-KGRA

Holiday Haven

Docket No. 060368-WS

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

Florida

	CMP
VOLUME 6	COM
Book 7	
Set 15 of 57	ECR
Set 15 01 57	GCL
Containing	
Additional Engineering Requirements	RCA
	SCR
Monthly Operating Reports	SGA
	SEC
	OTH

Aqua Utilities Florida, Inc.

00845 JAN 26 5 FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Holiday Haven

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Year: 2004		
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October	10	24
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December	12	26



See Page 2 for Instructions. I. General Water System Information for the Month/Year of: January, 2004 PWS Identification Number: 3354886 Holiday Haven Consecutive System Name: TI Transient Non-Community Non-Transient Non-Community Consecutive System Type: Community Total Population Served at End of Month: Number of Service Connections at End of Month: Consecutive System Owner: Florida Water Services Contact Person's Title: Vice President Environmental Services Contact Person: Craig Anderson Zip Code: 32860-9520 Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL 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

	Distribution System Disinfectant Residual		nuary, 2		
Type of D	Disinfectant Residual Maintained in Distri	bution 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		
2	1.6		18		
3			19	2.5	
4		· · · · · · · · · · · · · · · · · · ·	20	2.0	
5	1.8	· · · · · · · · · · · · · · · · · · ·	21	2.1	
6	1.8		22	1.8	
7:	1.9		23	2.0	· · · · · · · · · · · · · · · · · · ·
8	2.0	· · · · · · · · · · · · · · · · · · ·	24		
9	2.3	· · · · · · · · · · · · · · · · · · ·	25		
10			26	2.0	······································
11		· · · · · · · · · · · · · · · · · · ·	27	2.0	
12	2.0		28	2.5	· · · · · · · · · · · · · · · · · · ·
13	2.2		29	2.5	
14	3.5		30	2.4	
15	3.0		31		
16	2.8]		

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

License Number or Title



....

See Page 2 for Instructions.

I. General Water System Information f	or the Month/Year of:	February, 2004			
Consecutive System Name: Holida	y Haven			PWS Identifica	tion Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	Transient Non-Co	ommunity	
Number of Service Connections at End	l of Month:			Total Population Served at End of M	lonth:
Consecutive System Owner:	Florida Water Service	25			
Contact Person:	Craig Anderson			Contact Person's Title: Vice Presider	nt Environmental Services
Contact Person's Mailing Address:	P.O. Box 609520		Cíty: 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 Residua	Data for the Month/Year of : Feb	oruary, 2	2004	
Type of D	Disinfectant Residual Maintained in Distril	bution 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	2.4	
2	2.4		18	2.3	
3	2.2		19	2.5	
4	2.2		20	2.2	
5	2.0		21		
6	2.1		22		
7			23	2.3	
8			24	2.4	
9	2.0		25	2.5	
10	2.0		26	2.3	
11	3.5		27	2.3	
12	3.0	· · · · · · · · · · · · · · · · · · ·	28	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
13	2.5		29		
14			30		
15			31		
16	2.3		J		

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 A-7251

License Number or Title



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See Page 2 for Instructions.

1. Genera	Water System Information for the Mon	h/Year of:	March, 2004			225489(
	ve System Name: Holiday Haven					PWS Identification Number: 3354886	
		Community	Non-Transient Non-Community	Г	Transient Non-Community		
Number o	f Service Connections at End of Month:				Total Population Ser	rved at End of Month:	
Consecuti	ve System Owner:	Florida Water	Services				
Contact P	erson:	Craig Anders	on			tle: Vice President Environmental Services	
Contact P	erson's Mailing Address:	P.O. Box 609	520		City: Orlando	State: FL Zip Code: 32860-9520	
Contact P	erson's Telephone Number:	(407) 598-41	00		Contact Person's Fa	x Number: (407) 598-4108	
Contact P	erson's E-Mail Address:	craiga@fl	orida-water.com				
II. Daily Type of D	Distribution System Disinfectant Residu Disinfectant Residual Maintained in Distri	al Data for the ibution System		larch, 20	Combined Chlorine (Chloramines)	Chlorine Dioxide	and and
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair	cy or Abnormal Operating Conditions; or Maintenance Work that Involves g 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 Conditio Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	S ()
1	2.5			17	2.4		
2	2.4			18	2.3		
3	2.4			19	0.5		
4	2.3			20			
5	2.3			21		·	
6				22	2.0		
7				23	2.2		
0	2.4			24	2.2		

