0.01	7/2/09	7/8/09		E83079
2010	Lindane	0.2	µg/L	0.0048	U	EPA508.1	0.0048	0.02	7/2/09	7/8/09		E83079
2015	Methoxychlor	40	µg/L	0.020	U	EPA508.1	0.020	0.1	7/2/09	7/8/09		E83079
2020	Toxaphene	3	µg/L	0.20	U	EPA508.1	0.20	1.0	7/2/09	7/8/09		E83079
2031	Dalapon	200	µg/L	0.66	U	EPA515.3	0.66	1.0	6/30/09	7/7/09		E83079
2032	Diquat	20	µg/L	0.22	U	EPA549.2	0.22	0.4	6/29/09	6/30/09		E83079
2033	Endothall	100	µg/L	0.29	U	EPA548.1	0.29	9.0	6/29/09	7/2/09		E83079
2034	Glyphosate	700	µg/L	0.86	U	EPA547	0.86	6.0	7/9/09	7/9/09		E83079
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.37	U	EPA525.2	0.37	0.6	7/1/09	7/6/09		E83079
2036	Oxamyl (Vydate)	200	µg/L	0.18	U	EPA531.1	0.18	2.0	6/30/09	7/2/09		E83079
	Simazine	4	µg/L	0.024	U	EPA508.1	0.024	0.07	7/2/09	7/8/09		E83079
	Di(2-ethylhexyl)phthalate	6	µg/L	0.48	U	EPA525.2	0.48	0.6	7/1/09	7/6/09		E83079
2040	Picloram	500	µg/L	0.010	U	EPA515.3	0.010	0.1	6/30/09	7/7/09		E83079
2041	Dinoseb	7	µg/L	0.090	U	EPA515.3	0.090	0.2	6/30/09	7/7/09		E83079
2042	Hexachlorocyclopentadiene	50	µg/L	0.020	U	EPA508.1	0.020	0.1	7/2/09	7/8/09		E83079
2046	Carbofuran	40	µg/L	0.25	U	EPA531.1	0.25	0.9	6/30/09	7/2/09		E83079
2050	Atrazine	3	µg/L	0.025	U	EPA508.1	0.025	0.1	7/2/09	7/8/09		E83079
2051	Alachlor	2	µg/L	0.053	U	EPA508.1	0.053	0.2	7/2/09	7/8/09		E83079
2065	Heptachlor	0.4	µg/L	0.0077	U	EPA508.1	0.0077	0.04	7/2/09	7/8/09		E83079
2067	Heptachlor Epoxide	0.2	µg/L	0.0038	U	EPA508.1	0.0038	0.02	7/2/09	7/8/09		E83079
2105	2,4-D	70	µg/L	0.030	U	EPA515.3	0.030	0.1	6/30/09	7/7/09		E83079
2110	2,4,5-TP (Silvex)	50	µg/L	0.080	U	EPA515.3	0.080	0.2	6/30/09	7/7/09		E83079
2274	Hexachlorobenzene	1	µg/L	0.024	U	EPA508.1	0.024	0.1	7/2/09	7/8/09		E83079
2306	Benzo(a)pyrene	0.2	µg/L	0.018	U	EPA525.2	0.018	0.02	7/1/09	7/6/09		E83079
2326	Pentachlorophenol	1	µg/L	0.010	U	EPA515.3	0.010	0.04	6/30/09	7/7/09		E83079
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L	0.096	U	EPA508.1	0.096	0.1	7/2/09	7/8/09		E83079
2931	Dibromochloropropane	0.2	µg/L	0.0049	U	EPA504.1	0.0049	0.02	6/30/09	7/1/09		E83079
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0062	U	EPA504.1	0.0062	0.01	6/30/09	7/1/09		E83079
2959	Chlordane	2	µg/L	0.033	U	EPA508.1	0.033	0.2	7/2/09	7/8/09		E83079

U - The parameter was analyzed but not detected.

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

Drinking Water Chain of Custody

Time Received / Date Received: 2:39 pm / 6-25-09

Submission Number: 097771

C. Aqua Utilities

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

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

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

System Information
System Name: Ridge Meadows
System ID Number: 6424591

S le Information
ple Location: Point of Entry
Sampler Name: Mark March
Date Sample Collected: 6-25-09
Time Sample Collected: 12:30 pm
Field Test Results (if applicable) Cl_2 Residual: 0.6
Temp: pH: 7.4 DO:
Other:

Sample Custody
Relinquished Signature: Mark March
Date: 6-25-09 Time: 1438 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By: M. Mon
Sample Temperature at Time of Receipt: 15.1 °C
☒ On Ice ☐ Not on Ice
Paid Check or Receipt Number:
ments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
☒ NO_3 ☒ NO_2 ☒ F	097771-A
☒ CN	097771-B
☒ All Metals ☐ Sb ☐ As ☐ Ba ☐ Be ☐ Cd ☐ Cr ☐ Pb ☐ Hg ☐ Ni ☐ Se ☐ Na ☐ Tl	097771-C
☐ Asbestos	
Secondary Contaminants	
☒ Cl ☒ SO_4 ☒ TDS ☒ F ☒ Color	097771-A
☒ Odor	097771-D
☒ Foaming Agents	097771-E
☒ All Metals ☐ Al ☐ Cu ☐ Fe ☐ Mn ☐ Ag ☐ Zn	097771-C
Disinfection Byproducts	
☐ Total THM (All 4) ☐ THM Partial:	
☐ HAA (All 5) ☐ HAA Partial:	
☐ Other:	
Radionuclides	
☒ Gross Alpha ☒ Ra^{226} ☒ Ra^{228} ☒ U	097771-F
☐ Other:	
Volatile Organic Contaminants	
☒ All 21	097771-G
☐ Partial:	
Synthetic Organic Contaminants	
☒ All Except Dioxin	097771-H
☐ Partial:	
Miscellaneous	
☐ Turbidity ☐ Alkalinity ☐ Conductivity	
☐ Total Sulfide	
☐ Dissolved Metals (Field Filtered):	
☐ Other:	
☐ Other:	
☐ Other:	
☐ Other:	

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

(AM)

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED: APR 15 '10 PM 1:03

RECEIVED BY: [illegible]

SAMPLE PRESERVATION: ❑ ON ICE ❑ NOT ON ICE 15.1 °C

DISINFECTANT CHECK: ❑ NOT DETECTED ❑ _____ mg/L

❑ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S): _____

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

❑ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: RIDGE MEADOWS PWS ID: 6421591 SYSTEM PHONE: (352) 787-0581

SYSTEM ADDRESS: 957 NW 58TH CT COUNTY: OCALA

CLIENT: AQUA UTILITIES COLLECTOR: LARRY MILLER COLLECTOR PHONE: 352 303 0715

TYPE OF SUPPLY (Check Box): ❑ Community Water System ❑ Noncommunity Water System ❑ Nontransient Noncommunity Water System ❑ Limited Use System ❑ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ❑ Repeat ❑ Replacement ❑ Main Clearance ❑ Well Survey ❑ Other: _____

SAMPLE COLLECTION DATE(S): 4/15/2010 REMARKS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB Total coliform & E. coli analysis method: SM9223B			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier[2]
	WELL #1	11:57	R	0	Submission Number: M104661	A		
W2	WELL #2		R	0	M104662	A		
R1	942 NW 58TH COURT	12:14	D	1.0	M104663	A		
R2	840 NW 57TH COURT	12:35	D	1.4	M104664	A		

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.)

Time(s) Analyzed: 3:07 pm

Disinfectant Residual Analysis Method: ❑ DPD Colorimetric ❑ Other: _____

Person performing analysis is:
❑ A certified operator (# 27282) ❑ Employed by a certified lab
❑ Supervised by a cert operator (# _____) ❑ Employed by DEP or DOH

Michael Morse 4-19-10
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
[2]Defined in Florida Administrative Code Rule 62-160, Table 1

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Saupp at (352) 625-2822.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
1100 THOMAS AVENUE
LEESBURG, FL 34748

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Revised 03/04

file

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

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 Gilmore Title Env. Specialist I Date 12-21-06

Approved by Ronald B. Scott Title Env. Specialist III Date 12-21-06

AQUA
Utilities Florida

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

January 26, 2007

MARK WILSON
ENVIRONMENTAL SPECIALIST I
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER SECTION
13051 NORTH TELECOM PARKWAY
TEMPLE TERRACE, FL 33637-0926

RE: Reply to Sanitary Survey
Ridge Meadows
PWS ID No. 642-4591
Marion County

Dear Mr. Wilson:

The purpose of the correspondence is to provide a written response as requested in your December 22, 2006, letter regarding the public water system sanitary survey conducted at the referenced facility.

1. *Please provide an isolation valve exercising plan.*

   Response:

   The isolation valve exercise plan is enclosed.

Also, as included in your report, the MOR's have been corrected to include the design capacity and the operator will begin recording the generator run hours in the logbook on the days the generator is exercised.

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.

Enclosure: Isolation Valve Exercise Plan

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

AQUA UTILITIES FLORIDA
ISOLATION VALVE EXERCISING PLAN

Purpose:

The purpose of this program is to insure the reliability of the isolation valves within the potable water distribution system.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel for maintaining the isolation valves in good working order. The isolation valves are designed to minimize the possibility of contamination in the event of a main break or other dilemma.

Exercise plan:

Each isolation valve will be exercised fully at a minimum of biannually. In the event a valve should not work properly, that valve will be repaired or replaced. Records shall be maintained of isolation valve exercising either in the operation and maintenance log book or on the form included in this plan.

Date	Isolation Valve Location	Working Properly (Y/N)	If "N" for column 3, Repaired or Replaced

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

See page 4 for instructions

I. General Information for the Month/Year of: May-08

A. Public Water System (PWS) Information

PWS Name:	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
6/9/08	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-08

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

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

Day of 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	9,000											
2	X	24 hrs	9,000		1								1	
3		24 hrs	9,000											
4		24 hrs	10,000											
5	X	24 hrs	9,000		1.2								1	
6		24 hrs	10,000											
7	X	24 hrs	11,000		1.4								1	
8		24 hrs	12,000											
9	X	24 hrs	8,000		1.2								1.2	
10		24 hrs	9,000											
11		24 hrs	9,000											
12	X	24 hrs	8,000		1								1	
13		24 hrs	9,000											
14	X	24 hrs	8,000		1.2								1	
15		24 hrs	8,000											
16	X	24 hrs	9,000		1.4								1.2	
17		24 hrs	9,000											
18		24 hrs	10,000											
	X	24 hrs	12,000		1.2								1	
20		24 hrs	12,000											
21	X	24 hrs	7,000		1								1	
22		24 hrs	7,000											
23	X	24 hrs	8,000		1.2								1	
24		24 hrs	9,000											
25		24 hrs	9,000											
26	X	24 hrs	8,000		1.4								1.2	
27		24 hrs	8,000											
28	X	24 hrs	9,000		0.8								0.6	
29		24 hrs	10,000											
30	X	24 hrs	8,000		1.4								1.2	
31		24 hrs	8,000											
Total			281,000											
Average			9,065											
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: June-08

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

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in 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
07/08/08	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: June-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	7,000											
2	X	24 hrs	8,000		1								0.4	
3		24 hrs	8,000											
4	X	24 hrs	10,000		1.2								0.7	
5		24 hrs	10,000											
6	X	24 hrs	9,000		1.2								0.8	
7		24 hrs	10,000											
8		24 hrs	10,000											
9	X	24 hrs	8,000		1.4								1	
10		24 hrs	8,000											
11	X	24 hrs	7,000		1.2								1.2	
12		24 hrs	8,000											
13	X	24 hrs	7,000		1.4								1.2	
14		24 hrs	7,000											
15		24 hrs	8,000											
16	X	24 hrs	5,000		0.6								0.6	
17	X	24 hrs	6,000		1.2								1	
18	X	24 hrs	5,000		1.4								1.2	
19		24 hrs	4,000											
20	X	24 hrs	6,000		1.4								1	
21		24 hrs	7,000											
22		24 hrs	7,000											
23	X	24 hrs	8,000		1.2								1.2	
24		24 hrs	9,000											
25	X	24 hrs	6,000		1.4								1.2	
26		24 hrs	6,000											
27	X	24 hrs	6,000		1.2								1.2	
28		24 hrs	6,000											
29		24 hrs	6,000											
30	X	24 hrs	7,000		1								0.8	
31		24 hrs												
Total			219,000											
Average			7,300											
Maximum			10,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8/7/08	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	8,000		1.2								1.0	
2		24.0	8,000											
3		24.0	8,000											
4	X	24.0	5,000		1.4								1.2	
5		24.0	6,000											
6		24.0	6,000											
7	X	24.0	5,000		0.6								0.4	
8		24.0	5,000											
9	X	24.0	9,000		1.0								1.0	
10	X	24.0	7,000		1.0								0.8	
11	X	24.0	7,000		1.0								1.0	
12		24.0	8,000											
13		24.0	8,000											
14	X	24.0	6,000		1.0								1.0	
15		24.0	7,000											
16	X	24.0	6,000		1.2								1.0	
17		24.0	6,000											
18	X	24.0	6,000		1.0								1.0	
19		24.0	6,000											
20		24.0	6,000											
21	X	24.0	6,000		1.2								1.0	
22		24.0	7,000											
23	X	24.0	7,000		1.0								0.8	
24		24.0	6,000											
25	X	24.0	7,000		1.2								1.0	
26		24.0	7,000											
27		24.0	8,000											
28	X	24.0	8,000		1.0								0.8	
29		24.0	8,000											
30	X	24.0	5,000		1.2								1.0	
31		24.0	5,000											
Total			207,000											
Avgerage			6,677											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

09/08/08
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	6,000		1.0								0.8	
2		24.0	6,000											
3		24.0	7,000											
4	X	24.0	6,000		1.0								0.6	
5		24.0	7,000											
6	X	24.0	9,000		1.0								0.8	
7		24.0	9,000											
8	X	24.0	8,000		1.0								0.6	
9		24.0	8,000											
10		24.0	8,000											
11	X	24.0	6,000		0.8								0.6	
12		24.0	6,000											
13	X	24.0	6,000		1.2								1.0	
14		24.0	6,000											
15	X	24.0	6,000		1.2								1.2	
16		24.0	7,000											
17		24.0	7,000											
[illegible]	X	24.0	5,000		1.4								1.2	
		24.0	5,000											
20	X	24.0	4,000		1.2								1.0	
21		24.0	5,000											
22	X	24.0	5,000		1.2								1.2	
23	X	24.0	5,000		1.4								1.2	
24		24.0	6,000											
25	X	24.0	5,000		1.2								1.0	
26		24.0	5,000											
27	X	24.0	5,000		1.4								1.0	
28		24.0	5,000											
29	X	24.0	6,000		1.2								1.0	
30		24.0	6,000											
31		24.0	6,000											
Total			191,000											
Avgerage			6,161											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
10/08/08	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	6,000		1.4								1.0	
2		24.0	6,000											
3	X	24.0	4,000		1.2								1.0	
4		24.0	5,000											
5	X	24.0	5,000		1.2								1.2	
6		24.0	6,000											
7		24.0	6,000											
8	X	24.0	6,000		1.2								1.0	
9		24.0	5,000											
10	X	24.0	5,000		1.4								1.2	
11		24.0	5,000											
12	X	24.0	5,000		1.2								1.2	
13		24.0	6,000											
14		24.0	6,000											
15	X	24.0	5,000		1.4								1.2	
16		24.0	5,000											
17	X	24.0	6,000		1.2								1.2	
		24.0	5,000											
	X	24.0	6,000		1.4								1.2	
20		24.0	6,000											
21		24.0	5,000											
22	X	24.0	5,000		1.2								1.0	
23		24.0	5,000											
24	X	24.0	5,000		1.4								1.0	
25		24.0	5,000											
26	X	24.0	6,000		1.2								1.2	
27		24.0	6,000											
28		24.0	7,000											
29	X	24.0	6,000		1.4								1.2	
30		24.0	6,000											
31		24.0												
Total			165,000											
Avgerage			5,323											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/6/08	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	5,000		1.2								1.2	
2		24.0	6,000											
3	X	24.0	6,000		1.4								1.2	
4		24.0	6,000											
5		24.0	6,000											
6	X	24.0	5,000		1.2								1.2	
7		24.0	6,000											
8	X	24.0	6,000		1.0								1.0	
9		24.0	4,000											
10	X	24.0	7,000		1.4								1.2	
11		24.0	7,000											
12		24.0	7,000											
13	X	24.0	7,000		1.1								1.0	
14		24.0	6,000											
15	X	24.0	6,000		1.1								1.1	
16		24.0	6,000											
17	X	24.0	6,000		1.0								0.9	
18		24.0	6,000											
19		24.0	6,000											
20	X	24.0	6,000		0.9								0.9	
21		24.0	6,000											
22	X	24.0	4,000		1.1								1.0	
23		24.0	5,000											
24	X	24.0	5,000		1.2								1.0	
25		24.0	5,000											
26		24.0	5,000											
27	X	24.0	5,000		1.4								1.2	
28		24.0	5,000											
29	X	24.0	6,000		1.2								1.2	
30		24.0	6,000											
31	X	24.0	7,000		1.4								1.2	
Total			179,000											
Avgerage			5,774											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
ntact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

