

ORIGINAL

00833 JAN 26 8

Beecher's Point

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 3 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____

COM _____

CTR _____

ECR 1

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC _____

OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00833 JAN 26 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Beecher's Point

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: January, 2004

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craig@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: January, 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2	0.6		18		
3			19	0.8	
4			20	1.0	
5	0.7		21	0.7	
6	0.4		22	0.7	
7	0.6		23	0.6	
8	1.0		24		
9	0.8		25		
10			26	0.5	
11			27	0.4	
12	0.8		28	0.4	
13	1.0		29	0.5	
14	0.6		30	0.6	
15	1.0		31		
16	0.8				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Paul Thompson License Number or Title: A-7251

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this form and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this Form.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance describe the repair or maintenance (attach additional sheets as necessary).



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **February, 2004**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craig@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **February, 2004**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2	0.6		18	0.6	
3	0.5		19	1.0	
4	0.4		20	0.8	
5	0.4		21		
6	0.5		22		
7			23	0.6	
8			24	0.7	
9	0.3		25	0.6	
10	0.5		26	1.0	
11	0.6		27	0.8	
12	0.3		28		
13	0.4		29		
14			30		
15			31		
16	0.5				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Paul Thompson License Number or Title: A-7251

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this form and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this Form.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance describe the repair or maintenance (attach additional sheets as necessary).



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: March, 2004

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craig@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: March, 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17	1.0	
2	1.3		18	0.5	
3	1.0		19	0.6	
4	0.8		20		
5	1.0		21		
6			22	0.7	
7			23	1.2	
8	0.7		24	0.9	
9	0.5		25	0.8	
10	0.8		26	0.7	
11	0.7		27		
12	0.6		28		
13			29	0.6	
14			30	1.0	
15	0.8		31	0.8	
16	0.9				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Donald Holcomb License Number or Title: A-5091

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this form and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

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EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance describe the repair or maintenance (attach additional sheets as necessary).



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **April, 2004**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 50 Total Population Served at End of Month: 200

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craig@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **April, 2004**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2	1.0		18		
3			19	1.2	
4			20	1.1	
5	0.5		21	0.6	
6	0.4		22	1.0	
7	0.5		23	0.7	
8	1.2		24		
9	2.0		25		
10			26	0.5	
11			27	0.9	
12	0.5		28	0.8	
13	1.0		29	0.7	
14	0.5		30	1.0	
15	0.6		31		
16	0.7				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Paul Thompson License Number or Title: A-7251

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this form and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

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EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance describe the repair or maintenance (attach additional sheets as necessary).



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

May, 2004

Consecutive System Name: Beecher's Point		PWS Identification Number: 2540070	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 50		Total Population Served at End of Month: 200	
Consecutive System Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

May, 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2			18	0.8	
3	0.5		19	0.7	
4	0.7		20	0.8	
5	1.0		21	0.5	
6	0.4		22		
7	0.6		23		
8			24	0.7	
9			25	0.9	
10	0.5		26	0.6	
11	0.5		27	1.0	
12	0.4		28	0.8	
13	0.9		29		
14	0.6		30		
15			31	0.8	
16					

III. Certification by Authorized Representative

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

Signature and Date _____ Paul Thompson _____ A-7251 _____
 Printed or Typed Name License Number or Title

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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Docket No. 060368-WS

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

Florida

Report Missing:

Beecher's Point

Month/Year

June 2004

Aqua Utilities Florida, Inc.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **July, 2004**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Mike Fitzgerald Contact Person's Title: Area Manager

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 732-6027 Contact Person's Fax Number: (352) 732-3213

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **July, 2004**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2	0.8		18		
3			19	0.2	
4			20	0.2	
5	0.4		21	2.5	
6	0.5		22	1.0	
7	0.4		23	1.0	
8	0.6		24		
9	0.4		25		
10			26	1.2	
11			27	1.0	
12	0.6		28	0.5	
13	0.3		29	0.5	
14	1.5		30	0.8	
15	1.0		31		
16	0.9				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Mark March License Number or Title: C-8287



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: August, 2004

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Mike Fitzgerald Contact Person's Title: Area Manager

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 732-6027 Contact Person's Fax Number: (352) 732-3213

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: August, 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.2	
2	0.7		18	0.8	
3	0.7		19	0.6	
4	0.8		20	1.0	
5	0.8		21		
6	1.0		22		
7			23	0.8	
8			24	1.0	
9	1.5		25	0.8	
10	1.1		26	0.6	
11	0.8		27	0.8	
12	1.0		28		
13	1.0		29		
14			30	0.7	
15			31	0.5	
16	1.6				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Mark March License Number or Title: C-8287



