

Jungle Den

Docket No. 060368-WS

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

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Monthly Operating Reports	SEC
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Aqua Utilities Florida, Inc.

Aqua Utilities Florida, Inc. Monthly Operating Reports

Jungle Den

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Year: 2004		
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Year: 2005		
January	1	18
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Canada Septem Type Canada Can	1. Genera	Water System Information for the Mont	th/Year of: January, 2004			
Number Service Connections at End of Montes Service Connections at End of Montes Service Connections at End of Montes Service Connection at End of Montes Service Connections at End of Montes Service Connections at End of Montes Service Connection at End of Montes Service Connecticutions at End of Montes Service Connecticutions at End of Montes Service Connecticutions at End of Montes Service Connecticution at End of Montes Service Connecticutions at End of Montes Service Connecticution a	Consecuti	ve System Name: Jungle Den				PWS Identification Number: 3644127
Contact Person Found Marker Service Contact Person	Consecuti	ve System Type:	Community Non-Transient Non-Community		Transient Non-Community	
Contact Provincy Mailing Addres Pose 699520 Pose					Total Population Ser	ved at End of Month:
Contact Person's Mailing Address P.O. Box 699/520 (197) 598-4100	Consecuti	ve System Owner:	Florida Water Services			
Contact Person's Telephone Number (407) 598-4106 Contact Person's Fax Number (407) 598-4108 Contact Person's Eak Person's			Craig Anderson		Contact Person's Titl	e: Vice President Environmental Services
Type of Distribution System Disinfectant Residual Maintained in Distribution System: Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation in Distribution System, mg/L Concentration at Remote Point in Distribution System, mg/L Concentration at Remote	Contact P	erson's Telephone Number:			Contact Person's Fax	Number: (407) 598-4108
Type of Districtant Residual Maintained in Distribution System; Pre Chlorine Pre Chlorine C	Contact P	erson's E-Mail Address:	craiga@florida-water.com			
Type of Districtant Residual Maintained in Distribution System: Fig. Free Chlorine Fig. F	II. Daily	Distribution System Disinfectant Residua	al Data for the Month/Year of: Jan	nuary, 2	004	
Lowest Residual Disinfectant Concentration at Remote Point Concentration at Remote Point Taking Water System Components Out of the in Distribution System, mg/L Concentration at Remote Point Taking Water System Components Out of the in Distribution System, mg/L Concentration at Remote Point Taking Water System Components Out of the in Distribution System, mg/L Operation	Type of D	isinfectant Residual Maintained in Distr	ibution System: Free Chlorine			Chlorine Dioxide
Lowest Residual Disinfectant Concentration at Remote Point Concentration at Remote Point Taking Water System Components Out of the in Distribution System, mg/L Concentration at Remote Point Taking Water System Components Out of the in Distribution System, mg/L Concentration at Remote Point Taking Water System Components Out of the in Distribution System, mg/L Operation			Emergency or Abnormal Operating Conditions:			Emergency or Abnormal Operating Conditions:
Concentration at Remote Point Module Modul		Lowest Residual Disinfectant		1	Lawast Pasidual Disinfactant	
Month in Distribution System, mg/L Operation Month in Distribution System, mg/L Operation 1			그리는 그는 그는 얼마나는 그는 그는 그들은 그들은 그들은 그들은 그들은 그들은 그들은 그들은 그들은 그를 보고 있다.	Day of		[17] 하고 생 그 생활[基本] 본 기본 기계 본 환경을 가득하는 사람들이 가지 않는 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다.
1			세계 다른 그는 전에 가는 그는 작업을 하는 사람들이 가지 않는 것이 되었다. 그는 사람들이 되었다.		1、12、1、12、12、12、12、12、12、12、12、12、12、12、	[20] 이번 하늘의 시민생생들에게 된 선생님의 소리를 보는 것으로 보고 있는 것이다.
18			Operation	Month	in Distribution System, mg/L	Operation
19 2.2 2.0				17		
A		2.0				
1		TV-E-10-10-10-10-10-10-10-10-10-10-10-10-10-		1		
1						
7						
R		7.00				
10 25 26 2.3 27 2.2 28 2.5 29 2.5		*			2.1	
10 26 2.3						
11 27 2.2 2.0 28 2.5 2.5 2.1 2.0 29 2.5 2.4 2.1	7	2.2		ł		
12 2.0 28 2.5 29 2.5						
13 2.0 2.5 3.0 2.4 1.8 3.0 2.4 1.5 2.8 3.1 2.4 1.8 1.6 2.5 3.1 2.4 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8 1.8						
18 30 2.4				1		
15 2.8 31 31 31 31 31 31 31 31 31 31 31 31 31				2.7 27		
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. Paul Thompson				1	2.4	
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	4.7.			21	I	
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	10	2.3		<u>Jj</u>		
knowledge and belief. Paul Thompson	III. Certif	cation by Authorized Representative				
			f the consecutive system identified in Part I on this report. I cer	tify that ti	ne information provided in this report is tru	ue and accurate to the best of my
			Paul Thompson			
	Signature	and Date	Printed or Typed Na	ime		License Number or Title



See	Page	2	for	Instructions.
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See Page	2 for Instructions.						
I. Gener	al Water System Information for the Montl	n/Year of:	fanuary, 2004				
Consecu	ive System Name: Jungle Den					PWS Identification	Number: 3644127
Сопѕеси	tive System Type:	Community Non-Transie	ent Non-Community		Transient Non-Community		
Number	of Service Connections at End of Month:	114			Total Population Ser	ved at End of Montl	h: 264
Consecu	ive System Owner:	Florida Water Services					
Contact 1		Craig Anderson			·		nvironmental Services
	Person's Mailing Address:	P.O. Box 609520				State: FL	Zip Code: 32860-9520
		(407) 598-4100			Contact Person's Fax	Number:	(407) 598-4108
Contact 1	Person's E-Mail Address:	craiga@florida-water.co	<u>m</u>				
	Distribution System Disinfectant Residua		Jar	uary, 2			·
Type of I	Disinfectant Residual Maintained in Distri	oution System:	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergency or Abnormal	Operating Conditions;	54 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Emergency or	Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance	Work that Involves	5# 1 	Lowest Residual Disinfectant	Repair or M	laintenance Work that Involves
.	Concentration at Remote Point	Taking Water System	and the second of the second o	Day of	Concentration at Remote Point	The state of the second st	ter System Components Out of
Day of the Month	in Distribution System, mg/L	Operat		the Month	in Distribution System, mg/L		Operation
-		Operat	ion	A 7	in Distribution System, mgL		Operation
1	2.6			17			
2	2.0			18	2.2		
3				20	2.0		
4 5	3.0			20	2.0		
6.	2.0			22	2.0		
7	2.0			23	2.1	<u>-</u>	***************************************
8	2.3			24	4.1		
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						
				<u> </u>			· · · · · · · · · · · · · · · · · · ·
III. Certi	fication by Authorized Representative						
							he heat of my
	authorized to sign this report on behalf of	the consecutive system identified	In Part I on this report. I ce	rtify that t	ne information provided in this report is tr	ue and accurate to the	ne best of my
knowied	ge and belief.						
			Paul Thompson				
Cianat	and Data		Printed or Typed Na			-	License Number or Title
Signature	e and Date		rimed or Typed Na	шис			