12/5/08
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	7,000											
2		24.0	7,000											
3	X	24.0	5,000		1.4								1.2	
4		24.0	5,000											
5	X	24.0	5,000		1.4								1.2	
6		24.0	6,000											
7	X	24.0	10,000		1.2								1.2	
8		24.0	11,000											
9		24.0	11,000											
10	X	24.0	5,000		1.0								1.0	
11		24.0	4,000											
12	X	24.0	5,000		1.2								1.0	
13		24.0	5,000											
14	X	24.0	5,000		1.2								1.2	
15		24.0	5,000											
16		24.0	6,000											
17	X	24.0	5,000		1.2								1.0	
18		24.0	4,000											
19	X	24.0	5,000		1.2								1.0	
20		24.0	6,000											
21	X	24.0	5,000		1.4								1.2	
22		24.0	5,000											
23		24.0	5,000											
24	X	24.0	6,000		0.8								0.6	
25		24.0	5,000											
26	X	24.0	6,000		1.2								1.0	
27		24.0	5,000											
28	X	24.0	6,000		1.4								1.2	
29		24.0	6,000											
30		24.0	7,000											
31		24.0												
Total			178,000											
Avgerage			5,742											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
01/08/09	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	5,000		1.4								1.0	
2	X	24.0	5,000		1.2								1.0	
3	X	24.0	5,000		1.4								1.2	
4		24.0	4,000											
5	X	24.0	6,000		1.2								1.0	
6		24.0	7,000											
7		24.0	7,000											
8	X	24.0	5,000		1.4								1.2	
9		24.0	6,000											
10	X	24.0	6,000		1.2								1.0	
11		24.0	5,000											
12	X	24.0	6,000		1.4								1.2	
13		24.0	7,000											
14		24.0	7,000											
15	X	24.0	6,000		1.4								1.0	
16		24.0	7,000											
17	X	24.0	6,000		1.2								1.0	
[illegible]		24.0	6,000											
[illegible]	X	24.0	5,000		1.4								1.1	
20		24.0	5,000											
21		24.0	6,000											
22	X	24.0	5,000		1.2								1.2	
23		24.0	5,000											
24	X	24.0	6,000		1.2								1.0	
25		24.0	7,000											
26	X	24.0	5,000		1.4								1.2	
27		24.0	6,000											
28		24.0	6,000											
29	X	24.0	5,000		1.2								1.0	
30		24.0	5,000											
31	X	24.0	5,000		1.4								1.2	
Total			177,000											
Avgerage			5,710											
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

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: * 2008

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

02/04/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID	3424036	Plant Name	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	5,000											
2	X	24.0	6,000		1.2								1.0	
3		24.0	6,000											
4		24.0	6,000											
5	X	24.0	6,000		1.4								1.2	
6		24.0	6,000											
7	X	24.0	4,000		1.2								1.2	
8		24.0	4,000											
9	X	24.0	6,000		1.4								1.2	
10		24.0	6,000											
11		24.0	6,000											
12	X	24.0	4,000		1.2								1.2	
13		24.0	5,000											
14	X	24.0	3,000		1.2								1.0	
15		24.0	4,000											
16	X	24.0	5,000		1.4								1.2	
17		24.0	5,000											
[illegible]		24.0	6,000											
[illegible]	X	24.0	5,000		1.4								1.0	
20		24.0	5,000											
21	X	24.0	6,000		1.2								1.0	
22		24.0	6,000											
23		24.0	6,000											
24	X	24.0	5,000		1.4								1.2	
25		24.0	6,000											
26	X	24.0	6,000		1.2								1.2	
27		24.0	5,000											
28	X	24.0	5,000		1.0								1.0	
29		24.0	5,000											
30	X	24.0	5,000		1.0								1.0	
31		24.0	5,000											
Total			163,000											
Avgerage			5,258											
Maximum			6,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310 City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd City: Ocala	State: Florida	Zip Code: 34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
3/9/09	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	5,000											
2	X	24.0	5,000		1.2								1.0	
3		24.0	5,000											
4	X	24.0	6,000		1.2								1.0	
5		24.0	6,000											
6	X	24.0	5,000		1.2								1.0	
7		24.0	6,000											
8		24.0	6,000											
9	X	24.0	8,000		1.2								1.2	
10		24.0	8,000											
11	X	24.0	7,000		1.2								1.0	
12		24.0	8,000											
13	X	24.0	5,000		1.2								1.0	
14		24.0	6,000											
15		24.0	6,000											
16	X	24.0	8,000		1.2								1.2	
17		24.0	8,000											
18	X	24.0	7,000		1.4								1.2	
19		24.0	6,000											
20	X	24.0	6,000		1.2								1.2	
21		24.0	6,000											
22		24.0	7,000											
23	X	24.0	7,000		1.4								1.2	
24		24.0	8,000											
25	X	24.0	8,000		1.4								1.2	
26		24.0	9,000											
27	X	24.0	43,000		1.4								1.2	
28		24.0	43,000											
29		24.0												
30		24.0												
31		24.0												
Total			258,000											
Avgerage			8,323											
Maximum			43,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
ntact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/8/09	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
D. the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	43,000											
2	X	24.0	5,000		1.4								1.2	
3		24.0	4,000											
4	X	24.0	4,000		0.9								0.8	
5		24.0	5,000											
6	X	24.0	6,000		1.1								0.8	
7		24.0	6,000											
8		24.0	6,000											
9	X	24.0	6,000		1.2								1.2	
10		24.0	6,000											
11	X	24.0	6,000		1.2								1.0	
12		24.0	6,000											
13	X	24.0	7,000		1.4								1.0	
14		24.0	7,000											
15		24.0	7,000											
16	X	24.0	6,000		1.2								1.2	
17		24.0	7,000											
	X	24.0	8,000		1.4								1.2	
19		24.0	8,000											
20	X	24.0	5,000		1.2								1.2	
21		24.0	5,000											
22		24.0	5,000											
23	X	24.0	6,000		1.4								1.0	
24		24.0	5,000											
25	X	24.0	6,000		1.2								1.2	
26		24.0	6,000											
27	X	24.0	7,000		1.2								1.0	
28		24.0	8,000											
29		24.0	8,000											
30	X	24.0	8,000		1.4								1.2	
31		24.0	8,000											
Total			230,000											
Avgerage			7,419											
Maximum			43,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: Florida	Zip Code: 34749
ntact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala State: Florida	Zip Code: 34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
D the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	*Lowest CT* Provided Before or at First Customer During Peak Flow, mg-min/L	*Temp of* Water, °C	*pH of Water,* if Applicable	Minimum CT *Required, mg* min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in *Distribution* System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that *Involves Taking Water System Components* Out of Operation
1	X	24.0	6,000		1.2								1.2	
2		24.0	6,000											
3	X	24.0	7,000		1.4								1.2	
4		24.0	7,000											
5		24.0	8,000											
6	X	24.0	6,000		1.2								1.2	
7		24.0	5,000											
8	X	24.0	5,000		1.2								1.0	
9		24.0	5,000											
10	X	24.0	10,000		1.0								1.0	
11		24.0	10,000											
12		24.0	10,000											
13	X	24.0	6,000		1.0								0.8	
14		24.0	7,000											
15	X	24.0	4,000		0.8								0.6	
16	X	24.0	4,000		0.6								0.5	
[illegible]	X	24.0	6,000		2.0								1.4	
[illegible]		24.0	6,000											
19		24.0	8,000											
20	X	24.0	6,000		1.4								1.2	
21		24.0	6,000											
22	X	24.0	11,000		0.8								0.6	
23		24.0	11,000											
24	X	24.0	8,000		0.8								0.6	
25		24.0	8,000											
26		24.0	8,000											
27	X	24.0	6,000		1.2								1.0	
28		24.0	7,000											
29	X	24.0	9,000		1.4								1.2	
30		24.0	9,000											
31		24.0												
Total			215,000											
Avgerage			6,935											
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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
ntact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6/8/09	Paul Thompson	A-7251

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

PWS ID:	3424036	Plant Name:	West View

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	8,000		1.2								1.2	
2		24.0	8,000											
3		24.0	8,000											
4	X	24.0	10,000		2.2								1.2	
5		24.0	10,000											
6	X	24.0	10,000		2.0								1.2	
7		24.0	10,000											
8	X	24.0	9,000		2.2								2.2	
9		24.0	9,000											
10		24.0	9,000											
11	X	24.0	9,000		2.0								1.8	
12		24.0	9,000											
13	X	24.0	5,000		2.0								1.6	
14		24.0	5,000											
15	X	24.0	7,000		1.8								1.4	
16		24.0	7,000											
17		24.0	7,000											
18	X	24.0	5,000		1.8								1.4	
[illegible]		24.0	5,000											
[illegible]	X	24.0	4,000		1.6								1.4	
21	X	24.0	5,000		1.8								1.2	
22	X	24.0	5,000		1.4								1.2	
23		24.0	6,000											
24		24.0	6,000											
25	X	24.0	5,000		1.4								1.0	
26		24.0	4,000											
27	X	24.0	7,000		1.2								1.2	
28		24.0	8,000											
29	X	24.0	6,000		1.4								1.2	
30		24.0	6,000											
31		24.0	7,000											
Total			219,000											
Avgerage			7,065											
Maximum			10,000											

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
ıtact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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II. Certification by Lead/Chief Operator

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

7/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	3424036	Plant Name:	West View

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

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	5,000		1.2								1.2	
2		24.0	5,000											
3	X	24.0	6,000		1.4								1.0	
4		24.0	7,000											
5	X	24.0	6,000		1.2								1.2	
6		24.0	6,000											
7		24.0	6,000											
8	X	24.0	6,000		1.2								1.0	
9		24.0	7,000											
10	X	24.0	6,000		1.4								1.2	
11		24.0	6,000											
12	X	24.0	8,000		1.2								1.2	
13		24.0	8,000											
14		24.0	9,000											
15	X	24.0	7,000		1.2								1.0	
16		24.0	6,000											
17	X	24.0	6,000		1.2								1.2	
18		24.0	7,000											
[illegible]	X	24.0	7,000		1.0								0.8	
20		24.0	7,000											
21		24.0	7,000											
22	X	24.0	7,000		0.8								0.8	
23		24.0	7,000											
24	X	24.0	7,000		0.6								0.6	
25		24.0	8,000											
26	X	24.0	5,000		1.4								1.2	
27		24.0	6,000											
28		24.0	6,000											
29	X	24.0	6,000		1.2								1.2	
30		24.0	6,000											
31		24.0												
Total			196,000											
Avgerage			6,323											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2009

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
8/7/09	Paul Thompson	A-7251

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: July, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	*Disinfectant* Contact Time (T) at C *Measurement* Point During Peak Flow, *minutes*	Lowest CT *Provided* Before or at First *Customer* During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	6,000		1.2								1.2	
2		24.0	7,000											
3	X	24.0	6,000		1.4								1.2	
4		24.0	6,000											
5		24.0	7,000											
6	X	24.0	6,000		1.2								1.2	
7		24.0	6,000											
8	X	24.0	5,000		1.2								1.0	
9		24.0	5,000											
10	X	24.0	7,000		1.2								1.2	
11		24.0	7,000											
12		24.0	7,000											
13	X	24.0	6,000		1.2								1.2	
14		24.0	7,000											
15	X	24.0	6,000		1.0								1.0	
16		24.0	6,000											
17	X	24.0	8,000		1.4								1.2	
[illegible]		24.0	8,000											
[illegible]		24.0	7,000											
20	X	24.0	7,000		2.0								1.2	
21		24.0	7,000											
22	X	24.0	8,000		2.1								1.3	
23		24.0	9,000											
24	X	24.0	7,000		2.2								2.0	
25		24.0	7,000											
26		24.0	7,000											
27	X	24.0	7,000		2.1								2.0	
28		24.0	7,000											
29	X	24.0	6,000		1.4								1.4	
30		24.0	7,000											
31	X	24.0	8,000		1.2								1.2	
Total			210,000											
Avgerage			6,774											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2009

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
09/04/09	Paul Thompson	A-7251

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: August, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	13,000											
2		24.0	13,000											
3	X	24.0	8,000		1.2								1.0	
4		24.0	9,000											
5	X	24.0	8,000		1.0								0.6	
6		24.0	9,000											
7	X	24.0	10,000		1.0								0.8	
8		24.0	10,000											
9		24.0	10,000											
10	X	24.0	13,000		1.0								1.0	
11		24.0	14,000											
12	X	24.0	6,000		1.2								1.0	
13	X	24.0	12,000		1.0								1.0	
14	X	24.0	11,000		1.2								1.0	
15		24.0	11,000											
16		24.0	12,000											
17	X	24.0	6,000		1.2								1.2	
18		24.0	7,000											
19	X	24.0	6,000		1.2								1.0	
20		24.0	6,000											
21	X	24.0	5,000		1.2								1.2	
22		24.0	5,000											
23		24.0	5,000											
24	X	24.0	6,000		1.0								1.0	
25	X	24.0	9,000		1.6								1.2	
26	X	24.0	6,000		1.0								0.8	
27		24.0	7,000											
28	X	24.0	7,000		1.2								1.0	
29		24.0	7,000											
30		24.0	8,000											
31	X	24.0	5,000		1.0								0.8	
Total			264,000											
Avgerage			8,516											
Maximum			14,000											

* Refer to the instructions for this report to determine which plants must provide this information.