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **September, 2004**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Mike Fitzgerald Contact Person's Title: Area Manager

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 732-6027 Contact Person's Fax Number: (352) 732-3213

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **September, 2004**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17	1.0	
2	0.6		18		
3	0.7		19		
4			20	1.2	
5			21		
6			22	1.1	
7			23	0.8	
8	0.8		24	1.0	
9	1.0		25		
10	1.0		26		
11			27	1.1	
12			28	1.0	
13	1.2		29	1.1	
14	0.9		30	1.1	
15	1.0		31		
16					

III. Certification by Authorized Representative

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

Signature and Date _____ Mark March C-8287
Printed or Typed Name License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER
ORIGINATING FROM A SUBPART H SYSTEM**

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: October, 2004

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Mike Fitzgerald Contact Person's Title: Area Manager

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 732-6027 Contact Person's Fax Number: (352) 732-3213

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: October, 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17		
2			18	3.5	
3			19	2.0	
4	1.2		20	2.4	
5	1.0		21		
6	0.8		22	0.9	
7			23		
8	0.4		24		
9			25	0.7	
10			26	1.5	
11	3.5		27	1.3	
12	2.0		28		
13	0.4		29	2.0	
14	0.5		30		
15	0.4		31		
16					

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Mark March License Number or Title: C-8287



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **November, 2004**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

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

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 732-6027 Contact Person's Fax Number: (352) 732-3213

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **November, 2004**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5		17	3.5	
2	1.5		18		
3	1.7		19	3.5	
4			20		
5	1.4		21		
6			22	0.3	
7			23		
8	0.8		24	1.8	
9	0.6		25		
10			26	0.3	
11	1.0		27		
12	0.8		28		
13			29	1.6	
14			30		
15	0.6		31		
16					

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Mark March License Number or Title: C-8287



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **December, 2004**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

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

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 732-6027 Contact Person's Fax Number: (352) 732-3213

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **December, 2004**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.1		17	1.1	
2			18		
3	1.1		19		
4			20	0.7	
5			21		
6	0.9		22	1.0	
7	1.3		23		
8			24	0.8	
9	1.0		25		
10	1.0		26		
11			27	0.8	
12			28		
13	1.1		29	0.7	
14	1.0		30		
15	1.1		31	1.0	
16					

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Mark March License Number or Title: C8287



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **January, 2005**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **January, 2005**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.2	
2			18		
3	0.8		19		
4	1.1		20	0.9	
5			21	0.8	
6	0.9		22		
7	1.0		23		
8			24	0.9	
9			25		
10	1.0		26	1.0	
11	0.8		27	0.8	
12			28	0.8	
13	0.7		29		
14	1.0		30		
15			31	0.6	
16					

III. Certification by Authorized Representative

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

Signature and Date: _____ Paul Thompson A7251
Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February, 2005	
Consecutive System Name: Beecher's Point		PWS Identification Number: 2540070	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 54		Total Population Served at End of Month: 189	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		February, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	0.8		18	0.9	
3			19		
4	0.8		20		
5			21	0.9	
6			22		
7	1.0		23	0.8	
8			24		
9	0.9		25	0.7	
10			26		
11	0.8		27		
12			28	0.8	
13			29		
14	0.8		30		
15			31		
16	0.9				

III. Certification by Authorized Representative

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month-Year of: March, 2005

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month-Year of: March, 2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17	0.7	
2	0.8		18	0.6	
3			19		
4	0.9		20		
5			21	0.5	
6			22		
7	0.7		23	0.6	
8	0.7		24	0.6	
9			25	0.7	
10			26		
11	0.7		27		
12			28	0.6	
13			29	0.5	
14	0.7		30	0.6	
15			31	0.5	
16	0.8				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Paul Thompson License Number or Title: A7251



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **April, 2005**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **April, 2005**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2			18	0.4	
3			19		
4	0.6		20	0.4	
5			21		
6	0.6		22	0.6	
7			23		
8	0.7		24		
9			25	0.8	
10			26		
11	0.8		27	0.7	
12	0.6		28		
13	0.7		29	0.7	
14			30		
15	0.4		31		
16					