25

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III. Certification by Authorized Representative

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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

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Donald Holcomb Printed or Typed Name A-5091

License Number or Title

Holiday Haven

Docket No. 060368-WS

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

Florida

Report Missing:

Discharge Monitoring Report

Month/Year

April 2004

Aqua Utilities Florida, Inc.



See Page 2 for Instructions.

I. Genera	I Water System Information for the Mont	h/Year of:	May, 2004				
	ive System Name: Holiday Haven					PWS Identification Number: 3354886	
Consecuti	ive System Type:	Community	Non-Transient Non-Community		Transient Non-Community		
Number o	of Service Connections at End of Month:		121		Total Population Ser	rved at End of Month: 282	
Consecuti	ive System Owner:	Florida Water Service	ces				
Contact P	Person:	Craig Anderson				tle: Vice President Environmental Services	
Contact P	erson's Mailing Address:	P.O. Box 609520			City: Orlando	State: FL Zip Code: 32860-9520	
Contact P	erson's Telephone Number:	(407) 598-4100			Contact Person's Fa	x Number: (407) 598-4108	
Contact P	erson's E-Mail Address:	craiga@florida	-water.com				
II Daily	Distribution System Disinfectant Residua	Data for the Month	/Veor of ·	1ay, 200)4		
	Disinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide	
		Emergency or	Abnormal Operating Conditions;			Emergency or Abnormal Operating Condit	ions;
	Lowest Residual Disinfectant	1	aintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involv	es
	Concentration at Remote Point		er System Components Out of	Day of	Concentration at Remote Point	Taking Water System Components Out	
Day of the		Taking wat	그는 그렇는 그는 것이는 것이 같이 가지 않는 것은 것을 많은 것이 없는 것이 없다.	the	in Distribution System, mg/L	Operation	
Month	in Distribution System, mg/L		Operation	Month		Operation	
<u>1</u>				17	2.2		
2				18	2.3		
3	2.3			19	2.2		
4	2.0			20	2.2		
5	2.3			21	2.3		
6	2.2			22			
7	2.2			23	2.0		
8			·	24	2.0		
9	0.7			-26	2.1		
10	0.7			20	2.1		
	2.8			28	2.0		
12	2.3			29	2.0		
13	2.3			30			
14	<i>L.L</i>			31	2.0		
16							
10		1		1			

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 A-7251

License Number or Title

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Holiday Haven

June 2004

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Holiday Haven

July 2004

Aqua Utilities Florida, Inc.



See Page 2 for Instructions.

I. General Water System Information for t	he Month/Year of: August, 2004			-
Consecutive System Name: Holiday H	laven	P	WS Identification N	Number: 3354886
Consecutive System Type:	Community Non-Transient Non-Community	Transient Non-Community		
Number of Service Connections at End of	Month: 121	Total Population Serve	d at End of Month	282
Consecutive System Owner:	Florida Water Services			
Contact Person:	Craig Anderson	Contact Person's Title:	Vice President En	vironmental Services
Contact Person's Mailing Address:	P.O. Box 609520	City: Orlando S	tate: FL	Zip Code: 32860-9520
Contact Person's Telephone Number:	(407) 598-4100	Contact Person's Fax N	Jumber:	(407) 598-4108
Contact Person's E-Mail Address:	craiga@florida-water.com			

	Distribution System Disinfectant Residual Disinfectant Residual Maintained in Distri		igust, 20	004 Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the Month 1 2 3 4 5	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.2 2.3 2.3	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month 17 18 19 20 21	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.0 2.2	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
6	2.0		22 23	2.2	
8 9 10	2.0	,	24 25 26	2.2 2.0 2.0	
11 12	2.0		27 28	2.1	
13 14 15	2.2		29 30 31	2.2	
16	2.0				

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 Printed or Typed Name C-8287 License Number or Title



See Page 2 for Instructions.