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2009

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name	West View

III. Daily Data for the Month/Year of: September, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of *Finished* Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant *Concentration* (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C *Measurement* Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	5,000											
2	X	24.0	7,000		1.0								0.6	
3		24.0	8,000											
4	X	24.0	6,000		1.0								0.8	
5		24.0	7,000											
6		24.0	7,000											
7	X	24.0	5,000		1.0								0.8	
8		24.0	6,000											
9	X	24.0	5,000		0.5								0.4	
10		24.0	5,000											
11	X	24.0	5,000		1.0								0.6	
12		24.0	6,000											
13		24.0	6,000											
14	X	24.0	6,000		1.0								0.8	
15		24.0	5,000											
16	X	24.0	6,000		0.6								0.5	
17		24.0	6,000											
	X	24.0	5,000		1.0								1.0	
		24.0	6,000											
20		24.0	6,000											
21	X	24.0	6,000		1.2								1.0	
22		24.0	5,000											
23	X	24.0	6,000		1.4								1.2	
24		24.0	5,000											
25	X	24.0	5,000		1.2								1.2	
26		24.0	5,000											
27		24.0	6,000											
28	X	24.0	6,000		0.5								0.5	
29		24.0	6,000											
30	X	24.0	5,000		1.0								1.0	
31		24.0												
Total			173,000											
Avgerage			5,581											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2009

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: October, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ *Free Chlorine* ☐ *Chlorine Dioxide* ☐ *Ozone* ☐ *Combined Chlorine (Chloramines)*
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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		24.0	5,000											
2	X	24.0	7,000		1.0								1.0	
3		24.0	7,000											
4		24.0	7,000											
5	X	24.0	6,000		1.0								1.0	
6		24.0	5,000											
7	X	24.0	5,000		1.0								0.6	
8		24.0	5,000											
9	X	24.0	6,000		0.8								0.6	
10		24.0	5,000											
11		24.0	5,000											
12	X	24.0	6,000		0.8								0.5	
13		24.0	5,000											
14	X	24.0	4,000		1.0								0.6	
15		24.0	4,000											
16	X	24.0	6,000		1.0								0.8	
17		24.0	6,000											
18		24.0	6,000											
19	X	24.0	5,000		0.6								0.5	
20		24.0	5,000											
21	X	24.0	4,000		1.2								1.2	
22		24.0	5,000											
23	X	24.0	5,000		0.8								0.6	
24		24.0	5,000											
25		24.0	6,000											
26	X	24.0	4,000		1.0								0.8	
27	X	24.0	7,000		1.2								1.0	Outage - Well - FDEP Notified
28	X	24.0	4,000		1.0								1.0	
29		24.0	5,000											
30	X	24.0	5,000		1.0								1.0	
31		24.0	5,000											
Total			165,000											
Avgerage			5,323											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2009

A. Public Water System (PWS) Information

PWS Name:	West View		PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code: 34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

12/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: November, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	*Lowest CT* Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	6,000											
2	X	24.0	3,000		1.0								0.8	
3		24.0	4,000											
4	X	24.0	6,000		1.4								1.2	Reported outage - Well
5		24.0	5,000											
6	X	24.0	5,000		1.2								1.2	
7		24.0	5,000											
8		24.0	6,000											
9	X	24.0	6,000		1.4								1.0	
10		24.0	5,000											
11	X	24.0	5,000		1.2								1.0	
12		24.0	5,000											
13	X	24.0	5,000		1.0								0.9	
14		24.0	6,000											
15		24.0	6,000											
16	X	24.0	6,000		1.2								1.0	
17		24.0	5,000											
[illegible]	X	24.0	5,000		1.2								1.2	
[illegible]		24.0	5,000											
20	X	24.0	5,000		1.4								1.2	
21		24.0	5,000											
22		24.0	5,000											
23	X	24.0	4,000		0.9								0.7	
24		24.0	5,000											
25	X	24.0	5,000		0.8								0.6	
26		24.0	5,000											
27	X	24.0	5,000		1.1								0.9	
28		24.0	5,000											
29		24.0	6,000											
30	X	24.0	5,000		1.2								1.0	
31		24.0												
Total			154,000											
Avgerage			4,968											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2009

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: December, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	5,000											
2	X	24.0	5,000		1.2								1.2	X - HPT Inspection
3	X	24.0	4,000		1.4								1.2	
4	X	24.0	4,000		1.2								1.2	
5		24.0	5,000											
6		24.0	5,000											
7	X	24.0	6,000		1.4								1.2	
8		24.0	5,000											
9	X	24.0	3,000		1.4								1.0	
10		24.0	3,000											
11	X	24.0	4,000		1.2								1.0	
12		24.0	5,000											
13		24.0	5,000											
14	X	24.0	5,000		1.4								1.2	
15		24.0	5,000											
16	X	24.0	4,000		1.2								1.2	
17		24.0	4,000											
18	X	24.0	5,000		1.0								1.0	
19		24.0	5,000											
20		24.0	4,000											
21	X	24.0	5,000		1.0								1.0	
22		24.0	5,000											
23	X	24.0	5,000		1.2								1.0	
24		24.0	5,000											
25	X	24.0	5,000		1.4								1.2	
26		24.0	5,000											
27		24.0	5,000											
28	X	24.0	5,000		1.2								1.2	
29		24.0	4,000											
30	X	24.0	5,000		1.2								1.0	
31		24.0	5,000											
Total			145,000											
Avgerage			4,677											
Maximum			6,000											

* Refer to the instructions for this report to determine which plants must provide this information

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

02/08/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name	West View

III. Daily Data for the Month/Year of: January, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	5,000		1.2								1.0	
2		24.0	6,000											
3		24.0	6,000											
4	X	24.0	4,000		1.2								1.2	
5		24.0	5,000											
6	X	24.0	4,000		0.8								0.6	
7		24.0	5,000											
8	X	24.0	5,000		1.3								1.3	
9		24.0	5,000											
10		24.0	5,000											
11	X	24.0	5,000		1.2								1.1	
12		24.0	5,000											
13	X	24.0	5,000		1.4								1.4	
14		24.0	6,000											
15	X	24.0	6,000		1.6								1.6	
16		24.0	7,000											
17		24.0	7,000											
18	X	24.0	6,000		1.0								0.9	
19		24.0	6,000										1.0	
20	X	24.0	6,000		1.2								1.0	
21		24.0	5,000											
22	X	24.0	6,000		1.0								0.9	
23		24.0	7,000											
24		24.0	7,000											
25	X	24.0	6,000		1.0								0.9	
26		24.0	6,000											
27	X	24.0	6,000		1.0								0.9	
28		24.0	6,000											
29	X	24.0	6,000		1.2								1.1	
30		24.0	6,000											
31		24.0	5,000											
Total			175,000											
Avgerage			5,645											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code: 34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:				
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
3/9/10	Paul Thompson	A-7251

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: February, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	5,000		1.2								1.1	
2		24.0	5,000											
3	X	24.0	6,000		1.2								1.1	
4		24.0	7,000											
5	X	24.0	6,000		1.4								1.4	
6		24.0	6,000											
7		24.0	5,000											
8	X	24.0	5,000		1.2								1.2	
9		24.0	6,000											
10	X	24.0	6,000		1.2								1.1	
11		24.0	6,000											
12	X	24.0	6,000		1.2								1.0	
13		24.0	5,000											
14		24.0	5,000											
15	X	24.0	5,000		1.0								0.8	
16		24.0	6,000											
17	X	24.0	6,000		1.6								1.0	
18		24.0	6,000											
19	X	24.0	6,000		1.9								1.7	
20		24.0	7,000											
21		24.0	7,000											
22	X	24.0	5,000		1.8								1.6	
23		24.0	6,000											
24	X	24.0	5,000		1.5								1.3	
25		24.0	5,000											
26	X	24.0	6,000		1.2								1.0	
27		24.0	6,000											
28		24.0	6,000											
29		24.0												
30		24.0												
31		24.0												
Total			161,000											
Avgerage			5,194											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Larry White	C	7082	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: March, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	5,000		1.3								1.0	
2		24.0	5,000											
3	X	24.0	5,000		1.3								1.1	
4		24.0	6,000											
5	X	24.0	6,000		1.3								1.1	
6		24.0	7,000											
7		24.0	7,000											
8	X	24.0	7,000		1.2								1.0	
9		24.0	7,000											
10	X	24.0	7,000		1.2								1.0	
11		24.0	6,000											
12	X	24.0	11,000		1.2								1.1	
13		24.0	6,000											
14		24.0	5,000											
15	X	24.0	6,000		1.3								1.1	
16		24.0	7,000											
17	X	24.0	6,000		1.3								1.2	
18		24.0	6,000											
19	X	24.0	6,000		1.1								0.9	
20		24.0	5,000											
21		24.0	5,000											
22	X	24.0	5,000		1.1								0.9	
23		24.0	6,000											
24	X	24.0	6,000		1.1								0.9	
25		24.0	6,000											
26	X	24.0	6,000		1.1								0.9	
27		24.0	6,000											
28		24.0	6,000											
29	X	24.0	7,000		1.1								0.9	
30		24.0	6,000											
31	X	24.0	6,000		1.2								1.0	
Total			191,000											
Avgerage			6,161											
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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 NW 45th Rd	City: Ocala	State: Florida	Zip Code:	34475
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Larry White	C	7082	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: April, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	7,000											
2	X	24.0	6,000		1.2								1.0	
3		24.0	6,000											
4		24.0	5,000											
5	X	24.0	7,000		0.9								0.7	
6		24.0	6,000											
7	X	24.0	7,000		0.9								0.6	
8		24.0	7,000											
9	X	24.0	7,000		1.0								0.8	
10		24.0	7,000											
11		24.0	7,000											
12	X	24.0	5,000		0.9								0.5	
13		24.0	5,000											
14	X	24.0	6,000		0.7								0.5	
15		24.0	6,000											
16	X	24.0	7,000		0.6								0.4	
17		24.0	6,000											
18		24.0	6,000											
19	X	24.0	7,000		1.5								1.3	
20		24.0	6,000											
21	X	24.0	8,000		1.5								1.3	
22		24.0	7,000											
23	X	24.0	6,000		1.1								1.0	
24		24.0	8,000											
25		24.0	9,000											
26	X	24.0	8,000		1.1								0.9	
27		24.0	8,000											
28	X	24.0	8,000		1.1								0.9	
29		24.0	8,000											
30	X	24.0	8,000		0.9								0.7	
31														
Total			204,000											
Avgerage			6,581											
Maximum			9,000											

* Refer to the instructions for this report to determine which plants must provide this information.

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

Westview

On July 15,2009 we completed the report for the above referenced water system, identification number 3424036. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 097770 for the following parameters (or parameter groups): Inorganics, Partial Secondaries, All 14 Radionuclides, Single Sample Volatile Organics, All 21 Synthetic Organics, All Except Dioxin

The results of the analyses were:

☑ **Satisfactory** (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).

☐ **Satisfactory**. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

☐ **Unsatisfactory** for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other
☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

097770

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: West View PWS I.D. #: 3424036

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 40 45 St

City: Ocala State: Fla ZIP Code:

Phone #: 352 3030718 Fax #: 732 3213

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 6-25-09 Sample Time: 13:25 AM (PM) (Circle One)

Sample Location (be specific): POE at Water Plant

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.3

Sample Type (Check Only One)

- ☐ Distribution
- ☒ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter?
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352 3030718 Sampler's Fax #: 732 3213

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, MARK MARCH (Print Name), Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Mark March Date: 6-25-09

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010

Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: **3424036** System Name: **Westview** Sample Number: Not Provided

Sample Location: Point of Entry

Laboratory Assigned Submission Number: 097770 Date Sample(s) Received: 6/25/09

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:

Inorganics, Partial
Secondaries, All 14
Radionuclides, Single Sample
Volatile Organics, All 21
Synthetic Organics, All Except Dioxin

Subcontracted Laboratory DOH Certification Number(s): E83079 PA / E83033 FR *Analyte Sheet(s) Attached*

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822

Signature: Lisa K Saupp Date: July 15, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No

☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)

☐Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐MCL(s) Exceeded ☐Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory

☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____

Reporting Format 62-550.730
Effective January 1995. Revised January 2007

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

System Name: Westview
PWS ID: 3424036
Submission Number: 097770

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	2.25		EPA353.2	0.05	6/25/09	4:01 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	6/25/09	4:01 PM	E83265
1005	Arsenic	0.010	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079
1010	Barium	2	mg/L	0.0050	U	EPA200.7	0.0050	6/29/09		E83079
1015	Cadmium	0.005	mg/L	0.00050	U	EPA200.7	0.00050	6/29/09		E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
1024	Cyanide	0.2	mg/L	0.0050	U	EPA335.4	0.0050	7/6/09		E83079
1025	Fluoride	4.0	mg/L	0.10	U	SM4500FC	0.10	7/3/09		E83265
1030	Lead	0.015	mg/L	0.00073	I	EPA200.8	0.00050	6/29/09		E83079
1035	Mercury	0.002	mg/L	0.000020	U	EPA245.1	0.000020	6/30/09		E83079
	Nickel	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
	Selenium	0.05	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079
1052	Sodium	160	mg/L	5.0		EPA200.7	0.50	6/29/09		E83079
1074	Antimony	0.006	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079
1075	Beryllium	0.004	mg/L	0.00050	U	EPA200.7	0.00050	6/29/09		E83079
1085	Thallium	0.002	mg/L	0.00050	U	EPA200.8	0.00050	6/29/09		E83079

U - The parameter was analyzed but not detected.
I - Analyte detected below quantitation limits.

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

System Name: Westview
PWS ID: 3424036
Submission Number: 097770

SECONDARY CONTAMINANTS
62-550.320

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0053	U	EPA200.8	0.0053	6/29/09		E83079
1017	Chloride	250	mg/L	7.3		EPA300.0	0.028	6/26/09		E83079
1022	Copper	1	mg/L	0.0066		EPA200.8	0.00093	6/29/09		E83079
1025	Fluoride	2.0	mg/L	0.10	U	SM4500FC	0.10	7/3/09		E83265
1028	Iron	0.3	mg/L	0.020	U	EPA200.7	0.020	6/29/09		E83079
1032	Manganese	0.05	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/29/09		E83079
1055	Sulfate	250	mg/L	14.0		EPA375.2	2.50	7/3/09		E83265
1095	Zinc	5	mg/L	0.036		EPA200.7	0.010	6/29/09		E83079
1905	Color	15	CU	1	U	SM2120B	1	6/25/09	4:22 PM	E83265
	Odor	3	TON	1	U	SM2150B	1	6/25/09	4:17 PM	E83265
	pH (field pH from page 1)	6.5 - 8.5	SU	7.3		Field	Field	6/25/09		Field
1930	Total Dissolved Solids	500	mg/L	193		SM2540C	10	7/1/09		E83265
2905	Foaming Agents	0.5	mg/L	0.028	U	SM5540C	0.028	6/26/09	16:14	E83079

U - The parameter was analyzed but not detected.

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FAX (352) 625-6638

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

System Name: Westview
PWS ID: 3424036
Submission Number: 097770

RADIONUCLIDES
62-550.310(6)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Cert #
4000	Gross Alpha (Excl Uranium)	15	pCi/L	1.9	U	900.0	1.9	3	1.2	7/7/09		E83033
4006	Combined Uranium (U-234,U-235,& U-238)		pCi/L	0.6	U	908.0	0.6		0.5	7/3/09		E83033
4020	Radium-226	5	pCi/L	0.6		903.1	0.2	1	0.2	7/9/09		E83033
4030	Radium-228	5	pCi/L	0.7	U	Ra-05	0.7	1	0.4	7/8/09		E83033

U - The parameter was analyzed but not detected.

AQUA PURE WATER & SEWAGE SERVICE, INC.

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

System Name: Westview
PWS ID: 3424036
Submission Number: 097770

VOLATILE ORGANICS
62-550.310(4)(a)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2380	Cis-1,2-Dichloroethylene	70	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2955	Xylenes (total)	10,000	µg/L	0.50	U	EPA524.2	0.50	0.50	7/2/09		E83079
2964	Dichloromethane	5	µg/L	0.44	U	EPA524.2	0.44	0.50	7/2/09		E83079
2968	o-Dichlorobenzene	600	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2969	para-Dichlorobenzene	75	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2976	Vinyl Chloride	1	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2977	1,1-Dichloroethylene	7	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2979	trans-1,2-Dichloroethylene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2980	1,2-Dichloroethane	3	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
	1,1,1-Trichloroethane	200	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
	Carbon tetrachloride	3	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2983	1,2-Dichloropropane	5	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2984	Trichloroethylene	3	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2985	1,1,2-Trichloroethane	5	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2987	Tetrachloroethylene	3	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2989	Monochlorobenzene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2990	Benzene	1	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2991	Toluene	1,000	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2992	Ethylbenzene	700	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079
2996	Styrene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	7/2/09		E83079

U - The parameter was analyzed but not detected.

