

Jungle Den

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 22 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____

COM _____

CTR _____

ECR / _____

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC _____

OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Jungle Den

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	5
March	3	7
April	4	9
May	5	10
June	6	11
July	7	12
August	8	13
September	9	14
October	10	15
November	11	16
December	12	17
Year: 2005		
January	1	18
February	2	19
March	3	20
April	4	21
May	5	22
June	6	23
July	7	24
August	8	25
September	9	26
October	10	27
November	11	28
December	12	29



**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: Jungle Den		PWS Identification Number: 3644127	
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:		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: craiga@florida-water.com			

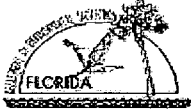
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		January, 2004	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine 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	2.6		17		
2	2.0		18		
3			19	2.2	
4			20	2.0	
5	2.0		21	2.0	
6	2.0		22	2.0	
7	2.2		23	2.1	
8	2.3		24		
9	2.2		25		
10			26	2.3	
11			27	2.2	
12	2.0		28	2.5	
13	2.0		29	2.5	
14	1.8		30	2.4	
15	2.8		31		
16	2.5				

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 _____ Paul Thompson _____
 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:		January, 2004	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</u>	
Consecutive System Owner: <u>Florida Water Services</u>			
Contact Person: <u>Craig Anderson</u>		Contact Person's Title: <u>Vice President Environmental Services</u>	
Contact Person's Mailing Address: <u>P.O. Box 609520</u>		City: <u>Orlando</u>	State: <u>FL</u> Zip Code: <u>32860-9520</u>
Contact Person's Telephone Number: <u>(407) 598-4100</u>		Contact Person's Fax Number: <u>(407) 598-4108</u>	
Contact Person's E-Mail Address: <u>craig@florida-water.com</u>			

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

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	2.6		17		
2	2.0		18		
3			19	2.2	
4			20	2.0	
5	2.0		21	2.0	
6	2.0		22	2.0	
7	2.2		23	2.1	
8	2.3		24		
9	2.2		25		
10			26	2.3	
11			27	2.2	
12	2.0		28	2.5	
13	2.0		29	2.5	
14	1.8		30	2.4	
15	2.8		31		
16	2.5				

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: _____



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: Jungle Den		PWS Identification Number: 3644127	
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: 114		Total Population Served at End of Month: 264	
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: **February, 2004**

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	2.4	
2	2.4		18	2.4	
3	2.2		19	2.8	
4	2.2		20	2.4	
5	2.0		21		
6	2.1		22		
7			23	2.4	
8			24	2.3	
9	2.0		25	2.5	
10	2.2		26	2.4	
11	3.0		27	2.3	
12	2.8		28		
13	2.9		29		
14			30		
15			31		
16	2.5				

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	Paul Thompson Printed or Typed Name	A-7251 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:		February, 2004	
Consecutive System Name:	Jungle Den	PWS Identification Number: 3644127	
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:	114	Total Population Served at End of Month:	264
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:		<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	2.4	
2	2.4		18	2.4	
3	2.2		19	2.8	
4	2.2		20	2.4	
5	2.0		21		
6	2.1		22		
7			23	2.4	
8			24	2.3	
9	2.0		25	2.5	
10	2.2		26	2.4	
11	3.0		27	2.3	
12	2.8		28		
13	2.9		29		
14			30		
15			31		
16	2.5				

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Signature and Date	Paul Thompson Printed or Typed Name	A-7251 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, 2004	
Consecutive System Name: Jungle Den		PWS Identification Number: 3644127	
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:		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: craiga@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: <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	2.5		17	2.4	
2	2.4		18	2.3	
3	2.4		19	2.3	
4	2.3		20		
5	2.4		21		
6			22	2.3	
7			23	2.3	
8	2.3		24	2.4	
9	2.4		25	2.3	
10	2.4		26		
11	2.5		27		
12	2.5		28		
13			29	2.3	
14			30	2.3	
15	2.4		31	2.4	
16	2.3				