1. General Water System Information for	or the Month/Year of:	September, 2004			
Consecutive System Name: Holiday	/ Haven			PWS Identificati	on Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	Transient Non-Co	mmunity	-
Number of Service Connections at End	of Month:	121		Total Population Served at End of Mo	onth: 282
Consecutive System Owner:	Florida Water Servic	es			
Contact Person:	Craig Anderson			Contact Person's Title: Vice President	t 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			

	Distribution System Disinfectant Residual		ember,		
Type of D	isinfectant Residual Maintained in Distri	bution 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	2.0		17	1.4	
2	2.0		18		
3	2.4		19		- ''
4			20	1.7	
5			21	1.4	
6	2.0		22	0.9	
7	2.0		23	1.6	
.8	2.0		24	1.5	· · · · · · · · · · · · · · · · · · ·
9	2.1		25		
10	2.1		26		
11			27	0.9	
12			28	0.8	
13	2.0	· · · · · · · · · · · · · · · · · · ·	29	2.1	
14	2.1		30	1.8	
15	2.0		31		
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

Mark March Printed or Typed Name C-8287 License Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003

Page 1



See Page 2 for Instructions.

ral Water System Information for the Month/Year of:	October, 2004			
utive System Name: Holiday Haven			PWS Identificat	tion Number: 3354886
utive System Type: 🖸 Commun	/ I Non-Transient Non-Community	T Transient Non-Con	nmunity	
r of Service Connections at End of Month:	121		Total Population Served at End of M	lonth: 282
utive System Owner: Florida W	ter Services			
Person: Craig And	rson		Contact Person's Title: Vice Presiden	nt Environmental Services
Person's Mailing Address: P.O. Box	09520	City: Orlando	State: FL	Zip Code: 32860-9520
Person's Telephone Number: (407) 598	100		Contact Person's Fax Number:	(407) 598-4108
Person's E-Mail Address: craiga	florida-water.com			
Person's Mailing Address: P.O. Box Person's Telephone Number: (407) 598	09520 1100	City: Orlando	State: FL	Zip Cod

	Distribution System Disinfectant Residual		tober, 2		
Type of D	isinfectant Residual Maintained in District	bution System: II 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	1.6		17		
2		· · ·	18	2.6	
3			19	2.2	
4	1.4		20	2.4	
5	1.2		21	2.4	
6	1.4		22	2.2	
7	1.6		23	· · · · · · · · · · · · · · · · · · ·	
8	1.4		24		
			25	2.6	
10			26	2.6	
11	1.8		27	2.6	
12	1.2		28	2.8	
13	2.0		29	2.2	
14	2.0		30		
15	2.4		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

Mark March Printed or Typed Name C-8287 License Number or Title



See Page 2 for Instructions.

I. General Water System Information fo	r the Month/Year of:	November, 2004			
Consecutive System Name: Holiday	Haven			PWS Identifica	tion Number: 3354886
Consecutive System Type:		Non-Transient Non-Community	Transient Non-C	Community	
Number of Service Connections at End	of Month:	121		Total Population Served at End of M	1onth: 282
Consecutive System Owner:	Aqua Utilities Florid	la			
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	er
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@aqua	aamerica.com	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

	Distribution System Disinfectant Residual		vember,	2004	
Type of D	isinfectant Residual Maintained in Distril	bution 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	2.4		17	0.6	
2	1.6		18	0.8	
3	1.8		-19	0.8	
4	1.8		20		
5	1.1		21		
6		No	22	1.5	
7			23	1.7	
8	0.7		24	0.9	· · · · · · · · · · · · · · · · · · ·
9	0.8		25	1.4	
10	0.9	······································	26	1.8	
11	0.7		27		
12	0.7		28		
13			29	0.4	
14		·····	30	0.3	
15	0.8		31		
16	0.8		<u> </u>		

III. Certification by Authorized Representative

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Signature and Date

Mark March Printed or Typed Name C-8287 License Number or Title



See Page 2 for Instructions.