See Page	2 for Instructions.					•	·	
l. Genera	Water System Information for the Mon	th/Year of:	February, 2004					
Consecuti	ve System Name: Jungle Den					PWS Identification	on Number: 3644127	
Consecuti	ve System Type:	Community	Non-Transient Non-Community		Transient Non-Community			
Number o	f Service Connections at End of Month:		114		Total Population Se	rved at End of Mor	nth: 264	
Consecuti	ve System Owner:	Florida Water	Services					
Contact P		Craig Anderso	on		Contact Person's Ti	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) 598-410	00		Contact Person's Fa	x Number:	(407) 598-4108	
Contact P	erson's E-Mail Address:	craiga@flo	orida-water.com					
II. Daily	Distribution System Disinfectant Residu	al Data for the N	Month/Year of: Feb	ruary,	2004			
	isinfectant Residual Maintained in Distr				Combined Chlorine (Chloramines)	j.	Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair	y or Abnormal Operating Conditions; or Maintenance Work that Involves Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 2.4	Repair or	or Abnormal Operating Condition Maintenance Work that Involve Vater System Components Out of Operation	S
: I	2.4			17 18	2.4			
2	2.4		77 CMP - AMP - MA P - MP - MP - MP - MP - MP	18	2.8			
3	2.2			20	2.8			
4 5	2.2		1-05 (c)	20	2.4			
	2.0			22			Marrie Ma	
7	Z.1			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							
		<u>.</u>		<u>.</u>				
I am duly	ication by Authorized Representative authorized to sign this report on behalf of and belief.	of the consecutiv	we system identified in Part I on this report. I ce	rtify that t	he information provided in this report is t	rue and accurate to	o the best of my	
			Paul Thompson				A-7251	
Signature	and Date		Printed or Typed N	ame		_	License Number or Title	



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See	rage	L	Ior	Insti	ructions.

See Page 2 for I	nstructions.						
I. General Water	System Information for the Mon	th/Year of:	ebruary, 2004				
Consecutive Syst						PWS Identification Number	: 3644127
Consecutive Syst		Community Non-Transic	ent Non-Community		Transient Non-Community		
Number of Servi	ce Connections at End of Month:	114			Total Population Ser	ved at End of Month:	264
Consecutive Syst	tem Owner:	Florida Water Services					
Contact Person:		Craig Anderson				e: Vice President Environm	
	Mailing Address:	P.O. Box 609520					ode: 32860-9520
	Telephone Number:	(407) 598-4100			Contact Person's Fax	Number: (407)	598-4108
Contact Person's	E-Mail Address:	craiga@florida-water.co	<u>m</u>				
II. Daily Distrib	ution System Disinfectant Residu	al Data for the Month/Year of	Feb	ruary, 2	2004		
	tant Residual Maintained in Distr		Free Chlorine		Combined Chlorine (Chloramines)	☐ Chlori	ne Dioxide
		Emergency or Abnormal	Operating Conditions			- Emergency or Abnor	mal Operating Conditions;
1 00	vest Residual Disinfectant	Repair or Maintenance			Lowest Residual Disinfectant		ance Work that Involves
			一种有效的 医二氏原染 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Day of	그는 사람들은 사람들이 가장 하셨다면 하는 사람들이 가득하고 있다면 되었다.		tem Components Out of
pray or the	centration at Remote Point	Taking Water System		the	Concentration at Remote Point		Mary 16, 1991 (4, 1994) 1 1 1 1 1 1 1 1 1
Month in I	Distribution System, mg/L	Operat	tion	Month	in Distribution System, mg/L		peration
v: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 26	2.5		
10	3.0			27	2.3		
11	2.8			28	2.5		
13	2.9			29			
-14	2.7			30			
15				31			
16	2.5					 	
	2.3			<u> </u>			
III. Certification	by Authorized Representative				·		
		of the consecutive system identified	I in Part I on this report. I cer	rtify that tl	ne information provided in this report is tr	ue and accurate to the best of	ıf my
knowledge and b	elief.						
			Paul Thompson			A-725	i
Signature and Da	ite		Printed or Typed Na	ame		Licens	se Number or Title



See Page	2 for Instructions.							
I. Genera	al Water System Information for the Mon	th/Year of:	Ma	rch, 2004				
Consecut	ive System Name: Jungle Den						PWS Identification	on Number: 3644127
Consecut	ive System Type:	Community	Non-Transient N	on-Community		Transient Non-Community		
Number	of Service Connections at End of Month:					Total Population Se	rved at End of Mo	nth:
Consecut	ive System Owner:	Florida Water	Services					
Contact 1		Craig Anders				Contact Person's Ti		Environmental Services
	Person's Mailing Address:	P.O. Box 609				City: Orlando	State: FL	Zip Code: 32860-9520
Contact I	Person's Telephone Number:	(407) 598-410				Contact Person's Fa	x Number:	(407) 598-4108
Contact I	Person's E-Mail Address:	craiga@fl	orida-water.com					
Il Daily	Distribution System Disinfectant Residu	al Data for the i	Month/Year of	M	arch, 20	004		
	Disinfectant Residual Maintained in Distr			Free Chlorine		Combined Chlorine (Chloramines)	Ţ	Chlorine Dioxide
		Emergenc	y or Abnormal Ope	rating Conditions			Emergency	or Abnormal Operating Conditions;
	Lowest Residual Disinfectant		or Maintenance Wo			Lowest Residual Disinfectant		Maintenance Work that Involves
					Day of		A Company of the Comp	- 1.1 (1985年1995年) - 1.1 (1985年) - 1.1 (1985404) - 1.1 (1985404) - 1.1 (1985404) - 1.1 (1985404) - 1.1 (1985404) - 1.1 (1985404) - 1.1 (1985
Day of the	Concentration at Remote Point	lakıng	Water System Con	nponents Out of	the	Concentration at Remote Point	l aking w	ater System Components Out of
Month	in Distribution System, mg/L		Operation		Month	in Distribution System, mg/L		Operation
1	2.5				17	2.4	<u> </u>	
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	<u> </u>			31	2.4		
16	2.3	<u> </u>			}}		e .	
III. Certi	fication by Authorized Representative							
l am duly	authorized to sign this report on behalf of	of the consecutiv	ve system identified in P	art I on this report. I cer	rtify that t	ne information provided in this report is t	rue and accurate to	the best of my
	e and belief.			•				
							_	
Signature	and Date			Printed or Typed Na	ame			License Number or Title