III. Certification by Authorized Representative

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

Signature and Date _____ Larry White C7082
Printed or Typed Name License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER
ORIGINATING FROM A SUBPART H SYSTEM**

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: May, 2005

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May, 2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.9	
2	0.7		18	0.9	
3			19	0.2	
4	0.7		20	0.5	
5	0.6		21		
6	0.7		22		
7			23	0.6	
8			24	0.5	
9	0.7		25	0.8	
10			26	0.7	
11	0.6		27	1.2	
12	0.9		28		
13	0.7		29		
14			30	1.0	
15			31	0.9	
16	0.8				

III. Certification by Authorized Representative

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

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		June, 2005	
Consecutive System Name:	Beecher's Point	PWS Identification Number: 2540070	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	54	Total Population Served at End of Month:	189
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title: Area Manager	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		June, 2005	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17	0.8	
2			18		
3	0.7		19		
4			20	0.6	
5			21		
6	0.7		22	0.7	
7			23		
8	0.9		24	0.7	
9			25		
10	0.8		26		
11			27	0.7	
12			28		
13	0.8		29	0.8	
14			30	0.8	
15	0.7		31		
16					

III. Certification by Authorized Representative

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

Signature and Date	Larry White Printed or Typed Name	C7082 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		July, 2005	
Consecutive System Name: Beecher's Point		PWS Identification Number: 2540070	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 54		Total Population Served at End of Month: 189	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		July, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2			18	1.2	
3			19		
4	0.6		20	0.8	
5			21		
6	0.7		22	0.8	
7			23		
8	0.7		24		
9			25	1.7	
10			26		
11	0.6		27	1.9	
12	0.8		28		
13	0.8		29	1.7	
14	0.8		30		
15	0.8		31		
16					

III. Certification by Authorized Representative

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER
ORIGINATING FROM A SUBPART H SYSTEM**

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: August, 2005

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: August, 2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.7		17	0.9	
2			18		
3	1.9		19	0.7	
4			20		
5	0.7		21		
6			22	0.8	
7			23		
8	0.6		24	0.7	
9			25		
10	0.5		26	0.7	
11			27		
12	0.8		28		
13			29	0.8	
14			30		
15	0.6		31	0.8	
16					

III. Certification by Authorized Representative

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

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		September, 2005	
Consecutive System Name:	Beecher's Point	PWS Identification Number: 2540070	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	54	Total Population Served at End of Month:	189
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		September, 2005	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17		
2	0.9		18		
3			19		
4			20	0.4	
5	0.8		21		
6			22	1.5	
7	0.8		23		
8			24		
9	0.8		25		
10			26	1.8	
11			27	1.0	
12			28	1.5	
13			29		
14	0.6		30	1.6	
15	0.6		31		
16	0.8				

III. Certification by Authorized Representative

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		October, 2005	
Consecutive System Name:	Beecher's Point	PWS Identification Number:	2540070
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	54	Total Population Served at End of Month:	189
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		October, 2005	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2			18		
3	0.8		19	0.8	
4	0.8		20	1.1	
5			21	1.2	
6			22		
7	0.7		23		
8			24	1.0	
9			25	0.8	
10	0.7		26		
11			27		
12	0.9		28	1.0	
13			29		
14	0.9		30		
15			31	1.0	
16					

III. Certification by Authorized Representative

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		November, 2005	
Consecutive System Name: <u>Beecher's Point</u>		PWS Identification Number: <u>2540070</u>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <u>54</u>		Total Population Served at End of Month: <u>189</u>	
Consecutive System Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		November, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17		
2			18	0.7	
3			19		
4	0.8		20		
5			21	1.3	
6			22		
7	1.0		23	0.7	
8			24		
9	0.9		25	0.8	
10			26		
11	1.1		27		
12			28	0.8	
13			29		
14	0.9		30	0.8	
15			31		
16	0.8				

III. Certification by Authorized Representative

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

Signature and Date	<u>Paul Thompson</u> Printed or Typed Name	<u>A7251</u> License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2005	
Consecutive System Name:	Beecher's Point	PWS Identification Number: 2540070	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	54	Total Population Served at End of Month:	189
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		December, 2005	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17		
2	0.6		18		
3			19	0.8	
4			20		
5	0.7		21	0.7	
6	0.7		22		
7			23	0.8	
8			24		
9	0.8		25		
10			26	1.0	
11			27		
12	1.1		28	0.7	
13			29		
14	0.8		30	0.8	
15			31		
16	0.7				

III. Certification by Authorized Representative

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

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