I. General Water System Information for	the Month/Year of:	December, 2004			
Consecutive System Name: Holiday I	Haven			PWS Identificat	tion Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	Transient Non-C	Community	
Number of Service Connections at End o	f Month:	121		Total Population Served at End of M	lonth: 282
Consecutive System Owner:	Aqua Utilities I	Florida			
Contact Person:	Brian Heath		·····	Contact Person's Title: Area Manage	r
Contact Person's Mailing Address:	1343 NE 17th I	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@a	aquaamerica.com			

II. Daily	Distribution System Disinfectant Residua	Data for the Month/Year of :	December,	2004	
Type of I	Disinfectant Residual Maintained in Distri	bution 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 Condition Repair or Maintenance Work that Involve Taking Water System Components Out of Operation	S Devief	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	0.3		17	2.0	
2	0.5		18		
3	1.0		19		
4		· · · · · · · · · · · · · · · · · · ·	20	1.8	
5			-21	1.8	
6	0.9		22		
7	0.9		23	1.7	
8	1.0		24	1.9	
9.	1.1		25	· · · · · · · · · · · · · · · · · · ·	
10	0.9		26	· · · · · · · · · · · · · · · · · · ·	
11			27	1.5	
12			28		
13	0.8		29	1.3	
14	0.9		30	1.9	
15	0.9			1.0	
16	1.9				

III. Certification by Authorized Representative

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Mark March

C8287

Signature and Date

Printed or Typed Name

License Number or Title



See Page 2 for Instructions.

I. Genera	al Water System Information for the Mont	h/Year of: Janua	ry, 2005					
Consecut	ive System Name: Holiday Haven					PWS Identification	Number: 3354886	
Consecut	ive System Type:	Community 🕅 Non-Transient Non-	-Community	T Transient N				
	of Service Connections at End of Month	121			Total Population Se	rved at End of Montl	h: 282	
Consecut	ive System Owner:	Aqua Utilities Florida						
Contact F		Brian Heath			Contact Person's Ti	tle: Area Manager		
	Person's Mailing Address:	PO Box 490310		City: Leest		State: FL	Zip Code: 34749	
Contact F	Person's Telephone Number:	(352) 787-0980			Contact Person's Fa	x Number:	(352) 787-6333	
Contact F	Person's E-Mail Address:	beheath@aquaamerica.com			·		<u></u>	
II. Daily	Distribution System Disinfectant Residua	al Data for the Month/Year of :	Januar	y, 2005	· · · · · · · · · · · · · · · · · · ·			
	Disinfectant Residual Maintained in Distri				Chlorine (Chloramines)		Chlorine Dioxide	
	신청 경험에서 여름 방법에 들어졌다.	Emergency or Abnormal Opera	ting Conditions;			Emergency or	Abnormal Operating Cond	litions;
	Lowest Residual Disinfectant	Repair or Maintenance Work	that Involves	Lowest	Residual Disinfectant	Repair or M	aintenance Work that Invo	olves
	Concentration at Remote Point	Taking Water System Comp	Day		ration at Remote Point	1 10 10 10 10 10 10 10 10 10 10 10 10 10	ter System Components Ou	11 I A
Day of the Month	in Distribution System, mg/L	Operation	onents Out of the Mo	e	ibution System, mg/L	B	Operation	
Ivionui	in Distribution System, ing/L	Operation			2.6		oporturion	
2			<u> </u>		2.6	<u> </u>		
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	0.8			The second second	2.4		······································	
	0.8				2.5			
5	0.7				2.4			
6	0.7		22		2			
7	2.5		2	Contraction of the second seco				
8		-	24		2.6	+		
9	······································	4	2	5	2.2			
10	2.4			6	2.4			
11	2.5		2	7	2.6			
12			21	8	2.6			
13	2.2		29	9.				
14	2.0		30	0				
15			3	1	2.5			
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



See Page 2 for Instructions.