See	Page	2	for	Instructions

See Page	2 for Instructions.					
I. Genera	l Water System Information for the Montl	h/Year of: March, 2004				
	ve System Name: Jungle Den				PWS Identification Number	: 3644127
		Community Non-Transient Non-Community		Transient Non-Community		
Number of	of Service Connections at End of Month:	114		Total Population Ser	rved at End of Month:	264
		Florida Water Services				
Contact P		Craig Anderson		Contact Person's Tit	le: Vice President Environme	
		P.O. Box 609520		City: Orlando	<u> </u>	de: 32860-9520
Contact P	erson's Telephone Number:	(407) 598-4100		Contact Person's Fax	x Number: (407) 5	598-4108
Contact P	erson's E-Mail Address:	craiga@florida-water.com		A		
	Distribution System Disinfectant Residua		arch, 20	004		
Type of D	Pisinfectant Residual Maintained in Distri	bution System: Free Chlorine		Combined Chlorine (Chloramines)	☐ Chlori	ne Dioxide
	Lowest Residual Disinfectant	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves		Lowest Residual Disinfectant		mal Operating Conditions; ance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out of	Day of the	Concentration at Remote Point	Taking Water Sys	tem Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	O	peration
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]			
III. Certif	ication by Authorized Representative					
I am duly		f the consecutive system identified in Part I on this report. I ce	rtify that t	he information provided in this report is tr	ue and accurate to the best o	f my
Signature	and Date	Printed or Typed N	ame		Licens	e Number or Title



See	Page	2	for	Instructions.
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See Page	2 for Instructions.					
I. Genera	Water System Information for the Mon	th/Year of: April, 2004				
Consecuti	ve System Name: Jungle Den				PWS Identification	Number: 3644127
		Community Non-Transient Non-Community		Transient Non-Community		
Number o	f Service Connections at End of Month:	114		Total Population Se	erved at End of Month	1: 264
Consecuti	ve System Owner:	Florida Water Services				
Contact P	<u> </u>	Craig Anderson				nvironmental Services
	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 Residu	al Data for the Month/Year of:	pril, 20	04		
Type of D	isinfectant Residual Maintained in Dist	ribution System: Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergency or Abnormal Operating Conditions;	75 TO 100		Emergency or	Abnormal Operating Conditions;
- T	Till A Designation of the size.			Lowest Residual Disinfectant	4. TELL SERVICE	aintenance Work that Involves
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of			
Day of the	Concentration at Remote Point	그는 그는 그를 다 하는 그는 작가 없는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	the	Concentration at Remote Point	l aking wai	ter System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L		Operation
4	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		
1.1			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 Certit	ication by Authorized Representative					
I am duly		of the consecutive system identified in Part I on this report. I cer	rtify that t	he information provided in this report is t	rue and accurate to the	ne best of my
		Paul Thompson				A-7251
Signature	and Date	Printed or Typed Na	ame		-	License Number or Title



	-		
See	Page	2 for	Instructions.

See Page 2 for Instructions.			
General Water System Information for the Month/Year of: May, 2004			
Consecutive System Name: Jungle Den		PWS Identific	cation Number: 3644127
Consecutive System Type:	Transient Non-Comr	nunity	
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 Presid	
Contact Person's Mailing Address: P.O. Box 609520	City: Orlando	State: FL	Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number:	(407) 598-4108
Contact Person's E-Mail Address: craiga@florida-water.com			
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of :	May, 2004		
Type of Disinfectant Residual Maintained in Distribution System:	Combined Chlorine	(Chloramines)	Chlorine Dioxide
Emergency or Abnormal Operating Condition	ns:	Emergen	cy or Abnormal Operating Conditions;
Lowest Residual Disinfectant Repair or Maintenance Work that Involves		보이 되어야 하는 그 그 이 생물을 하는 것이다. 그는 이 없는 사람이 없을 때가다.	or Maintenance Work that Involves
Concentration at Paragraph Point Taking Water System Components Out of		- P. P. P. M. E. M. B. M. B. M.	Water System Components Out of
Day of the		Mark Market Control of the Control o	하시는 사람들은 사람들이 되는 것이 없는 사람들이 가장 살아 있는 사람들이 점점되어 점점
Month in Distribution System, mg/L Operation	Month in Distribution		Operation
	17 2.		
2	18 2		
2.3	19 2		
2.0	20 2.		
5 2.0	21 2.	4	
6 22	22		
2.2	23 24 2.0	0	
9	25 25	0	
· 10 3.0	26 2	7	
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			
to the control of the first co	The said of the said of the said	and to this you set in town and a course	to to the heat of my
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. knowledge and belief.	i certify that the information provid	ed in this report is true and accura	ic to the oest of my
Paul Thompson	- I		A-7251
Signature and Date Printed or Type	d 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.



	2 for Instructions. Water System Information for the Montl	Near of	July, 2004				
	ve System Name: Jungle Den	ii real or.	0419, 2001			PWS Identificatio	n Number: 3644127
		Community	Non-Transient Non-Community		Transient Non-Community		
	f Service Connections at End of Month:		114		Total Population Ser	ved at End of Mor	nth: 264
Consecuti	ve System Owner:	Aqua Utilities Florid	la .				
Contact P	erson:	Michael Fitzgerald			Contact Person's Titl	e: Area Manager	
Contact P	erson's Mailing Address:	1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Contact P	erson's Telephone Number:	(352) 732-6027			Contact Person's Fax	Number:	(352) 732-3213
Contact P	erson's E-Mail Address:	mvfitzgerald@	aquaamerica.com				
L Daily	Distribution System Disinfectant Residua	L Data for the Month	/Year of:	uly, 20(14		
	isinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Parallel and the same and the same				Tmoromaco	r Abnormal Operating Conditions;
		and the second s	Abnormal Operating Conditions;				
1	Lowest Residual Disinfectant		aintenance Work that Involves	Day of	Lowest Residual Disinfectant		Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Wat	er System Components Out of	the	Concentration at Remote Point	Taking W	ater System Components Out of
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L	i	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 25			
10	lo.L.	- N		26	2.0		. 70
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							
II. Certii	ication by Authorized Representative						
		the consecutive syst	em identified in Part I on this report. I cer	tify that t	ne information provided in this report is tr	ue and accurate to	the best of my
nowledge	e and belief.						
			Mark March			•	C-8287
Sionature	and Date		Printed or Typed Na	e			License Number or Title
лыши	and Date		1				



	Water System Information for the Month	/Year of: August, 2004			PWS Identification Number: 3644127
	ve System Name: Jungle Den		7	Transient Non-Community	1 Wo Identification 1 amount
		Community Non-Transient Non-Community	1.11		erved at End of Month: 264
	f Service Connections at End of Month:	114		Total Fopulation 50	The de Died of the
		Aqua Utilities Florida		Contact Person's T	tle: Area Manager
Contact Pe		Michael Fitzgerald		City: Ocala	State: FL Zip Code: 34470
	V150115 111411115	1343 NE 17th Road		Contact Person's Fa	
	erson's Telephone Number:	(352) 732-6027		Contact 1 ciscus 1	
Contact Po	erson's E-Mail Address:	mvfitzgerald@aquaamerica.com			
I Daily I	Distribution System Disinfectant Residua	Data for the Month/Year of:	Lugust, 2	004	
Type of D	isinfectant Residual Maintained in Distri	bution System: Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide
- T		Emergency or Abnormal Operating Conditions			Emergency or Abnormal Operating Conditions
			' *#*****	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of	Concentration at Remote Point	되는 그 그는 그리고 된다. 그는 그는 가는 그를 만나지고 하는 목록함께 되어 살아 살아 살아 했다.
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	1 :	Operation
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	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	2.1	
11	2.0		27	2.1	
12	2.1		28-		
13	2.2		30	2.2	
14			31	2.0	
15			7100		
16	2.0				
III - Cii	Ending he Authorized Depresentative				
	lication by Authorized Representative				
l am dulv	authorized to sign this report on behalf o	f 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
knowledg	e and belief.				
					C-8287
		Mark March			C-0201
		Printed or Typed			License Number or Title