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Signature and Date _____

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:		March, 2004	
Consecutive System Name: Jungle Den		PWS Identification Number: 3644127	
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: 114		Total Population Served at End of Month: 264	
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:		March, 2004	
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	2.5		17	2.4	
2	2.4		18	2.3	
3	2.4		19	2.3	
4	2.3		20		
5	2.4		21		
6			22	2.3	
7			23	2.3	
8	2.3		24	2.4	
9	2.4		25	2.3	
10	2.4		26		
11	2.5		27		
12	2.5		28		
13			29	2.3	
14			30	2.3	
15	2.4		31	2.4	
16	2.3				

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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 _____

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:		April, 2004	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</u>	
Consecutive System Owner: <u>Florida Water Services</u>			
Contact Person: <u>Craig Anderson</u>		Contact Person's Title: <u>Vice President Environmental Services</u>	
Contact Person's Mailing Address: <u>P.O. Box 609520</u>		City: <u>Orlando</u>	State: <u>FL</u> Zip Code: <u>32860-9520</u>
Contact Person's Telephone Number: <u>(407) 598-4100</u>		Contact Person's Fax Number: <u>(407) 598-4108</u>	
Contact Person's E-Mail Address: <u>craiga@florida-water.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		April, 2004	
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	2.3		17		
2	2.3		18		
3			19	1.6	
4			20	1.6	
5	2.2		21	1.6	
6	2.2		22	1.6	
7	2.3		23	3.0	
8	2.5		24		
9	2.5		25		
10			26	2.5	
11			27	2.4	
12	1.5		28	2.4	
13	1.5		29	2.3	
14	1.4		30	2.3	
15	1.5		31		
16	1.5				

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.

	Paul Thompson	A-7251
Signature and Date	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, 2004	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</u>	
Consecutive System Owner: <u>Florida Water Services</u>			
Contact Person: <u>Craig Anderson</u>		Contact Person's Title: <u>Vice President Environmental Services</u>	
Contact Person's Mailing Address: <u>P.O. Box 609520</u>		City: <u>Orlando</u>	State: <u>FL</u> Zip Code: <u>32860-9520</u>
Contact Person's Telephone Number: <u>(407) 598-4100</u>		Contact Person's Fax Number: <u>(407) 598-4108</u>	
Contact Person's E-Mail Address: <u>craig@florida-water.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		May, 2004	
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	2.2	
2			18	2.2	
3	2.3		19	2.3	
4	2.0		20	2.1	
5	2.0		21	2.4	
6	2.2		22		
7	2.2		23		
8			24	2.0	
9			25		
10	3.0		26	2.2	
11	2.0		27		
12	2.3		28	2.0	
13	2.2		29		
14	2.3		30		
15			31	2.0	
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.

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

Docket No. 060368-WS

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

Florida

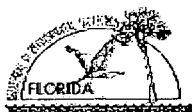
Report Missing:

Monthly Operating Report

Jungle Den

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: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</u>	
Consecutive System Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Michael Fitzgerald</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 732-6027</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>mvfitzgerald@aquaamerica.com</u>			

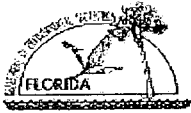
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		July, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

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	2.0		17		
2	2.1		18		
3			19	2.2	
4			20		
5	2.0		21	2.2	
6	2.4		22	2.2	
7	2.2		23	2.2	
8	2.4		24		
9	2.2		25		
10			26	2.0	
11			27	2.1	
12	2.0		28	2.2	
13	2.1		29	2.0	
14			30	2.0	
15	2.2		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
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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, 2004 PWS Identification Number: 3644127

Consecutive System Name: Jungle Den

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

Number of Service Connections at End of Month: 114 Total Population Served at End of Month: 264

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Michael 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@aquaaamerica.com

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

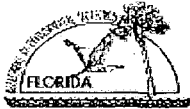
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines)

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	
2	2.0		18	2.0	
3	2.3		19	2.1	
4	2.2		20	2.1	
5	2.0		21		
6	2.0		22		
7			23	2.0	
8			24	2.2	
9	2.0		25	2.0	
10	2.2		26		
11	2.0		27	2.1	
12	2.1		28		
13	2.2		29		
14			30	2.2	
15			31	2.0	
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: _____ 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.

Oct - Sept?