I. Genera	l Water System Information for the Mon	th/Year of:	February, 2005					······································	
Consecut	ive System Name: Holiday Haven		· · · · · · · · · · · · · · · · · · ·				PWS Identifica	ation Number: 3354886	
Consecut	ive System Type:	Community	Fransient Non-Community	C	Transient Non-Com	munity	· · · · · · · · · · · · · · · ·		
Number of	of Service Connections at End of Month:	127				Total Population Ser	ved at End of N	Aonth:	381
Consecut	ive System Owner:	Aqua Utilities Florida							
Contact F	erson	Brian Heath				Contact Person's Tit	ie: Area Manag	er	
	erson's Mailing Address	PO Box 490310			City: Leesburg		State: FL	Zip Code: 34749	
Contact F	erson's Telephone Number:	(352) 787-0980				Contact Person's Fax	Number:	(352) 787-6333	
Contact F	erson's E-Mail Address:	beheath@aquaame	erica.com						
II. Daily	Distribution System Disinfectant Residu	al Data for the Month/Year of	f: Feb	ruary,	2005			· · · · · · · · · · · · · · · · · · ·	
Type of L	Disinfectant Residual Maintained in Distri	ribution System:	Free Chlorine	Ē	Combined Chlorine	(Chloramines)		Chlorine Dioxide	
		Emergency or Abno	rmal Operating Conditions;				Emergency	y or Abnormal Operat	ing Conditions;
[] • • • • [Lowest Residual Disinfectant	Repair or Mainter	ance Work that Involves		Lowest Residu	al Disinfectant	Repair o	or Maintenance Work	that Involves
Day of the	Concentration at Remote Point	Taking Water Sy	stem Components Out of	Day of the	Concentration	at Remote Point	Taking	Water System Compo	nents Out of
Month	in Distribution System, mg/L		peration	Month	in Distribution	n System, mg/L	J	Operation	
1	2.4		·	17	2				· · · · · · · · · · · · · · · · · · ·
2	2.2			18	2	.0			
3	2.2			19					
4	2.4			20			1		
5				21	1	.9			
6				22	2	.0			
7	2.6			23	2	.0			
8	2.4			24	1	.8			
9	2.4			25					
10	2.4			26			L	· ····	
11	2.4			27				- <u></u>	
12				28	2	.0			
13				29					
14				30			·		
15	1.8			31			(

III. Certification by Authorized Representative

2.0

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

16

Paul Thompson Printed or Typed Name A7251 License Number or Title



See Page 2 for Instructions.

I. Genera	1 Water System Information for the Mont	th/Year of:		N	Aarch, 2005						
Consecuti	ve System Name: Holiday Haven								PWS Identifica	ation Number: 3354886	
Consecut	ive System Type:	Community	Г	Non-Transien	t Non-Community		Transient Non-Co	mmunity			
Number o	f Service Connections at End of Month:			127				Total Population Ser	rved at End of N	Aonth: 381	
Consecut	ive System Owner:	Aqua Utiliti	es Florid	a							
Contact P	erson:	Brian Heath						Contact Person's Tit	le: Area Manag	er	
Contact P	erson's Mailing Address:	PO Box 490	310		· · · · · · · · · · · · · · · · · · ·		City: Leesburg		State: FL	Zip Code: 34749	
Contact P	erson's Telephone Number:	(352) 787-0	980		· · · · · · · · · · · · · · · · · · ·			Contact Person's Fax	x Number:	(352) 787-6333	
Contact P	erson's E-Mail Address:	beheath(@aqua	america.c	om						
	Distribution System Disinfectant Residua			Year of :		March, 2			· · · · · · · · · · · · · · · · · · ·		
Type of L	Disinfectant Residual Maintained in Distr	ibution Syster	<u>n:</u>		Free Chlorine	<u>_</u>	Combined Chlori	ne (Chloramines)		Chlorine Dioxide	
	n de fonde for an de la servición de la servic National de la servición de la s	Emerger	icv or 7	Abnormal C	perating Conditions				Emergency	y or Abnormal Operating Co	nditions;
	Lowest Residual Disinfectant		-	 A second sec second second sec	Work that Involves	° .∥	Lowest Resi	dual Disinfectant	· · · · · · · · · · · · · · · · · · ·	or Maintenance Work that In	
	Concentration at Remote Point					Day of		n at Remote Point	· · · · · · · · · · · · · · · · · · ·	Water System Components (
Day of the		Такш	g wate	the state of the s	omponents Out of	the			Такшу	(1) 2년 2월	Juit OI
Month	in Distribution System, mg/L	ļ		Operation	on	Month	In Distributi	on System, mg/L		Operation	
1	1.6					17		1.2		· · · · · · · · · · · · · · · · · · ·	
2						18		0.7			
3	2.0					19					
4	1.7					20					
5						21		0.6			
6						22		· · · · · · · · · · · · · · · · · · ·			
7	0.6					23		1.1	1		
8	0.7					24		1.2			
9	2.2	J				25	1	1.1			