See Page 2 for Instructions.					TO TO		
I. General Water System Inform	ation for the Month/Yes	ar of:	July, 2004				
	Jungle Den					PWS Identification Nu	nber: 3644127
Consecutive System Type:	⊡ Con	nmunity Non-Transi	ent Non-Community		Transient Non-Community		
Number of Service Connections		114			Total Population S	erved at End of Month:	264
Consecutive System Owner:		a Utilities Florida					
Contact Person:		hael Fitzgerald				itle: Area Manager	
Contact Person's Mailing Address		3 NE 17th Road			City: Ocala		p Code: 34470
Contact Person's Telephone Nun		(352) 732-6027			Contact Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mail Address	s: <u>mv</u>	fitzgerald@aquaame	rica.com				
II. Daily Distribution System Di	sinfectant Residual Dat	a for the Month/Year of:		uly, 200			
Type of Disinfectant Residual M	laintained in Distributio	n System:	Free Chlorine		Combined Chlorine (Chloramines)		lorine Dioxide
	Er	mergency or Abnormal	Operating Conditions;	1 57 - 1	경화 경화에 하는 것으로 그 등을 모르는 것이 말하게 하는 것으로 있다. 	Emergency or Ab	normal Operating Conditions;
Lowest Residual	the figure of the first of the	Repair or Maintenance			Lowest Residual Disinfectant	(1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	tenance Work that Involves
Day of the Concentration at	and the second s	Taking Water System	and the first the fight of the control of the settlement	Day of	Concentration at Remote Point		System Components Out of
Month in Distribution S		Opera		the Month	in Distribution System, mg/L	Turing Turion	Operation
1 2.0	, jotem, mg 2	ороги	NOR .	17	in Distribution System, mg/L		Opolation
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			
1 FI		· · · · · · · · · · · · · · · · · · ·		27	0.7		
12.				.28	1.3		
13 2.5			APP and approximately	29	2.0		
14 22				30	0.8		
15 2.2				31			
2.2				<u>l</u>			
III. Certification by Authorized I	Representative	· · · · · · · · · · · · · · · · · · ·					
		consecutive system identified	in Part I on this report. I cer	tify that th	e information provided in this report is	true and accurate to the be	est of my
_			Mark March			· C-	8287
Signature and Date			Printed or Typed Na	me		Li	cense Number or Title



See	Page	2	for	Instr	uctions.

See Page	2 for Instructions.	<u> </u>				
1. Genera	Water System Information for the Montl	1/Year of: October, 2004				
Consecuti	ve System Name: Jungle Den				PWS Identification N	umber: 3644127
		Community Non-Transient Non-Community	51	Transient Non-Community		
Number o	f Service Connections at End of Month:	114		Total Population Ser	ved at End of Month:	264
Consecuti	ve System Owner:	Aqua Utilities Florida				
Contact P		Michael Fitzgerald		Contact Person's Tit	le: Area Manager	
		1343 NE 17th Road				Zip Code: 34470
Contact P	erson's Telephone Number:	(352) 732-6027		Contact Person's Fax	Number:	(352) 732-3213
Contact P	erson's E-Mail Address:	mvfitzgerald@aquaamerica.com		·		
ll. Daily	Distribution System Disinfectant Residua	Data for the Month/Year of: Oc	tober, 2			
Type of D	isinfectant Residual Maintained in Distri	bution System: Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair or Mai	bnormal Operating Conditions; intenance Work that Involves r System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L		Operation
1	1.5		17		4.000 may 4.000 may 5.000 may 5	
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	I.1		31			
16						
III . Ci0			_			
I am duly	ication by Authorized Representative authorized to sign this report on behalf of and belief.	the consecutive system identified in Part I on this report. I ce	rtify that th	he information provided in this report is tr	ue and accurate to the	best of my
		Mark March			` (C-8287
Signature	and Date	Printed or Typed N	ame		Ī	License Number or Title



Anatom Company	- Company of the Comp								
	2 for Instructions.		N1 2004						
	Water System Information for the Mont ive System Name: Jungle Den	h/Year of:	November, 2004				PWS Identification	Number: 3644127	
		Community	Non-Transient Non-Community	F1	Transient Non-Com		r ws identification	Number: 3044127	
	of Service Connections at End of Month:	Community	114	14	Transient Non-Cont	Total Population Ser	ved at End of Month	264	4
	ive System Owner:	Aqua Utilities				Total Topulation Ser	TOO BE BING OF THOMA		
Contact F		Brian Heath	1101100			Contact Person's Titl	le: Area Manager		
	erson's Mailing Address:	1343 NE 17th	Road		City: Ocala	J	State: FL	Zip Code: 34470	
Contact F	Person's Telephone Number:	(352) 732	2-6027			Contact Person's Fax	Number:	(352) 732-3213	
Contact F	Person's E-Mail Address:	beheath@	aquaamerica.com			J			
II Daily	Distribution System Disinfectant Residua	l Data for the l	Month/Year of: Nov	ember,	2004				
	Disinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine	(Chloramines)		Chlorine Dioxide	
		Emergeno	y or Abnormal Operating Conditions;				Emergency or	Abnormal Operating	Conditions;
	Lowest Residual Disinfectant		or Maintenance Work that Involves		Lowest Residu	ual Disinfectant	Repair or M	aintenance Work tha	it Involves
	Concentration at Remote Point	1	Water System Components Out of	Day of	Concentration	at Remote Point		ter System Componer	
Day of the Month	in Distribution System, mg/L	1 4444	Operation	the Month		n System, mg/L		Operation	
1	2.2		Operation	17		3	1.00 - 1.00 - 1.00 - 1.00	<u>/</u>	**************************************
2	1.4			18		0.4			
$\frac{2}{3}$	0.9			19		0.6			
4	0,8			20					
5	0.8			21					
6			2. 8	22	0	.4			
7		1	• *	23	0	1.3			
8	0.4			24		1.5			
9	0.5	ļ		25		0.2			
10	0.4			26	0	0.3			
11	0.4			27					
12	0.4	 		29		1.2			
13				30		0.2			
15	0.3			31					
16	0.2				<u> </u>				
				4					

III. Certi	fication	ov Aut	horized R	epresentat	tive
------------	----------	--------	-----------	------------	------

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



See	Page	7	for	Inct	uctions.
Sec	IAKL	4	101	THEFT	ucuons.