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

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

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

Number of Service Connections at End of Month: 114 Total Population Served at End of Month: 264

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Michael 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	2.0		17		
2	2.0		18		
3	2.1		19		
4			20	2.2	
5			21	1.9	
6	2.0		22	0.8	
7	2.0		23	0.6	
8	2.0		24	0.4	
9	2.1		25		
10	2.2		26		
11			27	0.7	
12			28	1.3	
13	2.5		29	2.0	
14	2.2		30	0.8	
15	2.2		31		
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: _____ 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:		October, 2004	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</u>	
Consecutive System Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Michael Fitzgerald</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 732-6027</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>mvfitzgerald@aquaaamerica.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		October, 2004	
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	1.5		17		
2			18	1.8	
3			19	1.8	
4	1.2		20	2.0	
5	1.5		21	1.8	
6	0.8		22	2.0	
7	0.6		23		
8	0.4		24		
9			25	0.4	
10			26	0.5	
11	1.2		27	2.6	
12	0.5		28	1.8	
13	1.2		29	1.4	
14	1.5		30		
15	1.1		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
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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:		November, 2004	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</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>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 732-6027</u>		Contact Person's Fax Number: <u>(352) 732-3213</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, 2004	
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	2.2		17	0.3	
2	1.4		18	0.4	
3	0.9		19	0.6	
4	0.8		20		
5	0.8		21		
6			22	0.4	
7			23	0.3	
8	0.4		24	0.5	
9	0.5		25	0.2	
10	0.4		26	0.3	
11	0.4		27		
12	0.4		28		
13			29	0.2	
14			30	0.2	
15	0.3		31		
16	0.2				

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.

	Mark March	C-8287
Signature and Date	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:		December, 2004	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</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>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 732-6027</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		December, 2004	
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	0.4		17	0.4	
2	0.8		18		
3	1.0		19		
4			20	0.4	
5			21	0.5	
6	1.2		22	0.4	
7	1.0		23	0.4	
8	1.2		24	0.5	
9	1.0		25		
10	0.6		26		
11			27	0.4	
12			28		
13	0.6		29	0.6	
14	0.4		30	1.2	
15	0.4		31	0.6	
16	0.3				

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.

	Mark March	C8287
Signature and Date	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:		January, 2005	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>114</u>		Total Population Served at End of Month: <u>264</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@aquaamerica.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		January, 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	2.5	
2			18	2.4	
3	0.5		19	2.4	
4	0.5		20	2.5	
5	0.7		21	2.4	
6			22		
7	1.8		23		
8			24	2.6	
9			25	2.4	
10	2.0		26	2.4	
11	0.9		27		
12			28	2.4	
13	0.8		29		
14	1.0		30		
15			31	2.1	
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.

	Paul Thompson	A7251
Signature and Date	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: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>115</u>		Total Population Served at End of Month: <u>403</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@aquaamerica.com</u>			

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	2.2		17	2.2	
2	2.2		18	2.2	
3	2.4		19		
4	2.4		20		
5			21	2.0	
6			22	1.8	
7	2.4		23	1.8	
8	2.4		24	1.8	
9	2.6		25		
10	2.4		26		
11	1.8		27		
12			28	2.0	
13			29		
14	1.6		30		
15	1.8		31		
16	2.1				

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.

	Paul Thompson	A7251
Signature and Date	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:		March, 2005	
Consecutive System Name:	Jungle Den	PWS Identification Number:	3644127
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:	115	Total Population Served at End of Month:	403
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:		March, 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	2.0		17	0.8	
2	1.4		18	0.7	
3	1.8		19		
4	1.8		20		
5			21	0.7	
6			22		
7	0.8		23	0.4	
8	0.7		24	0.4	
9	1.2		25	0.4	
10	2.0		26		
11	1.7		27		
12			28	0.2	
13			29		
14	0.8		30	0.8	
15			31	1.0	
16	1.0				

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	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:		April, 2005	
Consecutive System Name: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>115</u>		Total Population Served at End of Month: <u>403</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@aquaamerica.com</u>			

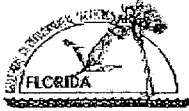
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		April, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

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	1.0		17		
2			18	0.4	
3			19		
4	0.5		20	0.4	
5			21		
6	0.8		22	0.4	
7			23		
8	0.8		24		
9			25	1.5	
10			26		
11	1.1		27	1.8	
12			28		
13	1.3		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	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:		May, 2005	
Consecutive System Name:	Jungle Den	PWS Identification Number: 3644127	
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:	115	Total Population Served at End of Month:	403
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		