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1.4

1.4

III. Certification by Authorized Representative

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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

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16

Paul Thompson Printed or Typed Name A7251

License Number or Title



See Page 2 for Instructions.

 General Water System Information for the system of the syst	the Month/Year of:	April, 2005			
Consecutive System Name: Holiday H	laven			PWS Identificat	tion Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	T Transient Non-Co	mmunity	
Number of Service Connections at End of	Month:	127		Total Population Served at End of M	lonth: 381
Consecutive System Owner:	Aqua Utilities	s Florida			······································
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	и И
Contact Person's Mailing Address:	PO Box 4903	10	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-098	80		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	<u>beheath@</u>	aquaamerica.com			

	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri		pril, 20	05 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	1.4	· · · · · · · · · · · · · · · · · · ·	17		
2			18 19	2.2	
3 4	1.4		20	2.2	
5			21	······································	
6	1.8		22	2.2	
7			23		· · · · · · · · · · · · · · · · · · ·
8	1.6		24	·	
9			25	2.0	
10			26		
11	1.8		27	1.8	
12	1.0		28 29	1.6	
13	1.0		30	1.0	<u></u>
14	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

Larry White Printed or Typed Name C7082 License Number or Title



See Page 2 for Instructions. May, 2005 I. General Water System Information for the Month/Year of: PWS Identification Number: 3354886 Consecutive System Name: Holidav Haven Consecutive System Type: Community □ Non-Transient Non-Community
 ■ TI Transient Non-Community 381 Total Population Served at End of Month: Number of Service Connections at End of Month: 127 Aqua Utilities Florida Consecutive System Owner: Brian Heath Contact Person's Title: Area Manager Contact Person Zip Code: 34749 State: FL Contact Person's Mailing Address: PO Box 490310 City: Leesburg (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: II. Daily Distribution System Disinfectant Residual Data for the Month Year of May, 2005 Combined Chlorine (Chloramines) Chlorine Dioxide Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: Emergency or Abnormal Operating Conditions; Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Repair or Maintenance Work that Involves Lowest Residual Disinfectant Lowest Residual Disinfectant Day of Taking Water System Components Out of **Concentration at Remote Point** Taking Water System Components Out of Concentration at Remote Point Day of th the Operation in Distribution System, mg/L in Distribution System, mg/L Operation Month Month 17 -1 2 1.7 18 2.0 3 19 20 1.7 1.5 4 21 5 22 15 6 23 1.8 7 24 8 25 1.8 9 2.1 26 10 27 11 2.2 1.6 28 12 29 13 2.2 30 14 31 1.8 15 16 2.2

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



See Page 2 for Instructions.

I. General Water System Information for t	he Month/Year of:	June, 2005			
Consecutive System Name: Holiday H	aven			PWS Identifica	tion Number: 3354886
Consecutive System Type:	Community 🚺 Non-	Transient Non-Community	Transient Non-Con	nmunity	
Number of Service Connections at End of	Month: 127	· ·		Total Population Served at End of M	10nth: 381
Consecutive System Owner:	Aqua Utilities Florida		and a second		
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	er
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@aquaam	erica.com			
Contact Person's E-Mail Address:	beheath@aquaam	erica.com		······································	

	Distribution System Disinfectant Residual		une, 200		
Type of D	Disinfectant Residual Maintained in Distric	bution 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
<u></u>	1.3		17		
2			18		
3	1.5		19	· · · · · · · · · · · · · · · · · · ·	
4			20	2.2	
5			21		
6	1.4		22	2.2	
8	2.1		23 24	<i>Z.Z</i>	
0	2.1		24		· · · · · · · · · · · · · · · · · · ·
10	2.0		26		
11		· · · · · · · · · · · · · · · · · · ·	27	2.2	
12			28		
13	1.8		29		
14			30		
15		· · · · · · · · · · · · · · · · · · ·	31		·
16	1.8	······································			

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

Larry White Printed or Typed Name C7082

License Number or Title



See Page 2 for Instructions.