See Page	2 for Instructions.								
I. Genera	Water System Information for the Month	n/Year of:	December, 2004						
Consecuti	ve System Name: Jungle Den						PWS Identification	on Number: 3644127	
Consecuti	ve System Type:	Community Nor	-Transient Non-Community		Transient Non-Cor	nmunity			
Number o	f Service Connections at End of Month:	114				Total Population Ser	ved at End of Mo	1th: 26	54
	A CONTRACT OF THE PARTY OF THE	Aqua Utilities Florida							
Contact P		Brian Heath				Contact Person's Tit	le: Area Manager		
		1343 NE 17th Road			City: Ocala		State: FL	Zip Code: 34470	
	erson's Telephone Number:	(352) 732-6027				Contact Person's Fax	Number:	(352) 732-3213	
Contact P	erson's E-Mail Address:	beheath@aquaam	nerica.com						
	Distribution System Disinfectant Residua		of: Dec	ember,					
Type of D	isinfectant Residual Maintained in Distril	bution System:	Free Chlorine		Combined Chlorin	e (Chloramines)	r	Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or Mainte Taking Water S	ormal Operating Conditions; enance Work that Involves ystem Components Out of Operation	Day of the Month	Concentration	lual Disinfectant at Remote Point on System, mg/L	Repair or	or Abnormal Operatin Maintenance Work th ater System Compone Operation	at Involves
1	0.4			17		0.4			A Commence of the Commence of the
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	1	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. Cartif	ication by Authorized Representative			_					
I am duly	authorized to sign this report on behalf of e and belief.	the consecutive system is		rtify that t	he information prov	ided in this report is tr	ue and accurate to		
			Mark March					C8287 License Number or Titl	·
Signature	and Date		Printed or Typed Na	ame				License Number of Tit	ıc



See Page	2 for Instructions.						
I. Genera	l Water System Information for the Mont	h/Year of:	January, 2005				
Consecut	ive System Name: Jungle Den					PWS Identification	Number: 3644127
Consecut	ive System Type:	Community	Non-Transient Non-Community		Transient Non-Community		
	of Service Connections at End of Month:		114		Total Population	Served at End of Month	1: 264
	ive System Owner:	Aqua Utilities	Florida				
Contact P		Brian Heath			Contact Person's	Title: Area Manager	
	erson's Mailing Address:	PO Box 4903			City: Leesburg		Zip Code: 34749
	erson's Telephone Number:	(352) 787-098	·		Contact Person's	Fax Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@	aquaamerica.com				
II. Daily	Distribution System Disinfectant Residua	al Data for the N	Month/Year of: Jan	nuary, 2	005	1.000	
Type of I	Disinfectant Residual Maintained in Distri	ibution System:	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergenc	y or Abnormal Operating Conditions;			Emergency or	Abnormal Operating Conditions;
	Lowest Residual Disinfectant		or Maintenance Work that Involves		Lowest Residual Disinfectar		aintenance Work that Involves
	Concentration at Remote Point		Water System Components Out of	Day of	Concentration at Remote Po		er System Components Out of
Day of the		Taking	그는 그 아이들이 있다. 하고 가면 가셨다고 있다면 하는 사람들이 통해서 동생으로 가득하는 것 같다.	the	in Distribution System, mg/		Operation
Month	in Distribution System, mg/L	ļ	Operation	Month		<u> </u>	Operation
1		<u> </u>		17	2.5		
2	0.5			18	2.4		
3 4	0.5	 	·	20	2.5		
5	0.5	ļ		21	2.4		
6	0.7			22	2.,4		
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		1		31	2.1		
. 16							
III Corti	ication by Authorized Representative			_			•
I am duly		f the consecutiv	ve system identified in Part I on this report. I ce	rtify that t	he information provided in this report	is true and accurate to th	be best of my
			Paul Thompson			•	A7251
Signature	and Date		Printed or Typed N	ame			License Number or Title



See	Pag	ge	2	for	Instructions.

See Page	2 for Instructions.					
I. Genera	Water System Information for the Mont	h/Year of: February, 2005				
Consecuti	ve System Name: Jungle Den				PWS Identification Numb	per: 3644127
		Community Non-Transient Non-Community		Transient Non-Community		
	of Service Connections at End of Month:	115		Total Population Ser	rved at End of Month:	403
Consecuti	ive System Owner:	Aqua Utilities Florida				
Contact P		Brian Heath		Contact Person's Tit	le: Area Manager	
	erson's Mailing Address:	PO Box 490310		City: Leesburg		Code: 34749
Contact P	erson's Telephone Number:	(352) 787-0980		Contact Person's Fax	x Number: (352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aquaamerica.com				
II. Daily	Distribution System Disinfectant Residua	I Data for the Month/Year of : Feb	ruary,	2005		
Type of D	isinfectant Residual Maintained in Distri	bution System: Free Chlorine		Combined Chlorine (Chloramines)	☐ Chic	orine Dioxide
		Emergency or Abnormal Operating Conditions;			Emergency or Abn	ormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant		nance Work that Involves
		l	Day of	THE RESIDENCE OF SECURITY OF A STATE OF THE SECURITY OF THE SE		- 1977年 1度 1点 医皮皮肤 41 医性 1274 显微微的 123 医环境 2016年 15. 1257年 17. 1258年
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	Concentration at Remote Point		stem Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	1	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		
71.7	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 Certif	ication by Authorized Representative					
I am duly		the consecutive system identified in Part I on this report. I cer	tify that t	he information provided in this report is tr	ue and accurate to the best	of my
		Paul Thompson			. A72	51
Signature	and Date	Printed or Typed Na	me		Lice	nse Number or Title



See	Page	7	for	Instructions	,
See	rage	4	w	Instructions	i.

See Page	2 for Instructions.								
I. Genera	al Water System Information for the Montl	/Year of:	March, 2005						
Consecut	ive System Name: Jungle Den						PWS Identificat	ion Number: 3644	127
		Community	Non-Transient Non-Community	П	Transient Non-Communi				
	of Service Connections at End of Month:		115		Tota	al Population Ser	ved at End of M	onth:	403
	ive System Owner:	Aqua Utilities I	lorida						
Contact F		Brian Heath				itact Person's Titl			
	Person's Mailing Address:	PO Box 490310			City: Leesburg		State: FL	Zip Code: 3	
	Person's Telephone Number:	(352) 787-0980			Con	itact Person's Fax	Number:	(352) 787-63	33
Contact F	Person's E-Mail Address:	beheath@a	<u>iquaamerica.com</u>			<u></u>			
II. Daily	Distribution System Disinfectant Residua	Data for the M	outh/Year of :	arch, 2	005				
	Disinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine (Chl	oramines)		Chlorine Dio	xide
				1				44	
	,		or Abnormal Operating Conditions;	l					Operating Conditions,
	Lowest Residual Disinfectant		Maintenance Work that Involves	Day of	Lowest Residual I	(1) Liver 1 (5) 14 (1) 15 (1) 15 (1) 15 (1)			Work that Involves
Day of the	Concentration at Remote Point	Taking '	Water System Components Out of	the	Concentration at R	소리하다 보이와 1일을 보기하는데 있는데 [kg	Taking V	[4] F. Chang, S. Chang, Phys. Rev. Lett. 19, 102 (1997).	Components Out of
Month	in Distribution System, mg/L		Operation	Month	in Distribution Sy	stem, mg/L		Operati	on
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 29	0.2				
13	0.8			30	0.8				
15	0.8			31	1.0				
16	1.0				1.0				
-10	1.0]					
III. Certif	ication 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 ce	rtify that	the information provided is	n this report is tru	ue and accurate	to the best of my	
knowledg	e and belief.								
			Paul Thompson				•	A7251	
Signature	and Date		Printed or Typed Na	ame				License Nun	ber or Title