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

System Name: Westview
PWS ID: 3424036
Submission Number: 097770

SYNTHETIC ORGANICS
62-550.310(4)(b)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	µg/L	0.0019	U	EPA508.1	0.0019	0.01	7/2/09	7/8/09		E83079
2010	Lindane	0.2	µg/L	0.0048	U	EPA508.1	0.0048	0.02	7/2/09	7/8/09		E83079
2015	Methoxychlor	40	µg/L	0.020	U	EPA508.1	0.020	0.1	7/2/09	7/8/09		E83079
2020	Toxaphene	3	µg/L	0.21	U	EPA508.1	0.21	1.0	7/2/09	7/8/09		E83079
2031	Dalapon	200	µg/L	0.66	U	EPA515.3	0.66	1.0	6/30/09	7/7/09		E83079
2032	Diquat	20	µg/L	0.22	U	EPA549.2	0.22	0.4	6/29/09	6/30/09		E83079
2033	Endothall	100	µg/L	0.29	U	EPA548.1	0.29	9.0	6/29/09	7/2/09		E83079
2034	Glyphosate	700	µg/L	0.86	U	EPA547	0.86	6.0	7/9/09	7/9/09		E83079
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.37	U	EPA525.2	0.37	0.6	7/1/09	7/6/09		E83079
2036	Oxamyl (Vydate)	200	µg/L	0.18	U	EPA531.1	0.18	2.0	6/30/09	7/2/09		E83079
[illegible]	Simazine	4	µg/L	0.024	U	EPA508.1	0.024	0.07	7/2/09	7/8/09		E83079
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.48	U	EPA525.2	0.48	0.6	7/1/09	7/6/09		E83079
2040	Picloram	500	µg/L	0.010	U	EPA515.3	0.010	0.1	6/30/09	7/7/09		E83079
2041	Dinoseb	7	µg/L	0.090	U	EPA515.3	0.090	0.2	6/30/09	7/7/09		E83079
2042	Hexachlorocyclopentadiene	50	µg/L	0.020	U	EPA508.1	0.020	0.1	7/2/09	7/8/09		E83079
2046	Carbofuran	40	µg/L	0.25	U	EPA531.1	0.25	0.9	6/30/09	7/2/09		E83079
2050	Atrazine	3	µg/L	0.025	U	EPA508.1	0.025	0.1	7/2/09	7/8/09		E83079
2051	Alachlor	2	µg/L	0.053	U	EPA508.1	0.053	0.2	7/2/09	7/8/09		E83079
2065	Heptachlor	0.4	µg/L	0.0077	U	EPA508.1	0.0077	0.04	7/2/09	7/8/09		E83079
2067	Heptachlor Epoxide	0.2	µg/L	0.0038	U	EPA508.1	0.0038	0.02	7/2/09	7/8/09		E83079
2105	2,4-D	70	µg/L	0.030	U	EPA515.3	0.030	0.1	6/30/09	7/7/09		E83079
2110	2,4,5-TP (Silvex)	50	µg/L	0.080	U	EPA515.3	0.080	0.2	6/30/09	7/7/09		E83079
2274	Hexachlorobenzene	1	µg/L	0.024	U	EPA508.1	0.024	0.1	7/2/09	7/8/09		E83079
2306	Benzo(a)pyrene	0.2	µg/L	0.018	U	EPA525.2	0.018	0.02	7/1/09	7/6/09		E83079
2326	Pentachlorophenol	1	µg/L	0.010	U	EPA515.3	0.010	0.04	6/30/09	7/7/09		E83079
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L	0.096	U	EPA508.1	0.096	0.1	7/2/09	7/8/09		E83079
2931	Dibromochloropropane	0.2	µg/L	0.0049	U	EPA504.1	0.0049	0.02	6/30/09	7/1/09		E83079
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0062	U	EPA504.1	0.0062	0.01	6/30/09	7/1/09		E83079
2959	Chlordane	2	µg/L	0.034	U	EPA508.1	0.034	0.2	7/2/09	7/8/09		E83079

U - The parameter was analyzed but not detected.

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822 • FAX (352) 625-6638

Drinking Water Chain of Custody

Time Received / Date Received: 2:39pm / 6-25-09

C...: Aqua Utilities

Submission Number: 097770

Report to: (Name & Mailing Address)
- On File -

Copy to: ☒ DEP Central ☐ DEP Southwest
☐ DEP Northeast ☐ DEP Other:
☐ DOH Marion County ☐ DOH Other:
☐ N/A (for information only)

PO Number:
Contact Name: Mark March
Contact Phone: 352 303 0718

System Information
System Name: Westview
System ID Number: 3424036

S...le Information
Sample Location: Point of Entry
Sampler Name: Mark March
Date Sample Collected: 6.25.09
Time Sample Collected: 13:25

Field Test Results (if applicable) Cl_2 Residual: 0.8
Temp: pH: 7.3 DO:
Other:

Sample Custody
Relinquished Signature: Mark March
Date: 6.25.09 Time: 1437 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By: M. Mora
Sample Temperature at Time of Receipt: 9.6 °C
☒ On Ice ☐ Not on Ice
P... Check or Receipt Number:
C...ments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
☒ NO_3 ☒ NO_2 ☒ F	097770-A
☒ CN	097770-B
☒ All Metals ☐ Sb ☐ As ☐ Ba ☐ Be ☐ Cd ☐ Cr ☐ Pb ☐ Hg ☐ Ni ☐ Se ☐ Na ☐ Tl	097770-C
☐ Asbestos	
Secondary Contaminants	
☒ Cl ☒ SO_4 ☒ TDS ☒ F ☒ Color	097770-A
☒ Odor	097770-D
☒ Foaming Agents	097770-E
☒ All Metals ☐ Al ☐ Cu ☐ Fe ☐ Mn ☐ Ag ☐ Zn	097770-C
Disinfection Byproducts	
☐ Total THM (All 4) ☐ THM Partial:	
☐ HAA (All 5) ☐ HAA Partial:	
☐ Other:	
Radionuclides	
☒ Gross Alpha ☒ Ra^{226} ☒ Ra^{228} ☒ U	097770-F
☐ Other:	
Volatile Organic Contaminants	
☒ All 21	097770-G
☐ Partial:	
Synthetic Organic Contaminants	
☒ All Except Dioxin	097770-H
☐ Partial:	
Miscellaneous	
☐ Turbidity ☐ Alkalinity ☐ Conductivity	
☐ Total Sulfide	
☐ Dissolved Metals (Field Filtered):	
☐ Other:	
☐ Other:	
☐ Other:	
☐ Other:	

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.

AQUA

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748-0310

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

August 3, 2009

Florida Department of Environmental Protection
Barbara Browning
Drinking Water Section
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767

RE: Tri Annual Results

Dear Mrs. Browning:

Enclosed are the Triannual results for the water systems listed below. If you have any questions, please contact Aqua Utilities Florida, Inc. at 352-787-0980.

Plant Name	**PWS #**
Ocala Oaks 1 & 2	3421560
Westview	3424036

Sincerely,

Jean Day

Jean Day
Administrative Assistant

Enclosure

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED: APR 15 '10 PM 1:03

RECEIVED BY: LP

SAMPLE PRESERVATION: ❑ ON ICE ❑ NOT ON ICE 15.1 °C

DISINFECTANT CHECK: ☑ NOT DETECTED ❑ _____ mg/L

❑ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S): _____

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: 4/15/10 1:30 PM

PERSON NOTIFIED: Larry White NOTIFIED BY: RP

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

❑ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: WEST VIEW PWS ID: 3424036 SYSTEM PHONE: 352 687-0950

SYSTEM ADDRESS: 2475 NW 45TH AVE COUNTY: OCALA

CLIENT: AQUA UTILITIES COLLECTOR: LARRY WHITE COLLECTOR PHONE: (352) 303-0718

TYPE OF SUPPLY (Check Box): ☑ Community Water System ❑ Noncommunity Water System ❑ Nontransient Noncommunity Water System ❑ Limited Use System ❑ Other: _____

REASON FOR SAMPLING (Check Box): ☑ Routine Compliance ❑ Repeat ❑ Replacement ❑ Main Clearance ❑ Well Survey ❑ Other: _____

SAMPLE COLLECTION DATE(S): 4/15/2010 REMARKS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB Total coliform & E. coli analysis method: SM9223B			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier[2]
1	WELL #1	11:31	R	0	Submission Number: M104668	P	A	
R1	4245 NW 26TH AVE	11:32	D	0.6	M104669	A		
R2	2691 NW 45TH PLACE	11:43	D	0.6	M104670	A		

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.)

Time(s) Analyzed: 7:07 pm

Disinfectant Residual Analysis Method: ❑ DPD Colorimetric ❑ Other: _____

Person performing analysis is:

❑ A certified operator (#_____) ❑ Employed by a certified lab

❑ Supervised by a cert operator (#_____) ❑ Employed by DEP or DOH

Michael Morse — TECHNICAL DIRECTOR

4-19-10 — DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present

The results presented herein relate only to the samples submitted.
If you have any questions regarding this report, please call Lisa Saupp at (352) 625-2822.

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
[2]Defined in Florida Administrative Code Rule 62-160, Table 1.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
1100 THOMAS AVENUE
LEESBURG, FL 34748

DEP/DOH USE ONLY

❑ Satisfactory
❑ Incomplete Collection Information
❑ Repeat Samples Required
❑ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Revised 03/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PLANT TECHNICIANS, INC. LAB CERTIFICATION #E83141 QA# 870255
P.O. BOX 447 FRUITLAND PARK, FL 34731
OFFICE:352-787-2944 LAB:352-787-6689 FAX:352-787-3196

Report Number _____ Sub-Contract Lab ID _____

ANALYSIS REQUESTED (please check all that apply)
X Standard Coliform Test
_____ HPC _____ Other

Lab Receipt Date & Time 4/27/10 1225HR
Analysis Date & Time 4/27/10 1232HR
SAMPLE ACCEPTANCE CRITERIA:
Sample Preservation X On Ice _____ Not On Ice 4 C
Disinfectant Check X Not Detected _____ mg/L
This Sample does not meet the following NELAC requirements
REPORT DATE: 4/29/10

System Name: WESTVIEW (WV) PWS I.D. 3424036
System address: 2475 NE 45TH RD City:OCALA Phone:787-0980 Fax: _____
Collector: LARRY WHITE Phone:352-303-0718 Fax:SAME

TYPE OF SUPPLY: (check only one)
X Community Water System ___ Noncommunity Water System ___ Nontransient Noncommunity Water System ___ Limited Use System
___ Private Well ___ Swimming Pool ___ Bottled Water ___ Other

REASON FOR SAMPLING: (check only one) ___ Routine Compliance X Repeat ___ Replacement ___ Main Clearance ___ Well Survey ___ Other
SAMPLE COLLECTION DATE 4/26/10

To be completed by collector of sample — THESE RESULTS RELATE ONLY TO THESE SAMPLES — To be completed by lab

Sample Number	Sample point (location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd (mg/L)	PH	Total Coliform Analysis Method SM9222B / Fecal or E. Coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualif2	Lab Sample #
1	WELL	1425HR	R	0		A	A			10041607

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900 Do not include raw or plant samples in the average)

2 Defined in Florida Administrative Code Rule 62-550, Table 1
All test are performed in accordance with NELAC standards.
LAB CONTACT PERSON JOHN FREDOCK 352-787-2944

Disinfectant Residual Analysis Method X DPD Colorimetric ___ Other

Person performing analysis is (Please see instructions on reverse):
X Certified operator# C 7002 ___ Employed by a certified lab
___ Supervised by a cert operator# _____ ___ Employed by DEP or DOH

Date PWS notified by lab of positive result _____
Date State notified by lab of positive result _____
Lab Signature: Sandra Wesson
Title: Q.A. MANAGER

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
P.O. BOX 490310
LEESBURG, FL 34749

DEP/DOH USE ONLY
___ Satisfactory ___ Incomplete Collection Information
___ Repeat Samples Required ___ Replacement Sample Required
Date Reviewed by DEP/DOH _____
DEP/DOH Reviewing Official

1 DEP SAMPLE TYPE CODES: D=Distribution/routine resa

RESULTS A=Absent P=Present C=Confluent Growth TNCT=To numerous to count

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA E-MAIL
JMLIHVARCIK@AQUAAMERICA.COM

February 23, 2010

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Ave.
Leesburg, Florida 34748

OCD-PW-SS-10-0094

Marion County – PW	PWS ID Number
Belleair Subdivision	3424000
Chappell Hills	3424029
West View Subdivision	3424036
49th Street Village	3424631
Ocala Oaks S/D	3421560

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on February 17, 2010, by Jill M. Farris to conduct a sanitary survey inspection. A copy of the sanitary survey inspection reports is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than April 2, 2010.** *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Jill Farris by phone at (407) 894-7555, extension 2226 or by e-mail at Jill.Farris@dep.state.fl.us.

Sincerely,

Reggie Phillips, Environmental Supervisor II
Drinking Water Compliance and Enforcement

RFP/jmf
Enclosures

cc: Patrick Farris, Environmental Compliance Specialist [PAFARRIS@AQUAAMERICA.COM]
Timothy Devlin, Florida Public Service Commission [TDEVLIN@PSC.STATE.FL.US]
Jill Farris, DEP Drinking Water Compliance and Enforcement

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WEST VIEW SUBDIVISION County Marion PWS ID # 3424036
Plant Location 2475 NW 45th Place, Ocala, FL 34470 Phone 342-732-6027
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcik Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, Florida 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone 352-435-4029
This Survey Date 02/17/10 Last Survey Date 02/15/07 Last Compliance Inspection Date 07/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 50,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 29
Population Served 102 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
Location Housing
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Gary Kissick C-7846

Hrs/day: *Required* *Visit *Actual* *Visit
Days/wk: *Required* 2 *Actual* 2
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
Comments *2 visits/week on nonconsecutive days for a total of 0.2 hour/week.

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Day (from MORs) 6,462 gpd
Maximum Day (from MORs) 43,000 gpd 2/09, 3/09
Comments

Flow Measuring Device Flow Meter
Meter Size & Type 3" ABB
Date Last Calibrated Unknown

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Hrs Operated Under Load
What equipment does it operate?
☐ Well Pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy avg. daily demand? ☐Yes ☐No ☐Unknown
Audio-visual alarm? ☐Yes ☐No
Comments

PLANS AND MAPS

Coliform Sampling Plan	☒ Yes	☐ No	☐ N/A
D/DBP Monitoring Plan	☒ Yes	☐ No	☐ N/A
Lead and Copper Plan	☒ Yes	☐ No	☐ N/A
Distribution System Map	☐ Yes	☐ No	☒ N/A
Emergency Response Plan	☐ Yes	☐ No	☒ N/A

Comments

PREVENTIVE MAINTENANCE/O&M
Operation & Maintenance Manual ☒ Yes ☐ No
Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program	☐ Yes	☒ No	☐ N/A
Records	☐ Yes	☒ No	☐ N/A
Isolation Valve Exercise	☒ Yes	☐ No	☐ N/A
Records	☐ Yes	☒ No	☐ N/A

Comments

CROSS CONNECTION CONTROL
BFPAs None noted # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date August 2007
Comments

PWS ID # 3424036
Date 12/17/10

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAC3104)			
Year Drilled		1981			
Depth Drilled		140'			
Drilling Method		Rotary drill			
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)		Black steel			
Well Contamination History		None noted			
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			
Security		Yes			
Well Vent Protection		Yes			

COMMENTS *There is a crack in concrete well pad.

PWS ID # 3424036
Date 02/17/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 50% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 0.87 Remote 0.96
Remote tap location 4884 NW 26th Avenue
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to the hydropneumatic tank.
Booster Pump Info N/A
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	☐ ☐ ☐	☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Visible Algae Growth
Protective Screen Condition
Frequency of Cleaning
Date Last Inspected/Cleaned
Comments

STORAGE FACILITIES
(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	2,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	42/62		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	12/09		
Date of Cleaning	12/09		

Comments

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments

PWS ID # 3424036
Date 02/17/10

DEFICIENCIES:

1. **Failure to maintain public water system components.**

   - The concrete well pad is cracked.

   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.]

2. **Failure to provide a written flushing program.**

   Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received. [Rule 62-555.350(2), F.A.C.]

3. **Failure to keep records documenting that dead-end water mains are being flushed.**

   Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

4. **Failure to keep records documenting that isolation valves are being exercised.**

   Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

COMMENTS/REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm.

- Provide documentation that the finished-drinking-water meter has been calibrated.

  Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

- **The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, annually, and certification of delivery of the CCR must be submitted to the Department no later than August 10, annually.**

Inspector _____ Title Env. Specialist II Date 02/23/10

Approved by _____ Title Env. Supervisor II Date 02/23/10

RESPONSE

Please provide any changes to the following:

PWS ID Number: 3424036

PWS Name: West View Subdivision

Mailing Address: _____

Date: _____

Business Name: _____

Owner(s) Name: _____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: Jill M. Farris, Environmental Specialist II

In response to the Department's **Sanitary Survey Report** for the subject public water system dated February 17, 2010, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	**Corrective Action Done**	**Date Done**

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____
(Please Type or Print)

AQUA SM

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

April 13, 2010

Jill Farris
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

RE: Reply to Sanitary Survey

Marion County – PW	**PWS ID Number**
Belleair Subdivision	**3424000**
Chappell Hills	**3424029**
West View Subdivision	**3424036**
49th Street Village	**3424631**
Ocala Oaks Subdivision	**3421560**

Dear Ms. Farris:

This letter is in response to your inspection of the facility referenced above on February 17, 2010.

Deficiencies: (all facilities)

1. *Failure to provide a written flushing program*

   The flushing plans for each system are attached.

2. *Failure to keep records documenting that dead-end water mains are being flushed.*

   The operator will record all flushing events in the logbook.

3. *Failure to keep records documenting that isolation valves are being exercised.*

   The operator will record isolation valve exercising events in the logbook.

Belleaire Subdivision:

1. *Failure to provide an audio/visual alarm to indicate loss of standby power.*

   The audio/visual alarm has been installed on the generator.

2. *Failure to maintain public water system components.*

The check valve on well 1 has been replaced. The hydropneumatic tank has been ordered and will be replaced.

West View Subdivision:

1. *Failure to maintain public water system components.*

   The crack in the concrete pad has been filled.

Ocala Oaks Subdivision:

1. *Failure to provide an audio/visual alarm to indicate loss of standby power.*

   The audio/visual alarm has been installed on the generator.

2. *Failure to maintain public water system components.*

   The check valves on wells # 1 and # 3 have been replaced.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaamerica.com. Thank you.

Sincerely,

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure: Flushing Plans

cc: Paul Thompson, via e-mail
Harry Householder, via e-mail
Michael Pickel, via e-mail

Bellaire Flushing Plan

Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Bellaire service area.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

Flushing:

Bellaire subdivision contains one (1) dead end main:

Lot 8-A SE 21st Lane

This location will be flushed quarterly.

49th Street Flushing Plan

Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the 49th Street service area.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

Flushing:

49th Street subdivision contains two (2) dead end mains:

Lot 22-B NE 49th Place

Lot 1-A NE 50th Place

These locations will be flushed quarterly.

Chappell Hills Flushing Plan

Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Chappell Hills service area.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

Flushing:

Chappell Hills subdivision contains no dead ends mains, however, the system will be flushed quarterly.

Westview Flushing Plan

Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Westview service area.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

Flushing:

Westview subdivision contains three (3) dead end mains:

Lot 1-D NW 44th Place

Lot 4-C NW 43rd Lane

Corner NW 42nd Street and NW 26th Terrace

These locations will be flushed quarterly.

Ocala Oaks Flushing Plan

Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Ocala Oaks service area.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

Flushing:

Ocala Oaks subdivision contains six (6) dead end mains:

Lot 3-1A NE 48th Street

Lot 3-1B NE 47th Street

Lot 4-1C NE 46th Place

Corner SR 200A and NE 42nd Street

Lot 1-A NE 35th Street

Lot 1-J NE 35th Street

These locations will be flushed quarterly.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: May-08

A. Public Water System (PWS) Information

PWS Name:	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: 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:	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

300

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in 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
6-4-08	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: May-08

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	19,000											
2	X	24 hrs	13,000		1.2								1	
3		24 hrs	13,000											
4		24 hrs	13,000											
5	X	24 hrs	14,000		1.1								0.8	
6		24 hrs	14,000											
7	X	24 hrs	10,000		0.9								0.6	
8		24 hrs	11,000											
9	X	24 hrs	18,000		1.4								0.8	
10		24 hrs	18,000											
11		24 hrs	18,000											
12	X	24 hrs	13,000		2								1.7	
13		24 hrs	13,000											
14	X	24 hrs	12,000		1.3								1	
15		24 hrs	12,000											
16	X	24 hrs	14,000		1.2								1	
17		24 hrs	14,000											
18		24 hrs	14,000											
19	X	24 hrs	16,000		1.2								1	
20		24 hrs	16,000											
21	X	24 hrs	11,000		1.3								1.1	
22		24 hrs	11,000											
23	X	24 hrs	12,000		1.2								1	
24		24 hrs	12,000											
25		24 hrs	12,000											
26	X	24 hrs	16,000		1.2								0.9	
27		24 hrs	16,000											
28	X	24 hrs	12,000		1.1								0.8	
29		24 hrs	12,000											
30	X	24 hrs	13,000		1.9								1.6	
31		24 hrs	13,000											
Total			425,000											
Average			13,710											
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-08

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: 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:	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

302

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in 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.

7-9-2008	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: **June-08**

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, 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	13,000											
2	X	24 hrs	13,000		1.8								1.6	
3		24 hrs	13,000											
4	X	24 hrs	12,000		1.2								1	
5		24 hrs	12,000											
6	X	24 hrs	18,000		1.2								1	
7		24 hrs	19,000											
8		24 hrs	18,000											
9	X	24 hrs	10,000		1.7								1.1	
10		24 hrs	9,000											
11	X	24 hrs	10,000		1.7								1.1	
12		24 hrs	10,000											
13	X	24 hrs	11,000		1.7								1.1	
14		24 hrs	11,000											
15		24 hrs	11,000											
16	X	24 hrs	10,000		1.3								1	
17		24 hrs	10,000											
18	X	24 hrs	12,000		1.1								0.8	
19		24 hrs	12,000											
20	X	24 hrs	10,000		1.8								1.6	
21		24 hrs	10,000											
22		24 hrs	10,000											
23	X	24 hrs	11,000		1.2								1	
24		24 hrs	11,000											
25	X	24 hrs	7,000		1								0.8	
26		24 hrs	7,000											
27	X	24 hrs	9,000		1.1								0.9	
28		24 hrs	9,000											
29		24 hrs	10,000											
30	X	24 hrs	10,000		3								2.4	
31		24 hrs												
Total			338,000											
Average			11,267											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2008

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

8-7-08
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: July, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	10,000											
2	X	24.0	10,000		1.9								1.3	
3		24.0	10,000											
4	X	24.0	10,000		1.9								1.3	
5		24.0	10,000											
6		24.0	10,000											
7	X	24.0	7,000		2.2								2.0	
8		24.0	7,000											
9	X	24.0	7,000		1.4								1.2	
10		24.0	7,000											
11	X	24.0	12,000		1.6								1.3	
12		24.0	12,000											
13		24.0	12,000											
14	X	24.0	10,000		1.5								1.2	
15		24.0	10,000											
16	X	24.0	8,000		1.3								1.0	
17		24.0	8,000											
18	X	24.0	11,000		1.2								1.0	
19		24.0	11,000											
20		24.0	11,000											
21	X	24.0	9,000		1.6								1.3	
22		24.0	9,000											
23	X	24.0	10,000		1.5								1.2	
24		24.0	10,000											
25	X	24.0	10,000		1.3								1.0	
26		24.0	10,000											
27		24.0	10,000											
28	X	24.0	10,000		1.3								1.0	
29		24.0	10,000											
30	X	24.0	8,000		1.3								1.0	
31		24.0	8,000											
Total			297,000											
Avgerage			9,581											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2008

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
9-8-08	Gary Kissick	C-7846

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: August, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	10,000		1.2								1.0	
2		24.0	10,000											
3		24.0	10,000											
4	X	24.0	10,000		1.9								1.7	
5		24.0	10,000											
6	X	24.0	8,000		1.7								1.5	
7		24.0	8,000											
8	X	24.0	10,000		1.5								1.2	
9		24.0	10,000											
10		24.0	10,000											
11	X	24.0	8,000		1.3								1.0	
12		24.0	8,000											
13	X	24.0	8,000		1.3								1.0	
14		24.0	8,000											
15	X	24.0	10,000		1.3								1.0	
16		24.0	10,000											
17		24.0	10,000											
18	X	24.0	10,000		1.0								0.8	
19		24.0	10,000											
20	X	24.0	7,000		1.2								0.9	
21		24.0	7,000											
22	X	24.0	9,000		1.2								0.9	
23		24.0	9,000											
24		24.0	9,000											
25	X	24.0	8,000		1.6								1.3	
26		24.0	8,000											
27	X	24.0	10,000		1.4								1.1	
28		24.0	10,000											
29	X	24.0	7,000		1.0								0.8	
30		24.0	7,000											
31		24.0	7,000											
Total			276,000											
Avgerage			8,903											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2008

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10-8-2008
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: September, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	10,000		0.9								0.6	
2		24.0	10,000											
3	X	24.0	8,000		1.0								0.8	
4		24.0	8,000											
5	X	24.0	10,000		0.8								0.5	
6		24.0	10,000											
7		24.0	10,000											
8	X	24.0	5,000		1.4								1.1	
9		24.0	5,000											
10	X	24.0	8,000		1.6								1.3	
11		24.0	8,000											
12	X	24.0	11,000		1.6								1.3	
13		24.0	11,000											
14		24.0	11,000											
15	X	24.0	8,000		1.5								1.3	
16		24.0	8,000											
17	X	24.0	8,000		1.3								1.1	
[illegible]		24.0	8,000											
[illegible]	X	24.0	11,000		1.3								1.1	
20		24.0	11,000											
21		24.0	11,000											
22	X	24.0	8,000		1.1								0.9	
23		24.0	8,000											
24	X	24.0	9,000		1.3								1.1	
25		24.0	9,000											
26	X	24.0	11,000		1.0								0.8	
27		24.0	11,000											
28		24.0	11,000											
29	X	24.0	7,000		2.0								1.9	
30		24.0	7,000											
31		24.0												
Total			271,000											
Avgerage			8,742											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2008

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11-6-2008
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: October, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	8,000		1.3								1.3	
2		24.0	8,000											
3	X	24.0	13,000		1.2								1.2	
4		24.0	13,000											
5		24.0	13,000											
6	X	24.0	9,000		1.8								1.7	
7		24.0	9,000											
8	X	24.0	7,000		1.1								0.9	
9		24.0	7,000											
10	X	24.0	10,000		1.1								0.9	
11		24.0	10,000											
12		24.0	10,000											
13	X	24.0	11,000		1.1								0.9	
14		24.0	11,000											
15	X	24.0	6,000		1.5								1.4	
16		24.0	6,000											
17	X	24.0	11,000		1.8								1.6	
18		24.0	11,000											
19		24.0	11,000											
20	X	24.0	8,000		1.1								0.9	
21		24.0	8,000											
22	X	24.0	7,000		1.0								0.9	
23		24.0	7,000											
24	X	24.0	10,000		1.0								0.8	
25		24.0	10,000											
26		24.0	10,000											
27	X	24.0	9,000		1.4								1.3	
28		24.0	9,000											
29	X	24.0	10,000		1.0								0.8	
30		24.0	10,000											
31	X	24.0	11,000		0.7								0.5	
Total			293,000											
Avgerage			9,452											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2008

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
12-4-2008	Gary Kissick	C-7846

312

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: November, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation?
1		24.0	11,000											
2		24.0	11,000											
3	X	24.0	9,000		1.4								1.2	
4		24.0	9,000											
5	X	24.0	8,000		1.4								1.2	
6		24.0	8,000											
7	X	24.0	11,000		1.4								1.2	
8		24.0	11,000											
9		24.0	11,000											
10	X	24.0	9,000		1.4								1.2	
11		24.0	9,000											
12	X	24.0	8,000		1.1								0.9	
13		24.0	8,000											
14	X	24.0	11,000		1.2								1.1	
15		24.0	11,000											
16		24.0	11,000											
17	X	24.0	8,000		1.1								1.0	
18		24.0	8,000											
19	X	24.0	8,000		1.0								0.8	
20		24.0	8,000											
21	X	24.0	11,000		1.0								0.8	
22		24.0	11,000											
23		24.0	11,000											
24	X	24.0	7,000		2.4								2.2	
25		24.0	7,000											
26	X	24.0	11,000		1.5								1.4	
27		24.0	11,000											
28	X	24.0	11,000		1.2								1.0	
29		24.0	11,000											
30		24.0	11,000											
31		24.0												
Total			290,000											
Avgerage			9,355											
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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2008

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1-8-2009
Signature and Date

Gary Kissick
Printed or Typed Name

C-7846
License Number

314

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: December, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	9,000		1.6								1.4	
2		24.0	9,000											
3	X	24.0	9,000		1.5								1.3	
4		24.0	9,000											
5	X	24.0	13,000		1.4								1.2	
6		24.0	13,000											
7		24.0	13,000											
8	X	24.0	7,000		1.4								1.2	
9		24.0	7,000											
10	X	24.0	12,000		1.4								1.2	
11		24.0	12,000											
12	X	24.0	11,000		1.3								1.1	
13		24.0	11,000											
14		24.0	11,000											
15	X	24.0	10,000		1.4								1.2	
16		24.0	10,000											
17	X	24.0	8,000		1.2								1.0	
18		24.0	8,000											
19	X	24.0	13,000		1.1								0.9	
20		24.0	13,000											
21		24.0	13,000											
22	X	24.0	8,000		1.1								0.9	
23		24.0	8,000											
24	X	24.0	12,000		1.1								0.8	
25		24.0	12,000											
26	X	24.0	13,000		1.0								0.8	
27		24.0	13,000											
28		24.0	13,000											
29	X	24.0	10,000		1.1								0.9	
30		24.0	10,000											
31	X	24.0	9,000		1.0								0.8	
Total			329,000											
Avgerage			10,613											
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

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: * 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, %[1] =	

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[1] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Paul Thompson	A	7251	Days 1st Shift

317

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

2-5-2009

Signature and Date

Gary Kissick

Printed or Typed Name

C-7846

License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: January, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	9,000											
2	X	24.0	11,000		0.6								0.4	
3		24.0	11,000											
4		24.0	11,000											
5	X	24.0	9,000		2.3								2.2	
6		24.0	9,000											
7	X	24.0	10,000		2.1								1.9	
8		24.0	10,000											
9	X	24.0	12,000		1.1								0.9	
10		24.0	12,000											
11		24.0	12,000											
12	X	24.0	10,000		1.7								1.6	
13		24.0	10,000											
14	X	24.0	10,000		1.7								1.6	
15		24.0	10,000											
16	X	24.0	9,000		1.1								0.9	
17		24.0	9,000											
18		24.0	9,000											
19	X	24.0	10,000		1.1								0.9	
20		24.0	10,000											
21	X	24.0	9,000		1.1								0.9	
22		24.0	9,000											
23	X	24.0	10,000		1.2								1.0	
24		24.0	10,000											
25		24.0	10,000											
26	X	24.0	11,000		1.2								1.0	
27		24.0	11,000											
28	X	24.0	8,000		1.2								1.0	
29		24.0	8,000											
30	X	24.0	10,000		1.1								0.9	
31		24.0	10,000											
Total			309,000											
Avgerage			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 Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

3/9/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

319

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: February, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	11,000											
2	X	24.0	6,000		1.1								0.9	
3		24.0	6,000											
4	X	24.0	10,000		1.1								0.9	
5		24.0	10,000											
6	X	24.0	16,000		1.2								1.0	Reported Plant Outage
7		24.0	17,000											
8		24.0	17,000											
9	X	24.0	10,000		1.8								1.6	
10		24.0	10,000											
11	X	24.0	12,000		0.9								0.8	
12		24.0	13,000											
13	X	24.0	10,000		2.0								1.9	
14		24.0	10,000											
15		24.0	11,000											
16	X	24.0	10,000		1.8								1.7	
17		24.0	10,000											
18	X	24.0	9,000		1.5								1.4	
19		24.0	9,000											
20	X	24.0	10,000		1.6								1.4	
21		24.0	10,000											
22		24.0	10,000											
23	X	24.0	7,000		1.5								1.3	
24		24.0	7,000											
25	X	24.0	11,000		1.2								1.0	
26		24.0	11,000											
27	X	24.0	10,000		1.2								1.0	
28		24.0	10,000											
29		24.0												
30		24.0												
31		24.0												
Total			293,000											
Avgerage			9,452											
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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