I. General Water System Information for the	Month/Year of:	July, 2005			
Consecutive System Name: Holiday Have	en			PWS Identifica	tion Number: 3354886
Consecutive System Type:	Community Non-	-Transient Non-Community	Transient Non-Cor	nmunity	
Number of Service Connections at End of Me	onth: 127			Total Population Served at End of M	lonth: 381
Consecutive System Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	T
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@aquaam	erica.com			

ype of D	Disinfectant Residual Maintained in Distrib	bution System: 🔁 Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide
ay 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	2.0		17		
2			18		
3			19		
4			20	1.2	
5	1.4		21		
6	0.5		22 23		
8	0.8	· · · · · · · · · · · · · · · · · · ·	24		
9			25		
10			26	1.3	
.11		· · · · · · · · · · · · · · · · · · ·	27	1.0	
12	1.8		28		
13			29		
14			30	•	
15	2.0		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

Paul Thompson Printed or Typed Name A7251 License Number or Title



See Page 2 for Instructions.

ne Month/Year of:	August, 2005			
aven			PWS Identificat	tion Number: 3354886
Community	Non-Transient Non-Community	Transient Non-Comm	unity	
Month	127		Total Population Served at End of M	Ionth: 381
Aqua Utilities	Florida			
Brian Heath		(Contact Person's Title: Area Manage	r
PO Box 49031	10	City: Leesburg	State: FL	Zip Code: 34749
(352) 787-098	30		Contact Person's Fax Number:	(352) 787-6333
beheath@	aquaamerica.com			
	tven J⊡ Community Month: Aqua Utilities Brian Heath PO Box 4903 (352) 787-098	Iven I Community I Non-Transient Non-Community Month: 127 Aqua Utilities Florida	iven Image: Second system Image: Second system	Inven PWS Identificant Image: Second secon

	Distribution System Disinfectant Residual bisinfectant Residual Maintained in Distri		gust, 20	005 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	1.0		17	. 0.5	
	0.9		10 19 20	0.4	
5	1.2		20 21 22	0.6	
7			23		
<u>8</u> 9	1.4		24 25	0.7	
10 11	1.0		26 27	0.7	
12 13			28 29		
14 15	0.5		<u>30</u> 31	1.7	
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



See Page 2 for Instructions.

I. General Water System Information for t	he Month/Year of:	September, 2005			
Consecutive System Name: Holiday H	aven			PWS Identificat	tion Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	Transient Non-Con	nmunity	
Number of Service Connections at End of	Month	127		Total Population Served at End of M	onth: 381
Consecutive System Owner:	Aqua Utilities Flori	ida			
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	r
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@aqu	laamerica.com			

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II. Daily	Distribution System Disinfectant Residual	Data for the Month/Year of : Sep	otember, 2005				
Type of D	isinfectant Residual Maintained in Distril	bution 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	0.9		17				
2	0.8		18				
3			19				
4			20				
5	1.9		21	1.5			
6 7			23	1.3			
8			24				
9	2.0		25				
10			26	2.4			
11			27				
12			28	2.4	· · · · · · · · · · · · · · · · · · ·		
13	1.0		29	2.4			
14 15	1.8		31	1 ·			
15	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

Paul Thompson Printed or Typed Name A7251 License Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003

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See Page 2 for Instructions.