See Page	2 for Instructions.							
I. Genera	Water System Information for the Mont	h/Year of:	April, 2005					
Consecuti	ve System Name: Jungle Den		`				PWS Identification Number	3644127
Consecuti	ve System Type:	Community	Non-Transient Non-Community		Transient Non-Co	mmunity		
	f Service Connections at End of Month:		115			Total Population Ser	rved at End of Month:	403
Consecuti	ve System Owner:	Aqua Utilities	Florida					
Contact P		Brian Heath				Contact Person's Tit		·
	erson's Mailing Address:	PO Box 4903	/		City: Leesburg			de: 34749
	erson's Telephone Number:	(352) 787-098				Contact Person's Far	x Number: (352) 7	87-6333
Contact P	crson's E-Mail Address:	beheath@	aquaamerica.com					
II. Daily	Distribution System Disinfectant Residua	Data for the	Month/Year of:	April, 20	005			
	isinfectant Residual Maintained in Distri				Combined Chlorin	ne (Chloramines)	☐ Chlorii	ne Dioxide
		Emergeno	y or Abnormal Operating Condition	ions:			Emergency or Abnor	mal Operating Conditions;
	Lowest Residual Disinfectant		or Maintenance Work that Involv		Lowest Resid	dual Disinfectant	1	ance Work that Involves
1	Concentration at Remote Point		Water System Components Out	Day of	The second of th	at Remote Point		em Components Out of
Day of the	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	Taking		jj tio	The second second second			
Month	in Distribution System, mg/L		Operation	Month	in Distributio	on System, mg/L	U	eration
<u> </u>	1.0			17				
2				18		0.4	-	
3				19		0.4		
4	0.5			20		0.4	<u> </u>	
5	0.8			21		0.4		
6 7	U.8			23		0.4		
8	0.8			24				
9	0.0			25		1.5		
10				26				
11	1.1			27		1.8		
12				28	- 1, -1/2			
13	1.3			29		1.6		
14				30				
1.5	0.6			31				
16								
Di Carri	igation by Authorized Barrantation							
iii. Certii	ication by Authorized Representative							
Lam duly	authorized to sign this report on behalf of	the consecutiv	ve system identified in Part I on this repor	t I certify that	the information prov	vided in this report is tr	rue and accurate to the best o	f my
	e and belief.				p,o			•
J								
			Larry White				. C7082	
Signature	and Date		Printed or Ty	ped Name			License	e Number or Title



~		_		
See	Page	Z	tor	Instructions.

See Page	2 for Instructions.						
l. Genera	d Water System Information for the Mont	h/Year of:	May, 2005				
	ive System Name: Jungle Den					PWS Identification	on Number: 3644127
Consecut	ive System Type:	Community	Non-Transient Non-Community	П	Transient Non-Community		
Number o	of Service Connections at End of Month:		115		Total Population Se	rved at End of Mor	nth: 403
Consecuti	ive System Owner:	Aqua Utilities	Florida				
Contact P		Brian Heath			Contact Person's Ti		
Contact P	erson's Mailing Address:	PO Box 49031	0		City: Leesburg	State: FL	Zip Code: 34749
Contact P	'erson's Telephone Number:	(352) 787-0980	0		Contact Person's Fa	x Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@a	aquaamerica.com				
	Distribution System Disinfectant Residue		Ionth/Year of:	May, 200	05		
Type of D	Disinfectant Residual Maintained in Distr	ibution System:	Free Chlorine		Combined Chlorine (Chloramines)	E	Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair o	y or Abnormal Operating Conditions; or Maintenance Work that Involves Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair or	or Abnormal Operating Conditions; Maintenance Work that Involves 'ater System Components Out of
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L	<u> 1 1 - 1 1 - 1 1 - 1 1 - 1 1 </u>	Operation
1				17			
2	0.8	Ĺ		18	1.3		
3			A TOTAL CONTRACTOR OF THE PARTY	19		<u></u>	
4	0.7			20	1.3		
5				21			
6	0.5			22			
7 :				23	1.2		
8				24			
9	0.6			25	1.4	<u> </u>	
10				26	1.2		
11	0.6			27 28	1.2		
12	0.5			28			
13	0.3			30			
15				31	1.8		
16	0.6			J. J	1.0	<u> </u>	
[10]	U.O	<u> </u>		IJ			
III. Certif	ication by Authorized Representative						
I am duly		f the consecutive	e system identified in Part I on this report. I ce	rtify that t	ne information provided in this report is t	rue and accurate to	the best of my
			Paul Thompson			•	A7251
Signature	and Date		Printed or Typed N	ame		-	License Number or Title
-			21				



Number of Service Connections at End of Month	I. Genera	l Water System Information for the Mont	h/Year of:	June, 2005				
Number of Service Connections at End of Month	Consecut	ive System Name: Jungle Den					PWS Identifica	ation Number: 3644127
Contact Person's Maring Address			Community F	Non-Transient Non-Community		Transient Non-Community		
Contact Person's Mailing Address PO Box 490310 City Leashing Contact Person's Pichphone Number G352) 787-0930 Contact Person's Feliphone Number G352) 787-0930 Contact Person's Feliphone Number G352) 787-0930 Contact Person's Feliphone Number G352) 787-0933 Contact Person's Feliphone Number G352) 787-0930 Contact Person's Feliphone Number G352) 787-0933 Contact Person's Feliphone Number G352) 787-0930 Contact Person's Feliphone Number G352) 787-0933 Contact Person's						Total Population S	Served at End of N	Month: 403
Contact Person's Multing Address PO Box 490310 Contact Person's Feeding Number C352) 787-0830 Contact Person's Feeding Number C352) 787-0830 Contact Person's Feeding Number C352) 787-0833 Cantact Person's Feeding Number Cant				rida				
Contact Person's Telephone Number: (352) 787-6980 Deheath@aquamerica.com								
Daily Distribution System Disinfectant Residual Maintained in Distribution System (Concentration at Remote Point in Distribution System, mg/L Concentration at Remote Point in Distribution System, mg/L Concentra								
Daily Distribution System Disinfectant Residual Maintained in Distribution System Fee Chlorine Fee Chlori			<u>`</u>			Contact Person's I	ax Number:	(352) 787-6333
Type of Disinfectant Residual Maintained in Distribution System: Prec Chlorine Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 1	Contact P	erson's E-Mail Address:	<u>beneath@aq</u>	uaamerica.com				
Type of Disinfectant Residual Maintained in Distribution System: Prec Chlorine Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 1	ll. Daily	Distribution System Disinfectant Residua	al Data for the Mon	th/Year of:	une, 20	05		
Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 1	Type of D	Disinfectant Residual Maintained in Distri	bution System:					Chlorine Dioxide
Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 1			Emergency o	r Abnormal Operating Conditions:			Emergency	v or Abnormal Operating Conditions
Day of the Month In Distribution At Remote Point in Distribution System, mg/L Taking Water System Components Out of Operation Oper		Lowest Residual Disinfectant				Lowest Residual Disinfectant	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REGION (LE LE MERCHE ME ME ME METER ME MONTO PER MATERIAL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONT
Month in Distribution System, mg/L 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 Certification by Authorized Representative			· · ·	· · · · · · · · · · · · · · · · · · ·	11	보는 사람들이 지장하는 사람들이 가장 없다.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.5素が 強しい 200 に 999 にとが () よびにいたいはなわかい まりょう しょうしょう
1			1 aking w		11 ***********************************		Taking	14일 전문에 대한 전 시민구 등급하다고 함께한 경험하고, 15일 등급
18		The state of the s		Operation		in Distribution System, mg/L	100000	Operation
3 2.2 19		1.8		·				
4 20 0.8		2.2			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2			
5 21 6 2.0 7 23 8 0.8 9 25 10 1.3 26 27 11 27 12 28 13 1.4 4 30 15 31 16 1.5		2.2				0.8	 	
6 2.0 22 23 1.0 23 1.0 8 0.8 24 9 25 10 1.3 26 11 27 1.3 12 28 13 1.4 29 14 15 15 16 1.5 16 1.5	**					0.0		
7		2.0					 	
9 25 26 27 13 27 13 28 29 28 29 29 20 20 20 20 20 20	7				28 c a 11 c a 12 c a 1	1.0		
10	8	0.8			24			
11	9				25			
12	10	1.3			26			
13 1.4 29 30 14 30 15 31 31 31 31 31 31 31 31 31 31 31 31 31						1.3		
14 30 31 31 31 31 31 31 31 31 31 31 31 31 31					21			
15 31 31 31 31 31 31 31 31 31 31 31 31 31		1.4						
16 1.5 Ill. Certification by Authorized Representative								
III. Certification by Authorized Representative	-				31			
	16	1.5	1		<u>]]</u>			
	II. Certif	ication 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	i am duly	authorized to sign this report on behalf of	f the consecutive sy	stem identified in Part I on this report. I cer	tify that th	ne information provided in this report is	true and accurate	to the best of my
				Larry White				C7082