4/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

321

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: March, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{O}C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	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		24.0	11,000											
2	X	24.0	9,000		1.1								0.8	
3		24.0	9,000											
4	X	24.0	9,000		1.3								1.1	
5		24.0	9,000											
6	X	24.0	12,000		1.1								0.9	
7		24.0	12,000											
8		24.0	12,000											
9	X	24.0	10,000		1.3								1.1	
10		24.0	10,000											
11	X	24.0	10,000		1.2								1.0	
12		24.0	10,000											
13	X	24.0	13,000		1.1								0.9	
14		24.0	13,000											
15		24.0	13,000											
16	X	24.0	11,000		1.4								1.2	
17		24.0	11,000											
[illegible]	X	24.0	9,000		1.3								1.1	
[illegible]		24.0	9,000											
20	X	24.0	13,000		1.3								1.1	
21		24.0	14,000											
22		24.0	14,000											
23	X	24.0	9,000		1.0								0.8	
24		24.0	9,000											
25	X	24.0	10,000		1.4								1.2	
26		24.0	10,000											
27	X	24.0	9,000		1.3								1.1	
28		24.0	9,000											
29		24.0	9,000											
30	X	24.0	9,000		1.2								1.0	
31		24.0	9,000											
Total			326,000											
Avgerage			10,516											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
ntact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

323

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: April, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	10,000		1.3								1.0	
2		24.0	9,000											
3	X	24.0	11,000		1.2								1.0	
4		24.0	11,000											
5		24.0	11,000											
6	X	24.0	10,000		1.3								1.1	
7		24.0	10,000											
8	X	24.0	8,000		1.2								1.0	
9		24.0	9,000											
10	X	24.0	13,000		1.3								1.1	
11		24.0	13,000											
12		24.0	14,000											
13	X	24.0	14,000		1.2								1.0	
14		24.0	15,000											
15	X	24.0	6,000		1.2								1.0	
16		24.0	7,000											
17	X	24.0	11,000		1.2								1.0	
[illegible]		24.0	11,000											
[illegible]		24.0	11,000											
20	X	24.0	10,000		1.2								1.0	
21		24.0	10,000											
22	X	24.0	10,000		1.2								1.0	
23		24.0	10,000											
24	X	24.0	12,000		1.2								1.0	
25		24.0	12,000											
26		24.0	12,000											
27	X	24.0	15,000		1.3								1.1	
28		24.0	15,000											
29	X	24.0	9,000		1.2								1.0	
30		24.0	9,000											
31		24.0												
Total			328,000											
Avgerage			10,581											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 6/8/09

Printed or Typed Name: Paul Thompson

License Number: A-7251

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: May, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	13,000		1.2								1.0	
2		24.0	14,000											
3		24.0	14,000											
4	X	24.0	9,000		1.1								1.0	
5		24.0	10,000											
6	X	24.0	10,000		1.2								1.0	
7		24.0	11,000											
8	X	24.0	12,000		1.2								1.0	
9		24.0	13,000											
10		24.0	13,000											
11	X	24.0	10,000		1.4								1.2	
12		24.0	10,000											
13	X	24.0	9,000		1.4								1.2	
14		24.0	9,000											
15	X	24.0	11,000		1.4								1.2	
16		24.0	11,000											
[illegible]		24.0	12,000											
[illegible]	X	24.0	7,000		1.4								1.1	
19		24.0	8,000											
20	X	24.0	8,000		1.3								1.4	
21		24.0	8,000											
22	X	24.0	8,000		1.6								1.3	
23		24.0	8,000											
24		24.0	9,000											
25	X	24.0	15,000		1.4								1.3	
26		24.0	15,000											
27	X	24.0	11,000		1.4								1.2	
28		24.0	11,000		1.4									
29	X	24.0	22,000		1.3								1.2	
30		24.0	23,000											
31		24.0	23,000											
Total			367,000											
Avgerage			11,839											
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

FLORIDA

See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
ntact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

7/8/09

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: June, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	*Lowest Residual* Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant *Contact Time* (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided *Before or at* First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	8,000		1.4								1.2	
2		24.0	8,000											
3	X	24.0	7,000		1.3								1.1	
4		24.0	7,000											
5	X	24.0	8,000		1.0								0.8	
6		24.0	8,000											
7		24.0	7,000											
8	X	24.0	7,000		1.5								1.3	
9		24.0	11,000											
10	X	24.0	11,000		0.6								0.4	
11		24.0	12,000											
12	X	24.0	12,000		1.3								1.1	
13		24.0	11,000											
14		24.0	9,000											
15	X	24.0	9,000		1.3								1.1	
16		24.0	9,000											
17	X	24.0	8,000		1.3								1.1	
18		24.0	11,000											
[illegible]	X	24.0	11,000		1.3								1.1	
[illegible]		24.0	11,000											
21		24.0	9,000											
22	X	24.0	9,000		1.2								1.0	
23		24.0	10,000											
24	X	24.0	11,000		1.1								0.9	
25		24.0	9,000											
26	X	24.0	9,000		1.1								0.9	
27		24.0	9,000											
28		24.0	9,000											
29	X	24.0	9,000		1.2								0.8	
30		24.0	9,000											
31		24.0												
Total			278,000											
Avgerage			8,968											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

8/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: July, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	11,000		1.4								1.2	
2		24.0	11,000											
3	X	24.0	10,000		1.3								1.1	
4		24.0	10,000											
5		24.0	11,000											
6	X	24.0	7,000		1.3								1.1	
7		24.0	8,000											
8	X	24.0	9,000		1.3								1.2	
9		24.0	10,000											
10	X	24.0	9,000		1.7								1.6	
11		24.0	9,000											
12		24.0	9,000											
13	X	24.0	9,000		1.0								0.8	
14		24.0	8,000											
15	X	24.0	9,000		1.0								0.8	
16		24.0	10,000											
17	X	24.0	9,000		1.0								0.9	
18		24.0	9,000											
19		24.0	9,000											
20	X	24.0	10,000		0.9								0.7	
21		24.0	11,000											
22	X	24.0	10,000		1.3								1.2	
23		24.0	10,000											
24	X	24.0	11,000		1.3								1.2	
25		24.0	11,000											
26		24.0	10,000											
27	X	24.0	10,000		1.3								1.1	
28		24.0	11,000											
29	X	24.0	10,000		1.2								1.0	
30		24.0	10,000											
31	X	24.0	10,000		1.1								1.0	
Total			301,000											
Avgerage			9,710											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

331

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

09/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: August, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	10,000											
2		24.0	10,000											
3	X	24.0	7,000		1.1								0.9	
4		24.0	8,000											
5	X	24.0	11,000		1.1								1.0	
6		24.0	11,000											
7	X	24.0	11,000		1.2								1.0	
8		24.0	11,000											
9		24.0	11,000											
10	X	24.0	10,000		1.1								0.9	
11		24.0	10,000											
12	X	24.0	11,000		1.0								0.8	
13		24.0	10,000											
14	X	24.0	10,000		1.4								1.0	
15		24.0	10,000											
16		24.0	10,000											
17	X	24.0	9,000		1.2								1.0	
		24.0	9,000											
	X	24.0	10,000		1.1								0.9	
20		24.0	10,000											
21	X	24.0	9,000		1.2								1.0	
22		24.0	10,000											
23		24.0	10,000											
24	X	24.0	10,000		1.1								0.9	
25		24.0	10,000											
26	X	24.0	11,000		1.1								0.9	
27		24.0	11,000											
28	X	24.0	10,000		0.6								0.3	
29		24.0	11,000											
30		24.0	11,000											
31	X	24.0	10,000		1.2								1.0	
Total			312,000											
Avgerage			10,065											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

333

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
10/2/09	Paul Thompson	A-7251

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name	Woodberry Forest

III. Daily Data for the Month/Year of: September, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	11,000											
2	X	24.0	7,000		1.0								0.8	
3		24.0	7,000											
4	X	24.0	10,000		1.2								1.0	
5		24.0	10,000											
6		24.0	10,000											
7	X	24.0	10,000		1.2								1.0	
8		24.0	9,000											
9	X	24.0	10,000		1.1								0.9	
10		24.0	10,000											
11	X	24.0	8,000		1.1								0.9	
12		24.0	8,000											
13		24.0	8,000											
14	X	24.0	9,000		1.1								0.9	
15		24.0	9,000											
16	X	24.0	9,000		1.1								0.9	
17		24.0	8,000											
18	X	24.0	10,000		1.1								0.9	
19		24.0	10,000											
20		24.0	11,000											
21	X	24.0	9,000		1.2								1.0	
22		24.0	10,000											
23	X	24.0	10,000		1.1								0.9	
24		24.0	10,000											
25	X	24.0	9,000		1.0								0.8	
26		24.0	9,000											
27		24.0	10,000											
28	X	24.0	10,000		1.2								1.0	
29		24.0	10,000											
30	X	24.0	8,000		1.3								1.1	
31		24.0												
Total			279,000											
Avgerage			9,000											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

335

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	3424646	Plant Name	Woodberry Forest

III. Daily Data for the Month/Year of: October, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	9,000											
2	X	24.0	11,000		1.2								1.0	
3		24.0	11,000											
4		24.0	11,000											
5	X	24.0	10,000		1.2								1.0	
6		24.0	10,000											
7	X	24.0	9,000		1.0								0.8	
8		24.0	10,000											
9	X	24.0	9,000		1.2								1.0	
10		24.0	9,000											
11		24.0	9,000											
12	X	24.0	11,000		1.2								1.0	
13		24.0	11,000											
14	X	24.0	8,000		1.1								0.9	
15		24.0	9,000											
16	X	24.0	9,000		1.1								0.9	
17		24.0	9,000											
18		24.0	9,000											
19	X	24.0	9,000		1.1								0.9	
20		24.0	9,000											
21	X	24.0	9,000		1.1								0.9	
22		24.0	10,000											
23	X	24.0	10,000		1.2								1.0	
24		24.0	10,000											
25		24.0	10,000											
26	X	24.0	9,000		1.1								0.9	
27		24.0	10,000											
28	X	24.0	10,000		1.3								1.1	
29		24.0	11,000											
30	X	24.0	9,000		1.3								1.1	
31		24.0	9,000											
Total			299,000											
Avgerage			9,645											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

12/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

337

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	3424646	Plant Name	Woodberry Forest

III. Daily Data for the Month/Year of: November, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	10,000											
2	X	24.0	9,000		1.2								1.0	
3		24.0	10,000											
4	X	24.0	10,000		1.0								1.0	
5		24.0	10,000											
6	X	24.0	12,000		1.2								1.0	
7		24.0	12,000											
8		24.0	9,000											
9	X	24.0	10,000		1.2								1.0	
10		24.0	12,000											
11	X	24.0	12,000		1.3								1.1	
12		24.0	10,000											
13	X	24.0	10,000		1.3								1.1	
14		24.0	10,000											
15		24.0	10,000											
16	X	24.0	12,000		1.2								1.0	
17		24.0	13,000											
[illegible]	X	24.0	10,000		2.2								2.1	
[illegible]		24.0	10,000											
20	X	24.0	11,000		2.1								2.0	
21		24.0	11,000											
22		24.0	12,000											
23	X	24.0	9,000		1.1								0.9	
24		24.0	10,000											
25	X	24.0	10,000		1.1								0.9	
26		24.0	10,000											
27	X	24.0	9,000		0.9								0.7	
28		24.0	9,000											
29		24.0	10,000											
30	X	24.0	10,000		1.4								1.3	
31		24.0												
Total			312,000											
Avgerage			10,065											
Maximum			13,000											

* Refer to the instructions for this report to determine which plants must provide this information

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2009

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest		PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code: 34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	3424646	Plant Name	Woodberry Forest

III. Daily Data for the Month/Year of: December, 2009

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				*CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable**											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or *Visited by* Operator (Place "X")	Hours plant in Operation	Net Quantity *of Finished* Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant *Concentration (C)* Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C *Measurement* Point During Peak Flow, minutes	Lowest CT Provided Before or at First *Customer* During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	10,000											
2	X	24.0	10,000		1.4								1.3	
3		24.0	10,000											
4	X	24.0	16,000		1.3								1.3	
5		24.0	16,000											
6		24.0	16,000											
7	X	24.0	19,000		1.4								1.2	
8		24.0	20,000											
9	X	24.0	18,000		1.2								1.0	X- HPT Inspection
10		24.0	17,000		1.3								1.1	
11	X	24.0	7,000		1.3								1.0	
12		24.0	8,000											
13		24.0	8,000											
14	X	24.0	8,000		1.3								1.1	
15		24.0	8,000											
16	X	24.0	8,000		1.3								1.1	
17		24.0	9,000											
[illegible]	X	24.0	9,000		1.2								1.0	
[illegible]		24.0	9,000											
20		24.0	9,000											
21	X	24.0	10,000		1.3								1.1	
22		24.0	10,000											
23	X	24.0	9,000		0.9								0.6	
24		24.0	9,000											
25	X	24.0	9,000		1.3								1.2	
26		24.0	8,000											
27		24.0	8,000											
28	X	24.0	9,000		1.4								1.2	
29		24.0	10,000											
30	X	24.0	8,000		1.3								1.2	
31		24.0	9,000											
Total			334,000											
Avgerage			10,774											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Mark March	C	8287	Days 1st Shift

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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
02/08/10	Paul Thompson	A-7251

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID	3424646	Plant Name	Woodberry Forest

III. Daily Data for the Month/Year of: January, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	9,000		1.1								1.0	
2		24.0	9,000											
3		24.0	10,000											
4	X	24.0	6,000		1.2								1.0	
5		24.0	6,000											
6	X	24.0	9,000		1.2								1.0	
7		24.0	9,000											
8	X	24.0	11,000		1.2								1.0	
9		24.0	12,000											
10		24.0	12,000											
11	X	24.0	9,000		1.2								1.0	
12		24.0	9,000											
13	X	24.0	9,000		1.2								1.0	
14		24.0	8,000											
15	X	24.0	9,000		1.2								1.0	
16		24.0	9,000											
17		24.0	10,000											
18	X	24.0	9,000		1.3								1.1	
19		24.0	9,000											
20	X	24.0	9,000		1.3								1.1	
21		24.0	8,000											
22	X	24.0	8,000		1.2								1.1	
23		24.0	8,000											
24		24.0	9,000											
25	X	24.0	9,000		1.0								0.9	
26		24.0	10,000											
27	X	24.0	7,000		2.0								1.9	
28		24.0	8,000											
29	X	24.0	9,000		1.6								1.5	
30		24.0	9,000											
31		24.0	10,000											
Total			278,000											
Avgerage			8,968											
Maximum			12,000											

* Refer to the instructions for this report to determine which plants must provide this information

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
3/9/10	Paul Thompson	A-7251

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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: February, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	7,000		1.6								1.4	
2		24.0	8,000											
3	X	24.0	7,000		1.6								1.4	
4		24.0	7,000											
5	X	24.0	8,000		1.6								1.5	
6		24.0	9,000											
7		24.0	9,000											
8	X	24.0	10,000		1.5								1.3	
9		24.0	11,000											
10	X	24.0	9,000		1.5								1.4	
11		24.0	9,000											
12	X	24.0	10,000		1.5								1.2	
13		24.0	11,000											
14		24.0	11,000											
15	X	24.0	7,000		1.3								1.1	
16		24.0	8,000											
17	X	24.0	9,000		1.3								1.0	
18		24.0	9,000											
19	X	24.0	9,000		1.6								1.3	
20		24.0	9,000											
21		24.0	9,000											
22	X	24.0	9,000		1.6								1.4	
23		24.0	10,000											
24	X	24.0	7,000		1.6								1.4	
25		24.0	7,000											
26	X	24.0	9,000		1.5								1.3	
27		24.0	9,000											
28		24.0	9,000											
29		24.0												
30		24.0												
31		24.0												
Total			246,000											
Avgerage			7,935											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
4/8/10	Paul Thompson	A-7251