 General Water System Information for the system of the syst	he Month/Year of:	October, 2005		-	
Consecutive System Name: Holiday H	aven			PWS Identificat	tion Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	Transient Non-Co	mmunity	
Number of Service Connections at End of	Month:	127		Total Population Served at End of M	lonth: 381
Consecutive System Owner:	Aqua Utilities	Florida			
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	۲.
Contact Person's Mailing Address:	PO Box 4903	10	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-098	0		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@	aquaamerica.com			

	Distribution System Disinfectant Residual Disinfectant Residual Maintained in Distrib		tober, 2	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	2.2	
2	2.4		18 19		
4			20	1.0	
6			21 22		
7	2.0		23		
8			24	<u>l.4</u>	· · · · · · · · · · · · · · · · · · ·
10	1.6		26		
11 12			27	<u> </u>	
13	2.0		29		
14 15			30	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



See Page 2 for Instructions.

I. General Water System Inform	ation for the Month/Year of:	November, 2005			
Consecutive System Name:	Holiday Haven			PWS Identifica	tion Number: 3354886
Consecutive System Type:	Community	Non-Transient Non-Community	Transient Non-Co	mmunity	
Number of Service Connections	at End of Month:	127		Total Population Served at End of M	Aonth: 381
Consecutive System Owner:	Aqua Utilities	Florida			
Contact Person:	Brian Heath			Contact Person's Title: Area Manage	er
Contact Person's Mailing Addres	ss: PO Box 4903	10	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Nun	nber: (352) 787-098	0		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address	s: <u>beheath@</u>	aquaamerica.com			

ll. Daily	Distribution System Disinfectant Residua	Data for the Month/Year of :	Nov	ember,	2005	
Type of I	ype of Disinfectant Residual Maintained in Distribution System:				Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal C Repair or Maintenance V Taking Water System C Operatio	Work that Involves omponents Out of	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	1.6	
2				18		
-3	1.1			19		
4				20		
5				21	1.6	
7	1.0			22 23	1.4	
8	1.0			23	1.3	
9				25		
10		· · · · · · · · · · · · · · · · · · ·		26		
11	0.8			27		
12				28	1.4	
13				29		
14	1.7			30		
15						
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



See Page 2 for Instructions.

	Water System Information for the Mont	h/Year of: December, 2005						
a sum have ded with a	ve System Name: Holiday Haven					PWS Identification	tion Number: 33548	386
		Community 🚺 Non-Transient Non-Community		Transient Non-Com				
	f Service Connections at End of Month:	127			Total Population Ser	rved at End of M	lonth:	381
	ve System Owner:	Aqua Utilities Florida		·				
Contact Pe		Brian Heath			Contact Person's Tit			7 10
	erson's Mailing Address:	PO Box 490310		City: Leesburg		State: FL	Zip Code: 34	
	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	x Number:	(352) 787-633	33
Contact Pe	erson's E-Mail Address:	beheath@aquaamerica.com	· · · ·			· · · · · · · · · · · · · · · · · · ·		
II. Daily [Distribution System Disinfectant Residua	al Data for the Month/Year of : Dec	ember,	2005				
Type of D	isinfectant Residual Maintained in Distri	ibution System: Free Chlorine		Combined Chlorine	(Chloramines)		Chlorine Dio	tide
		Emergency or Abnormal Operating Conditions;				Emergency	or Abnormal C	perating Conditions
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residu	ual Disinfectant		- ビリール 二氏語 たけがない 一本語	Work that Involves
	Concentration at Remote Point	Taking Water System Components Out of	Day of	しょくかい かかい しためのみなる	at Remote Point		그는 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 많이	omponents Out of
Day of the			the		승규가 좋아? 정말은 것 하는 것 같아?	I aking	Operation Operation	
Month	in Distribution System, mg/L	Operation	Month	in Distribution	n System, mg/L		Operation	511
1	1.5		17					
2			18					
3			19		1			
4	1.2		20	1	.1			
5	1.3		21					······································
7			22	1	.2			
8	1.0		24	ì				
9	1.0		25					
10		· · · · · · · · · · · · · · · · · · ·	26	1	.2			
10			27	··				
12	1.2	- · · · · · · · · · · · · · · · · · · ·	28					
13			. 29	1	.0			
14			30					
15			31	1	.0			
16	1.3		1	·				
			린					

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