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

Signature and Date

Printed or Typed Name

License Number or Title



	2 for Instructions.					
	al Water System Information for the Mont	h/Year of:	July, 2005			
	tive System Name: Jungle Den	_ =====================================				PWS Identification Number: 3644127
		Community 7	Non-Transient Non-Community		Transient Non-Community	
	of Service Connections at End of Month:		115		Total Population Se	rved at End of Month: 403
	tive System Owner:	Aqua Utilities Flo	тida			
Contact I		Brian Heath			Contact Person's Tit	
ļ	Person's Mailing Address: Person's Telephone Number:	PO Box 490310			City: Leesburg	State: FL Zip Code: 34749
		(352) 787-0980			Contact Person's Fa	x Number: (352) 787-6333
Contact I	Person's E-Mail Address:	<u>beneath@ad</u>	uaamerica.com			
	Distribution System Disinfectant Residua		n/Year of:	uly, 200	05	
Type of I	Disinfectant Residual Maintained in Distri	bution System:	Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide
		Emergency o	r Abnormal Operating Conditions;		[전통기 기계생고] [1] 기계	Emergency or Abnormal Operating Conditions
	Lowest Residual Disinfectant		Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
	Concentration at Remote Point		ater System Components Out of	Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the Month	in Distribution System, mg/L	Tuning III	Operation	the Month	in Distribution System, mg/L	Operation
I	1.0	-	Operation	17	in Distribution System, tilg/E	Operation and a second
2	1.0			18	1.5	
3				-19	1.3	
4				20	1.0	
5	2.1			21	1.0	
6	2.1	 -		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						···
				7		
III. Certi	fication by Authorized Representative					
I am duly and belief	· .	the consecutive sys	stem identified in Part I on this report. I certi	fy that the	information provided in this report is true	and accurate to the best of my knowledge
			Paul Thompson			A7251
Signature	and Date		Printed or Typed Na	ıme		License Number or Title

Monthly Total Flow: 186,872 Monthly Average: 6,028



Secondary (DA ()		ORGINATIIV	GIKO	WIA SUDIA	KIHSISIEN	•	
See Page	2 for Instructions.							
I. Genera	al Water System Information for the Mont	h/Year of:	August, 2005					
Consecut	ive System Name: Jungle Den						PWS Identificat	ion Number: 3644127
		<u> </u>	n-Transient Non-Community		Transient Non-Con			
	of Service Connections at End of Month:	115	<u> </u>			Total Population Se	rved at End of Mo	onth: 230
	ive System Owner:	Aqua Utilities Florida						
Contact F		Brian Heath				Contact Person's Tit		
	Person's Mailing Address	PO Box 490310			City: Leesburg	T= =	State: FL	Zip Code: 34749
	Person's Telephone Number:	(352) 787-0980	· · · · · · · · · · · · · · · · · · ·			Contact Person's Fa	x Number:	(352) 787-6333
Contact F	Person's E-Mail Address:	beheath@aquaar	nerica.com					
II. Daily	Distribution System Disinfectant Residua	Data for the Month/Year	of: At	igust, 20	005			
	Disinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine	(Chloramines)		Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or Maint	normal Operating Conditions; enance Work that Involves system Components Out of Operation	Day of the Month	Concentration	lual Disinfectant at Remote Point in System, mg/L	Repair or	or Abnormal Operating Condition Maintenance Work that Involve Vater 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			ļ	
6		ļ <u>.</u>		22		0.4		
7		ļ		23		A 5		
8	1.0			24		0.5		
9				25 26		0.5		
11	1.2			27		0.5		
12	1.2	ļ		28				
13	1.4			29		0.3		
14				30	<u></u>	0.5	-	
15	0.6			31	(0.8		
-16					=	_		
10				<u> </u>				
III. Certit	lication by Authorized Representative							
I am duly and belief	authorized to sign this report on behalf of	the consecutive system id	entified in Part I on this report. I certi	fy that the	information provide	ed in this report is true	and accurate to t	
			Paul Thompson				•	A7251

Monthly Total Flow: Monthly Average:

Signature and Date

152,165 4,909

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

Page 1

Printed or Typed Name

License Number or Title



See Page	2 for Instructions.						
I. Genera	Water System Information for the Month	/Year of:	September, 2005				
Consecuti	ve System Name: Jungle Den					PWS Identification Nur	nber: 3644127
Consecuti	ve System Type:	Community [Non-Transient Non-Community	П	Transient Non-Community		
Number o	f Service Connections at End of Month:		115		Total Population Ser	ved at End of Month:	230
Consecuti	ve System Owner:	Aqua Utilities Flor	ida				
Contact Po	erson:	Brian Heath			Contact Person's Title	e: Area Manager	
Contact Po	erson's Mailing Address:	PO Box 490310				<u> </u>	p Code: 34749
Contact Po	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number: (3	52) 787-6333
Contact Po	erson's E-Mail Address	beheath@ag	uaamerica.com				
II. Daily I	Distribution System Disinfectant Residual	Data for the Month		ember,			
Type of D	isinfectant Residual Maintained in Distrib	oution System:	Free Chlorine		Combined Chlorine (Chloramines)	[□] CI	hlorine Dioxide
2.0		Emergency or	Abnormal Operating Conditions;			Emergency or At	onormal Operating Conditions;
	Lowest Residual Disinfectant	 12 12 12 12 12 12 12 12 12 12 12 12 12 1	Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Mair	tenance Work that Involves
	Concentration at Remote Point	The state of the state	nter System Components Out of	Day of	Concentration at Remote Point		System Components Out of
Day of the Month	in Distribution System, mg/L	1,1,1,1,5,1,1	Operation	the Month	in Distribution System, mg/L		Operation
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Operation	1	in Distribution System, mg/L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Operation
1	0.5		200.46	17			
2	0.7			18 19			
3	0.9			20			
4				20	1.3		
5	1.2			22	1,3	0/22 0/26 The town of	f Astor had a main break
6 7				23	1.2	9/22 - 9/20 The town of	ASIOI Had a main oreak
8				23	1.2		
9	1.0			25			
10	1.0			26	2.2		
11				27			
12				28			
13				29	1.8	-	
14	1.2			30			
15	1.3			31			
16	1.5						
III. Cortif	ication by Authorized Representative			_			
	authorized to sign this report on behalf of	the consecutive sys	tem identified in Part I on this report. I certi	fy that the	information provided in this report is true	and accurate to the best	of my knowledge
			Paul Thompson			Δ	7251
Signature	and Date		Printed or Typed Na				
Monthly	Total Flow: 120,505						