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: March, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	6,000		1.5								1.3	
2		24.0	7,000											
3	X	24.0	8,000		1.4								1.2	
4		24.0	8,000											
5	X	24.0	11,000		1.6								1.3	
6		24.0	11,000											
7		24.0	11,000											
8	X	24.0	8,000		1.7								1.5	
9		24.0	9,000											
10	X	24.0	9,000		1.4								1.1	
11		24.0	10,000											
12	X	24.0	10,000		1.4								1.2	
13		24.0	10,000											
14		24.0	10,000											
15	X	24.0	8,000		1.4								1.2	
16		24.0	8,000											
17	X	24.0	9,000		1.7								1.3	
18		24.0	10,000											
19	X	24.0	9,000		1.4								1.1	
20		24.0	10,000											
21		24.0	10,000											
22	X	24.0	10,000		1.4								1.1	
23		24.0	9,000											
24	X	24.0	9,000		1.2								1.0	
25		24.0	9,000											
26	X	24.0	9,000		1.3								1.0	
27		24.0	9,000											
28		24.0	9,000											
29	X	24.0	8,000		1.3								1.0	
30		24.0	8,000											
31	X	24.0	8,000		1.4								1.1	
Total			280,000											
Avgerage			9,032											
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 Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	☑ 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:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 SE County Hwy C-25	City: Belleview	State: Florida	Zip Code:	34420
Type of Water Treatment by Plant:	☑ 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	Days 1st Shift
Other Operators:	Gary Kissick	C	7846	Days 1st Shift
	Larry White	C	7082	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

5/2/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

347

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: April, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	8,000											
2	X	24.0	12,000		1.4								1.1	
3		24.0	11,000											
4		24.0	11,000											
5	X	24.0	10,000		1.4								1.0	
6		24.0	9,000											
7	X	24.0	9,000		1.6								1.0	
8		24.0	8,000											
9	X	24.0	11,000		1.5								1.1	
10		24.0	12,000											
11		24.0	12,000											
12	X	24.0	8,000		1.3								1.1	
13		24.0	9,000										1.0	
14	X	24.0	10,000		1.3								1.0	
15		24.0	10,000											
16	X	24.0	11,000		1.3								1.0	
17		24.0	11,000											
18		24.0	11,000											
19	X	24.0	9,000		1.3								1.0	
20		24.0	10,000											
21	X	24.0	10,000		1.2								0.9	
22		24.0	11,000											
23	X	24.0	11,000		1.3								1.1	
24		24.0	11,000											
25		24.0	10,000											
26	X	24.0	9,000		1.3								1.1	
27		24.0	10,000											
28	X	24.0	11,000		1.2								1.0	
29		24.0	12,000											
30	X	24.0	13,000		1.4								1.1	
31														
Total			310,000											
Avgerage			10,000											
Maximum			13,000											

* Refer to the instructions for this report to determine which plants must provide this information.

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Date issued: June 16, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Woodberry Forest Triannual **[2034564]**
Received: 5/28/09 15:30

Dear Will Fontaine;

Analytical results presented in this report have been reviewed for compliance with the HBEL, Inc. Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Eric Charest
HBEL, Inc. Laboratory Manager

Note: This report is not to be copied, except in full, without the expressed written consent of HBEL, Inc.

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Woodberry Forest Triannual **[2034564]**
Received: 5/28/09 15:30

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST5351		
2034564001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2034564]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest Triannual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: ***2034564001***					*Sampled: 05/28/09 9:40*		*Received: 05/28/09 15:30*			
Sample ID: ***WF Grab***					*Matrix: Water*		Results reported on Wet Weight Basis			
pH	Q	**8.11**	SU	0.200	EPA 150.1	WCGE31106		05/30/09 12:55	GS	E96080
Aluminum		**0.0030 U**	mg/L	0.0030	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Barium		**0.0042**	mg/L	0.0018	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Beryllium		**0.00010 U**	mg/L	0.00010	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Cadmium		**0.00070 U**	mg/L	0.00070	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Chromium		**0.0018 U**	mg/L	0.0018	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Copper		**0.0014 U**	mg/L	0.0014	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Iron		**0.045**	mg/L	0.025	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Manganese		**0.0037 U**	mg/L	0.0037	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Nickel		**0.0020 U**	mg/L	0.0020	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Silver		**0.0010 U**	mg/L	0.0010	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Sodium		**5.7**	mg/L	0.50	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Zinc		**0.052**	mg/L	0.010	EPA 200.7	META9411		06/9/09 22:03	DM	E96080
Antimony		**0.00082 U**	mg/L	0.00082	EPA 200.9	META9390		06/1/09 19:31	DM	E96080
Arsenic		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9393		06/2/09 16:15	DM	E96080
Lead		**0.00070 U**	mg/L	0.00070	EPA 200.9	META9412		06/10/09 7:57	DM	E96080
Selenium		**0.0022 U**	mg/L	0.0022	EPA 200.9	META9396		06/3/09 12:23	DM	E96080
Thallium		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9395		06/2/09 19:05	DM	E96080
Mercury		**0.000060 U**	mg/L	0.000060	EPA 245.1	META9398	06/2/09 10:10	06/3/09 12:38	DM	E96080
Chloride		**13**	mg/L	5.0	EPA 300.0	IC8079		06/3/09 17:40	SP	E96080
Fluoride		**0.10**	mg/L	0.011	EPA 300.0	IC8073		05/28/09 19:13	JL	E96080
Nitrate as N		**1.7**	mg/L	0.0030	EPA 300.0	IC8073		05/28/09 19:13	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC8073		05/28/09 19:13	JL	E96080
Sulfate		**10**	mg/L	1.4	EPA 300.0	IC8079		06/3/09 17:40	SP	E96080
1,2-Dibromo-3-chloropropane		**0.0035 U**	ug/L	0.0035	EPA 504.1	PEST5350	06/1/09 15:00	06/2/09 7:26	JL	E96080
1,2-Dibromoethane		**0.0047 U**	ug/L	0.0047	EPA 504.1	PEST5350	06/1/09 15:00	06/2/09 7:26	JL	E96080
Chlordane		**0.13 U**	ug/L	0.13	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
Endrin		**0.10 U**	ug/L	0.10	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
gamma-BHC (Lindane)		**0.020 U**	ug/L	0.020	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
Heptachlor		**0.036 U**	ug/L	0.036	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
Heptachlor epoxide		**0.027 U**	ug/L	0.027	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
Methoxychlor		**0.043 U**	ug/L	0.043	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
PCB		**0.14 U**	ug/L	0.14	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
Toxaphene		**0.60 U**	ug/L	0.60	EPA 505	PEST5351	06/2/09 14:00	06/3/09 6:08	JL	E96080
2,4,5-TP		**0.19 U**	ug/L	0.19	EPA 515.1	PEST5355	06/3/09 6:00	06/5/09 9:50	JL	E96080
2,4-D		**0.22 U**	ug/L	0.22	EPA 515.1	PEST5355	06/3/09 6:00	06/5/09 9:50	JL	E96080
Dalapon		**2.3 U**	ug/L	2.3	EPA 515.1	PEST5355	06/3/09 6:00	06/5/09 9:50	JL	E96080
Dinoseb		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5355	06/3/09 6:00	06/5/09 9:50	JL	E96080
Pentachlorophenol		**0.39 U**	ug/L	0.39	EPA 515.1	PEST5355	06/3/09 6:00	06/5/09 9:50	JL	E96080
Picloram		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5355	06/3/09 6:00	06/5/09 9:50	JL	E96080

HBEL, Inc.

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Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2034564]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest Triannual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3103		06/7/09 0:34	WR	E96080
Alachlor		**0.60 U**	ug/L	0.60	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Atrazine		**0.48 U**	ug/L	0.48	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Benzo(a)pyrene		**0.069 U**	ug/L	0.069	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
bis(2-ethylhexyl)phthalate		**0.84 U**	ug/L	0.84	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Di(2-ethylhexyl)adipate		**0.67 U**	ug/L	0.67	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Hexachlorobenzene		**0.30 U**	ug/L	0.30	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Hexachlorocyclopentadiene		**0.23 U**	ug/L	0.23	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Simazine		**0.62 U**	ug/L	0.62	EPA 525.2	SVOC2783	06/1/09 13:00	06/4/09 19:57	WR	E96080
Carbofuran		**0.41 U**	ug/L	0.41	EPA 531.1	HPLC2602		05/29/09 21:41	JJM	E96080
Oxamyl		**0.13 U**	ug/L	0.13	EPA 531.1	HPLC2602		05/29/09 21:41	JJM	E96080
Glyphosate		**13 U**	ug/L	13	EPA 547	HPLC2604		06/1/09 14:15	JJM	E96080
Endothall		**2.8 U**	ug/L	2.8	EPA 548.1	SVOC2779	06/1/09 14:00	06/3/09 3:05	WR	E96080
Diquat		**1.9 U**	ug/L	1.9	EPA 549.2	HPLC2605	06/2/09 9:30	06/4/09 13:47	JJM	E96080
Gross Alpha		**2.0 +/- 1.4**	pCi/L		EPA 900.0	SAL1134		06/15/09 10:36	SAL	E84129
Radium 226		**0.1 +/- 0.1**	pCi/L		EPA 903.1	SAL1134		06/10/09 15:07	SAL	E84129
Radium 228		**0.4 U +/- 0.2**	pCi/L		EPA Alter.	SAL1134		06/12/09 17:30	SAL	E84129
Color		**3.0**	CU	1.8	SM2120 B	WCGE31098		05/29/09 14:45	TCL	E96080
Odor - Dechlorinated		**1.0 U**	T.O.N.	1.0	SM2150 B	WCGE31112		05/29/09 9:00	TR	E96080
Total Dissolved Solids		**150**	mg/L	16	SM2540 C	WCGE31097		05/29/09 16:05	SP	E96080
Cyanide		**0.0047 U**	mg/L	0.0047	SM4500CN E	WCGE31163	06/9/09 15:00	06/10/09 11:27	GG	E96080
Surfactants as LAS, Mol.wt.340		**0.022 U**	mg/L	0.022	SM5540 C	WCGE31108	05/29/09 10:00	05/29/09 17:41	GG	E96080

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2034564]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest Triannual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2034564002**					*Sampled:* 05/28/09 9:40		*Received:* 05/28/09 15:30			
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	VOC3103		06/7/09 1:07	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3103		06/7/09 1:07	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3103		06/7/09 1:07	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 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 FL Zip: 34749

Phone: (352) 787-0980 Fax: 787-6333

Client Contact: G. Kissick (904) 237-0919

Project Name: Woodberry Forest #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

Custody Seals Intact Y N/A

pH Checked Y N

LAB # 2034564

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	10+2 metals	Cyanide	NO3 NO3 54 Flor Cl SO4 TDS mg/L pH	ODOR	VOC	Gross Alpha 900.0	226 228		COMMENTS
001	5-28-09	9:08 AM	G	DW	1	WF A	✓								O2 Ref 1.4
		9:02 AM			1	WF B		✓							Ph 7.5
		9:04 AM			1	WF C			✓						Temp —
		9:06 AM			1	WF D				✓					All sampler completed
		9:11 AM			3	WF E					✓				Per LAB Instruction
	↓	9:16 AM	↓	↓	3	WF F						✓			AT P.O.E.
002	~~GW~~				2	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 2

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 5-28-2009	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME 5-28-09 12:40	DATE/TIME	DATE/TIME 5-28-09 12:30

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) 467-1584

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: PO Box 490310
Leesburg FL Zip: 34749
Phone: (352) 787.0980 Fax: 787 6333
Client Contact: G Kissick (904) 237.0918
Project Name: Woodbeary forest #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: N (2.6°C) Custody Seals Intact: Y N N/A pH Checked: Y N
LAB # 20345564

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	504 505 548	515.1	525.2	531.1	547	548			COMMENTS
PRESERVATIVE															
001	5-28-09	9:26 AM	G	DW	6	wf G	✓								Clz Res 1.4
		9:28 AM			1	wf H		✓							Ph 7.5
		9:33 AM			3	wf J			✓						Temp –
		9:35 AM			1	wf K				✓					
		9:37 AM			1	wf L					✓				
	↓	9:40 AM	↓	↓	1	wf M						✓			

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	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 5-28-2009	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME 5-28-09 12:40	DATE/TIME	DATE/TIME 5-28-09 15:30

Report Page 1 of 1

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2 of 2

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one) ☐Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 05/28/09 Sample Time: 9:40 AM

Sample Location (be specific): WF Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/28/09

PWS ID (From Page 1): Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2034564001

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? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest (Print Name), Laboratory Manager (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Date: 16-Jun-09

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Woodberry Forest Triannual

Sample Location: WF Grab

Sample Number: 2034564001

Sampling Date: 5/28/09 9:40

Date Received: 5/28/09 15:30

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	**1.7**		EPA 300.0	0.0030	5/28/09 19:13	E96080
1041	Nitrite as N	[1]	mg/L	**0.0022**	U	EPA 300.0	0.0022	5/28/09 19:13	E96080
1005	Arsenic	[0.01]	mg/L	**0.0010**	U	EPA 200.9	0.0010	6/02/09 16:15	E84129
1010	Barium	[2]	mg/L	**0.0042**	I	EPA 200.7	0.0018	6/09/09 22:03	E96080
1015	Cadmium	[0.005]	mg/L	**0.00070**	U	EPA 200.7	0.00070	6/09/09 22:03	E96080
1020	Chromium	[0.1]	mg/L	**0.0018**	U	EPA 200.7	0.0018	6/09/09 22:03	E96080
1024	Cyanide	[0.2]	mg/L	**0.0047**	U	SM4500CN E	0.0047	6/10/09 11:27	E96080
1025	Fluoride	[4]	mg/L	**0.10**		EPA 300.0	0.011	5/28/09 19:13	E96080
1030	Lead	[0.015]	mg/L	**0.00070**	U	EPA 200.9	0.00070	6/10/09 7:57	E96080
1035	Mercury	[0.002]	mg/L	**0.000060**	U	EPA 245.1	0.000060	6/03/09 12:38	E96080
1036	Nickel	[0.1]	mg/L	**0.0020**	U	EPA 200.7	0.0020	6/09/09 22:03	E96080
1045	Selenium	[0.05]	mg/L	**0.0022**	U	EPA 200.9	0.0022	6/03/09 12:23	E96080
1052	Sodium	[160]	mg/L	**5.7**		EPA 200.7	0.50	6/09/09 22:03	E96080
1074	Antimony	[0.006]	mg/L	**0.00082**	U	EPA 200.9	0.00082	6/01/09 19:31	E96080
1075	Beryllium	[0.004]	mg/L	**0.00010**	U	EPA 200.7	0.00010	6/09/09 22:03	E96080
1085	Thallium	[0.002]	mg/L	**0.0010**	U	EPA 200.9	0.0010	6/02/09 19:05	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

HBEL, Inc.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

SECONDARY CONTAMINANTS
62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Woodberry Forest Triannual

Sample Location: WF Grab

Sample Number: 2034564001

Sampling Date: 5/28/09 9:40

Date Received: 5/28/09 15:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	**0.0030**	U	EPA 200.7	0.0030	6/09/09 22:03	E96080
1017	Chloride	[250]	mg/L	**13**	I	EPA 300.0	5.0	6/03/09 17:40	E96080
1022	Copper	[1]	mg/L	**0.0014**	U	EPA 200.7	0.0014	6/09/09 22:03	E96080
1025	Fluoride	[2]	mg/L	**0.10**		EPA 300.0	0.011	5/28/095/28/09	E96080
1028	Iron	[0.3]	mg/L	**0.045**	I	EPA 200.7	0.025	6/09/09 22:03	E96080
1032	Manganese	[0.05]	mg/L	**0.0037**	U	EPA 200.7	0.0037	6/09/09 22:03	E96080
1050	Silver	[0.1]	mg/L	**0.0010**	U	EPA 200.7	0.0010	6/09/09 22:03	E96080
1055	Sulfate	[250]	mg/L	**10**		EPA 300.0	1.4	6/03/09 17:40	E96080
1095	Zinc	[5]	mg/L	**0.052**		EPA 200.7	0.010	6/09/09 22:03	E96080
1905	Color	[15]	CU	**3.0**	I	SM2120 B	1.8	5/29/09 14:45	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	**1.0**	U	SM2150 B	1.0	5/29/09 9:00	E96080
1925	pH	[6.5-8.5]	SU	**8.11**	Q	EPA 150.1	0.200	5/30/09 12:55	E96080
1930	Total Dissolved Solids	[500]	mg/L	**150**		SM2540 C	16	5/29/09 16:05	E96080
2905	Foaming Agents	[0.5]	mg/L	**0.022**	U	SM5540 C	0.022	5/29/09 17:41	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.
Workorder: Woodberry Forest Triannual
Sample Location: WF Grab
Sample Number: 2034564001
Sampling Date: 5/28/09 9:40
PWS ID (From Page 1): _____
Date Received: 5/28/09 15:30