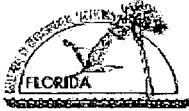
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		May, 2005	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		

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	1.3	
3			19		
4	0.7		20	1.3	
5			21		
6	0.5		22		
7			23	1.2	
8			24		
9	0.6		25	1.4	
10			26		
11	0.6		27	1.2	
12			28		
13	0.5		29		
14			30		
15			31	1.8	
16	0.6				

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
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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:		June, 2005	
Consecutive System Name:	Jungle Den	PWS Identification Number: 3644127	
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:	115	Total Population Served at End of Month:	403
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	1.8		17		
2			18		
3	2.2		19		
4			20	0.8	
5			21		
6	2.0		22		
7			23	1.0	
8	0.8		24		
9			25		
10	1.3		26		
11			27	1.3	
12			28		
13	1.4		29		
14			30		
15			31		
16	1.5				

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	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: Jungle Den		PWS Identification Number: 3644127	
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: 115		Total Population Served at End of Month: 403	
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:		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	1.0		17		
2			18	1.5	
3			19		
4			20	1.0	
5	2.1		21		
6			22	1.3	
7	2.1		23		
8	1.8		24		
9			25		
10			26	1.5	
11			27	1.0	
12	2.1		28		
13			29	1.2	
14			30		
15	2.1		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 Total Flow: 186,872
 Monthly Average: 6,028

DEP Form 62-555 900(4)
 Effective August 28, 2003



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: Jungle Den		PWS Identification Number: 3644127	
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: 115		Total Population Served at End of Month: 230	
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:		August, 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	1.2		17	0.5	
2			18		
3	1.0		19	0.3	
4			20		
5	1.1		21		
6			22	0.4	
7			23		
8	1.0		24	0.5	
9			25		
10			26	0.5	
11	1.2		27		
12			28		
13	1.4		29	0.3	
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	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: 152,165
 Monthly Average: 4,909



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: <u>Jungle Den</u>		PWS Identification Number: <u>3644127</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>115</u>		Total Population Served at End of Month: <u>230</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:		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			

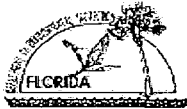
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at 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	0.5		17		
2	0.7		18		
3	0.9		19		
4			20		
5	1.2		21	1.3	
6			22		9/22 - 9/26 The town of Astor had a main break
7			23	1.2	
8			24		
9	1.0		25		
10			26	2.2	
11			27		
12			28		
13			29	1.8	
14	1.2		30		
15	1.3		31		
16	1.5				

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	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **120,505**
 Monthly Average: **3,887**



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:	Jungle Den	PWS Identification Number:	3644127
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:	115	Total Population Served at End of Month:	230
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:		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	2.0	
2			18		
3	0.4		19		
4			20	1.6	
5	2.0		21		
6			22		
7	2.2		23		
8			24	1.4	
9			25		
10	1.2		26		
11			27	1.2	
12			28	1.2	
13	1.4		29		
14			30		
15			31	1.4	
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	<u>Paul Thompson</u> Printed or Typed Name	<u>A7251</u> License Number or Title
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Monthly Total Flow: 151,278
 Monthly Average: 4,880



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: Jungle Den		PWS Identification Number: 3644127	
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: 115		Total Population Served at End of Month: 230	
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:		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	1.2		17	1.4	
2			18		
3	1.0		19		
4			20		
5			21	1.3	
6			22		
7	1.3		23	1.4	
8			24	1.4	
9			25		
10	1.1		26		
11			27		
12			28	1.2	
13			29		
14	1.3		30		
15			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 Total Flow: 152,022
 Monthly Average: 4,904

DEP Form 62-555 900(4)
 Effective August 28, 2003



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:	Jungle Den	PWS Identification Number: 3644127	
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:	115	Total Population Served at End of Month:	230
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	1.4		17		
2			18		
3			19	1.2	
4			20		
5	1.2		21		
6	0.8		22		
7			23	1.0	
8	0.9		24		
9			25		
10			26	1.4	
11			27		
12	1.1		28		
13			29	1.2	
14			30		
15			31	1.2	
16	1.0				

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	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: 185,925
 Monthly Average: 5,998