Page 1

3,887

Monthly Average:



See	Page	2 for	Instr	uct	ions.
1 0		1 112 .	_^		

See Page	2 for Instructions.					
l. General	Water System Information for the Montl	/Year of:	October, 2005			
Consecuti	ve System Name: Jungle Den					PWS Identification Number: 3644127
·	The state of the s		ent Non-Community		Transient Non-Community	
	f Service Connections at End of Month:	115			Total Population Ser	ved at End of Month: 230
	ve System Owner	Aqua Utilities Florida				
Contact Pe		Brian Heath			Contact Person's Titl	
	erson's Mailing Address:	PO Box 490310				State: FL Zip Code: 34749
	erson's Telephone Number:	(352) 787-0980	·		Contact Person's Fax	Number: (352) 787-6333
Contact Pe	erson's E-Mail Address:	beheath@aquaamerica	.com			
II Daily I	Distribution System Disinfectant Residual	Data for the Month/Year of:	Oct	ober, 2	005	
	isinfectant Residual Maintained in Distrib		Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide
= 21		The service of the first of the service of		7		Francis Communication (Communication Communication Communication Communication Communication Communication Com
		Emergency or Abnormal				Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance		Day of	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System	Components Out of	the	Concentration at Remote Point	Taking Water System Components Out of
Month	in Distribution System, mg/L	Opera	tion	Month	in Distribution System, mg/L	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	<u> </u>	
15				31	1.4	
16						
III. Certifi	cation by Authorized Representative				-	
	anon a radio inserve presentative					
I am duly a	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.	3 1	•	• •			, -
_			Paul Thompson			A7251
Signature	and Date		Printed or Typed Nan	ne		License Number or Title
Monthly 1	Total Flow: 151.278					

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

Monthly Average:

4,880

Page 1



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Sec	rave	2 10	r inst	rncn	MIN.

See Page 2 for Instruction	ns.							
I. General Water System I	nformation for the Mont	h/Year of:	November, 2005					
Consecutive System Name						PWS Identification	Number: 3644127	
Consecutive System Type:		Community [Non-Transient Non-Community		Transient Non-Community			
Number of Service Connec			115		Total Population Ser	ved at End of Month	n: 230	
Consecutive System Owne	т.	Aqua Utilities Florid	la					
Contact Person:		Brian Heath			Contact Person's Titl			
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephon	e Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress	beheath@agu	aamerica.com					
II. Doily Distribution Syste	em Disinfectant Residua	1 Date for the Month/	Voor of:	ember,	2005			
Type of Disinfectant Resid			Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide	
	- Communication of the Communi	T	The following is a supply of the second section of the section of the second section of the sec	71				
			Abnormal Operating Conditions;		가 있는 것이 되었다. 		Abnormal Operating Conditions	
Lowest Res	sidual Disinfectant		aintenance Work that Involves		Lowest Residual Disinfectant		laintenance Work that Involves	
Day of the Concentration	on at Remote Point	Taking Wate	er System Components Out of	Day of the	Concentration at Remote Point	Taking Wa	ter System Components Out of	
Month in Distribut	tion System, mg/L		Operation	Month	in Distribution System, mg/L		Operation	
	12			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				
7 15				31				
16								
				-				
III. Certification by Author	rized Representative							
						1	hant af any knowledge	
	n this report on behalf of	the consecutive syste	m identified in Part I on this report. I certi-	ty that the	information provided in this report is true	and accurate to the	best of my knowledge	
and belief.								
			Davi Thomps				A7251	
Cinnature and Date			Paul Thompson Printed or Typed Na				License Number or Title	
Signature and Date			Printed of Typed Na	me			Election Famour of France	
Monthly Total Flow:	152,022							

Monthly Average: DEP Form 62-555.900(4)

Effective August 28, 2003

4,904

Page 1



FLCRIC	A								
See Page	2 for Instructions.								
	Water System Information for the Montl	1/Year of:	December, 2005						
	ve System Name: Jungle Den						PWS Identificatio	n Number: 3644127	
Consecuti	ve System Type:	Community [Non-Transient Non-Community	П	Transient Non-Com	munity			, A
Number o	f Service Connections at End of Month:		115			Total Population Ser	rved at End of Mon	ith:	230
Consecuti	ve System Owner	Aqua Utilities Flor	ida						
Contact P		Brian Heath			,	Contact Person's Tit		. ,	
	erson's Mailing Address:	PO Box 490310			City: Leesburg		State: FL	Zip Code: 34749	
	erson's Telephone Number:	(352) 787-0980				Contact Person's Far	x Number:	(352) 787-6333	······································
Contact P	erson's E-Mail Address:	beheath@aq	uaamerica.com						
	Distribution System Disinfectant Residual		/Year of: Dec	ember,					
Type of D	isinfectant Residual Maintained in Distri	oution System:	Free Chlorine		Combined Chlorine	(Chloramines)	<u> </u>	Chlorine Dioxide	
		Emergency of	Abnormal Operating Conditions;			12일 기타를 보고 되었다. 12일 기타를 보고 되었다.	Emergency of	or Abnormal Opera	ating Conditions;
	Lowest Residual Disinfectant		Maintenance Work that Involves		Lowest Residu	ual Disinfectant		Maintenance Worl	
	Concentration at Remote Point		ater System Components Out of	Day of	THE COLUMN TWO IS NOT THE REAL PROPERTY.	at Remote Point		ater System Comp	- 1 - 5 - K
Day of the Month	in Distribution System, mg/L	Taking We	Operation	the Month	420 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	n System, mg/L	Tuning 17	Operation	
	1.4		Operation	17	III Distribution	i System, mg/E		Operation	
$\frac{1}{2}$	1.4			17					
3				10	1	.2		·	
4				20	1	.4			
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		<u></u>	28					
13				29.	1	.2			
14				30	,				
15		<u> </u>		31	<u> </u>	.2			
16	1.0			<u>J</u>				·	
III. Certif	ication by Authorized Representative								
					·				
		the consecutive sys	tem identified in Part I on this report. I certi-	fy that the	information provided	d in this report is true	and accurate to the	e best of my knowledge	9
and belief									

Monthly Total Flow: 185,925 Monthly Average: 5,998

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

Signature and Date

Paul Thompson
Printed or Typed Name

A7251

License Number or Title