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	6/02/09	6/03/09 6:08	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	**0.020**	U	EPA 505	0.020	0.02	6/02/09	6/03/09 6:08	E96080
2015	Methoxychlor	[40]	ug/L	**0.043**	U	EPA 505	0.043	0.1	6/02/09	6/03/09 6:08	E96080
2020	Toxaphene	[3]	ug/L	**0.60**	U	EPA 505	0.60	1	6/02/09	6/03/09 6:08	E96080
2031	Dalapon	[200]	ug/L	**2.3**	U	EPA 515.1	2.3	1	6/03/09	6/05/09 9:50	E96080
2032	Diquat	[20]	ug/L	**1.9**	U	EPA 549.2	1.9	0.4	6/02/09	6/04/09 13:47	E96080
2033	Endothall	[100]	ug/L	**2.8**	U	EPA 548.1	2.8	9	6/01/09	6/03/09 3:05	E96080
2034	Glyphosate	[700]	ug/L	**13**	U	EPA 547	13	6		6/01/09 14:15	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	**0.67**	U	EPA 525.2	0.67	0.6	6/01/09	6/04/09 19:57	E96080
2036	Oxamyl	[200]	ug/L	**0.13**	U	EPA 531.1	0.13	2		5/29/09 21:41	E96080
2037	Simazine	[4]	ug/L	**0.62**	U	EPA 525.2	0.62	0.07	6/01/09	6/04/09 19:57	E96080
039	bis(2-ethylhexyl)phthalate	[6]	ug/L	**0.84**	U	EPA 525.2	0.84	0.6	6/01/09	6/04/09 19:57	E96080
2040	Picloram	[500]	ug/L	**0.23**	U	EPA 515.1	0.23	0.1	6/03/09	6/05/09 9:50	E96080
2041	Dinoseb	[7]	ug/L	**0.23**	U	EPA 515.1	0.23	0.2	6/03/09	6/05/09 9:50	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	**0.23**	U	EPA 525.2	0.23	0.1	6/01/09	6/04/09 19:57	E96080
2046	Carbofuran	[40]	ug/L	**0.41**	U	EPA 531.1	0.41	0.9		5/29/09 21:41	E96080
2050	Atrazine	[3]	ug/L	**0.48**	U	EPA 525.2	0.48	0.1	6/01/09	6/04/09 19:57	E96080
2051	Alachlor	[2]	ug/L	**0.60**	U	EPA 525.2	0.60	0.2	6/01/09	6/04/09 19:57	E96080
2065	Heptachlor	[0.4]	ug/L	**0.036**	U	EPA 505	0.036	0.04	6/02/09	6/03/09 6:08	E96080
2067	Heptachlor epoxide	[.2]	ug/L	**0.027**	U	EPA 505	0.027	0.02	6/02/09	6/03/09 6:08	E96080
2105	2,4-D	[70]	ug/L	**0.22**	U	EPA 515.1	0.22	0.1	6/03/09	6/05/09 9:50	E96080
2110	2,4,5-TP	[50]	ug/L	**0.19**	U	EPA 515.1	0.19	0.2	6/03/09	6/05/09 9:50	E96080
2274	Hexachlorobenzene	[1]	ug/L	**0.30**	U	EPA 525.2	0.30	0.1	6/01/09	6/04/09 19:57	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	**0.069**	U	EPA 525.2	0.069	0.02	6/01/09	6/04/09 19:57	E96080
2326	Pentachlorophenol	[1]	ug/L	**0.39**	U	EPA 515.1	0.39	0.04	6/03/09	6/05/09 9:50	E96080
2383	PCB	[.5]	ug/L	**0.14**	U	EPA 505	0.14	0.1	6/02/09	6/03/09 6:08	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	**0.0035**	U	EPA 504.1	0.0035	0.02	6/01/09	6/02/09 7:26	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	**0.0047**	U	EPA 504.1	0.0047	0.01	6/01/09	6/02/09 7:26	E96080
2959	Chlordane	[2]	ug/L	**0.13**	U	EPA 505	0.13	0.2	6/02/09	6/03/09 6:08	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 acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: Woodberry Forest Triannual
Sample Location: WF Grab
Sample Number: 2034564001
Sampling Date: 5/28/09 9:40
PWS ID (From Page 1): _____
Date Received: 5/28/09 15:30

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	6/07/09 0:34	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 0:34	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	6/07/09 0:34	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	6/07/09 0:34	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 0:34	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	6/07/09 0:34	E96080
2976	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	6/07/09 0:34	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	6/07/09 0:34	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	6/07/09 0:34	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	6/07/09 0:34	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 0:34	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	6/07/09 0:34	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	6/07/09 0:34	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	6/07/09 0:34	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	6/07/09 0:34	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	6/07/09 0:34	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	6/07/09 0:34	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	6/07/09 0:34	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	6/07/09 0:34	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 0:34	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 0:34	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.

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

June 16, 2009
Project No: 92413

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2034564

Sample Number	Sample Description	Date & Time Collected	Date & Time Received
92413.01	2034564-001	05/28/09 09:40	06/01/09 11:30

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
2034564
Sample ID: 2034564-001

June 16, 2009
Sample No.: 92413.01
PWS ID: _____

Radionuclides
62-550.310(6)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.0		EPA 900.0	2.0	3	1.4	06/15/09	10:37	E84129
4020	Radium-226	5*	pCi/L	0.1		EPA 903.1	0.05	1	0.1	06/10/09	15:07	E84129
4030	Radium-228	5*	pCi/L	0.4	U1	EPA RA-05	0.4	1	0.2	06/12/09	17:30	E84129

* Combined Limit
*** If the results exceed 5 pCi/L, a measurement for radium-226 is required.
If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

*** Qualifiers:**

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

92413

HBEL, Inc.

HBEL, Inc.
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
SUBCONTRACT CHAIN OF CUSTODY RECORD

Subcontracting Form 001A
REV 002
Effective Date 03/17/2008

Receiving Laboratory: SAL

The samples are to be shipped by Fed. Ex **to arrive on** 6.1.09 **. TAT:** Std.

HBEL, Inc.

PROJECT NAME: 20345764

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	N	N				COLLECTION REMARKS / SAMPLE COMMENTS
							Gross α	Ra 226	Ra 228				
AUF	DW	5-28-09	0940	G	20345640 01	3	✓	✓	✓				
					3 HP, HNO_3								

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	5.29.09	1600	FedEx		
RELINQUISHED BY: FedEx	DATE	TIME	LABORATORY NAME AND RECEIVED BY: K Lindmark	DATE 6/1/09	TIME 1130

Page 3 of 3

01

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Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

System Type (check one) ☐Community ☐Nontransient Noncommunity ☐Transient Noncommunity

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 05/28/09 Sample Time: 9:40 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

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: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/28/09

PWS ID (From Page 1): Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2034564002

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? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest (Print Name), Laboratory Manager (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Date: 16-Jun-09

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates /locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: Woodberry Forest Triannual
Sample Location: Trip Blank
Sample Number: 2034564002
Sampling Date: 5/28/09 9:40
PWS ID (From Page 1): _____
Date Received: 5/28/09 15:30

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	6/07/09 1:07	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 1:07	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	6/07/09 1:07	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	6/07/09 1:07	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 1:07	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	6/07/09 1:07	E96080
2976	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	6/07/09 1:07	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	6/07/09 1:07	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	6/07/09 1:07	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	6/07/09 1:07	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 1:07	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	6/07/09 1:07	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	6/07/09 1:07	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	6/07/09 1:07	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	6/07/09 1:07	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	6/07/09 1:07	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	6/07/09 1:07	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	6/07/09 1:07	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	6/07/09 1:07	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 1:07	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/07/09 1:07	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.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

PLANT TECHNICIANS, INC. LAB CERTIFICATION #E83141 QA# 870255
P.O. BOX 447 FRUITLAND PARK, FL 34731
OFFICE:352-787-2944 LAB:352-787-6689 FAX:352-787-3196

Report Number _____ Sub-Contract Lab ID _____

ANALYSIS REQUESTED (please check all that apply)
X Standard Coliform Test
HPC _____ Other _____

Lab Receipt Date & Time 4/13/10 1120HR

Analysis Date & Time 4/13/10 1220-1224HR

SAMPLE ACCEPTANCE CRITERIA:
Sample Preservation X On Ice ___ Not On Ice 4 C

Disinfectant Check X Not Detected ___ mg/L

This Sample does not meet the following NELAC requirements
REPORT DATE: 4/20/10

System Name: WOODBERRY FOREST #6577 PWS I.D. 3424646

System address: 9050 SE CR 25 City:BELLVIEW Phone:787-0980 Fax:787-6333

Collector: G. KISSICK Phone:904-237-0919 Fax:SAME

TYPE OF SUPPLY: (check only one)
X Community Water System ___ Noncommunity Water System ___ Nontransient Noncommunity Water System ___ Limited Use System
___ Private Well ___ Swimming Pool ___ Bottled Water ___ Other

REASON FOR SAMPLING: (check only one) X Routine Compliance ___ Repeat ___ Replacement ___ Main Clearance ___ Well Survey ___ Other
SAMPLE COLLECTION DATE 4/13/10

To be completed by collector of sample THESE RESULTS RELATE ONLY TO THESE SAMPLES To be completed by lab

Sample Number	Sample point (location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd (mg/L)	PH	Total Coliform Analysis Method SM9222B / Fecal or E. Coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualif2	Lab Sample #
W	WELL	0925HR	R	0		A	A			1004781
R-1	9440 SE 119TH ST	0920HR	D	1.0		A	A			1004782
R-2	9465 SE 119TH ST	0910HR	D	1.0		A	A			1004783

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900 Do not include raw or plant samples in the average) 1.0

2 Defined in Florida Administrative Code Rule 62-160, Table 1
All test are performed in accordance with NELAC standards.
LAB CONTACT PERSON JOHN FREDOCK 352-787-2944

Disinfectant Residual Analysis Method X DPD Colorimetric ___ Other ___

Person performing analysis is (Please see instructions on reverse):
X Certified operator#DWC 7846 ___ Employed by a certified lab
___ Supervised by a cert operator# _____ ___ Employed by DEP or DOH

Date PWS notified by lab of positive result _____

Date State notified by lab of positive result _____

Lab Signature: Sandra Wesson

Title: Q.A. MANAGER

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
P.O. BOX 490310
LEESBURG, FL 34749

DEP/DOH USE ONLY
___ Satisfactory ___ Incomplete Collection Information
___ Repeat Samples Required ___ Replacement Sample Required
Date Reviewed by DEP/DOH _____
DEP/DOH Reviewing Official

1 DEP SAMPLE TYPE CODES: D=Distribution(routine comp) C=Repeat or Check R=Raw N=Entry to Distribution P=Plant Tap S=Special (clearance, etc)

RESULTS A=Absent P=Present C=Confluent Growth TNCT=To numerous to count

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA E-MAIL
JMLIHVARCIK@AQUAAMERICA.COM

March 29, 2010

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, Florida 34748

OCD-PW-SS-10-0158

Marion County – PW	PWS ID Number
Belleview Hills Estates	3424839
Belleview Hills S/D	3424030
Fairfax Hills S/D	3424042
Hawks Point S/D	3424685
Marion Hills	3424001
Woodberry Forest S/D	3424646

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on March 17, 2010, by Jill M. Farris to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than May 7, 2010.** *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Jill Farris by phone at (407) 894-7555, extension 2226 or by e-mail at Jill.Farris@dep.state.fl.us.

Sincerely,

Reggie Phillips, Environmental Supervisor II
Drinking Water Compliance and Enforcement

RFP/jmf
Enclosures

cc: Patrick Farris, Environmental Compliance Specialist [PAFARRIS@AQUAAMERICA.COM]
Jill Farris, DEP Drinking Water Compliance and Enforcement

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WOODBERRY FORREST SUBDIVISION County Marion PWS ID # 3424646
Plant Location 9050 SE County Road 25, Belleview, FL 34470 Phone 352-732-3504
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcik Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, Florida 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone 352-435-4029
.This Survey Date 03/17/10 Last Survey Date 02/14/07 Last Compliance Inspection Date 07/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 54,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 55
Population Served 193 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
Location Housing
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Gary Kissick C-7846

Hrs/day: *Required* *Visit *Actual* *Visit
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? ☐ Yes ☐ No ☐ N/A
Comments *3 visits/week on nonconsecutive days for a total of 0.3 hour/week.

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Day (from MORs) 9,839 gpd
Maximum Day (from MORs) 23,000 gpd 05/2009
Comments

Flow Measuring Device Flow Meter
Meter Size & Type 2" Master
Date Last Calibrated Unknown

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Not Required
Source Elliot Propane
Capacity of Standby (kW)
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load
What equipment does it operate?
☒ Well Pumps
☐ High Service Pumps
☒ Treatment Equipment
Satisfy avg. daily demand? ☐Yes ☐No ☒Unknown
Audio-visual alarm? ☐Yes ☒No
Comments

PLANS AND MAPS

Coliform Sampling Plan	☒ Yes	☐ No	☐ N/A
D/DBP Monitoring Plan	☒ Yes	☐ No	☐ N/A
Lead and Copper Plan	☒ Yes	☐ No	☐ N/A
Distribution System Map	☒ Yes	☐ No	☒ N/A
Emergency Response Plan	☒ Yes	☐ No	☒ N/A

Comments

PREVENTIVE MAINTENANCE/O&M
Operation & Maintenance Manual ☒ Yes ☐ No
Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program	☐ Yes	☐ No	☒ N/A
Records	☐ Yes	☐ No	☒ N/A
Isolation Valve Exercise	☐ Yes	☐ No	☒ N/A
Records	☐ Yes	☐ No	☒ N/A

Comments The system has no blowoffs and no known isolation valves.

CROSS CONNECTION CONTROL
BFPAs None noted # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date August 2007
Comments

PWS ID # 3424646
Date 03/17/10

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAC0051)			
Year Drilled		1984			
Depth Drilled		178'			
Drilling Method		Rotary drill			
Type of Grout		Neat cement			
Static Water Level		40'			
Pumping Water Level		178'			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		70 gpm			
Strainer		Screen			
Length (outside casing)		155'			
Diameter (outside casing)		4"			
Material (outside casing)		Black steel			
Well Contamination History		None noted			
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 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			
Security		Yes			
Well Vent Protection		Yes			

COMMENTS _____

PWS ID # 3424646
Date 03/17/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 45% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.76 Remote 1.35
Remote tap location 9380 SE 92nd Terrace
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Visible Algae Growth _____
Protective Screen Condition _____
Frequency of Cleaning _____
Date Last Inspected/Cleaned _____
Comments _____

STORAGE FACILITIES
(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	42/62		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Discharge piping		
Date of Inspection	12/09		
Date of Cleaning	12/09		

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

PWS ID # 3424646
Date 03/17/10

DEFICIENCIES:

There were no deficiencies noted at the time of the inspection.

COMMENTS/REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm.

- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, annually, and certification of delivery of the CCR must be submitted to the Department no later than August 10, annually.

- Provide documentation that the finished-drinking-water meter has been calibrated.

  Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

Inspector _____ Title Env. Specialist II Date 03/29/10

Approved by _____ Title Env. Supervisor II Date 3/29/10