

ORIGINAL

Ocala Oaks

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 30 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

Aqua Utilities Florida, Inc.

CMP _____

COM _____

CTR _____

ECR /

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC _____

OTH _____

DOCUMENT NUMBER-DATE

00860 JAN 26 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Ocala Oaks

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

See page 4 for instructions

I. General Information for the Month/Year of: January-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	William Landers	B	7327 6 Days per week
Other Operators:	Mark March	C	8287 6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	William Landers Printed or Typed Name	B7327 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **January-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	106,000											1.4	
2	X	24 hrs	128,000											1.3	
3	X	24 hrs	48,000											1.2	
4		24 hrs	49,000												
5	X	24 hrs	20,000											1.4	
6	X	24 hrs	151,000											1.1	
7	X	24 hrs	139,000											1	
8	X	24 hrs	133,000											1	
9	X	24 hrs	166,000											1.1	
10	X	24 hrs	141,000											1.1	
11		24 hrs	142,000												
12	X	24 hrs	137,000											1.2	
13	X	24 hrs	150,000											1.2	
14	X	24 hrs	141,000											1.2	
15	X	24 hrs	137,000											1.1	
16	X	24 hrs	163,000											1.1	
17	X	24 hrs	133,000											1.2	
18		24 hrs	133,000												
19	X	24 hrs	140,000											1.1	
20	X	24 hrs	155,000											1.2	
21	X	24 hrs	136,000											1.1	
22	X	24 hrs	139,000											1.2	
23	X	24 hrs	175,000											1	
24	X	24 hrs	156,000											1	
25		24 hrs	156,000												
26	X	24 hrs	109,000											1.1	
27	X	24 hrs	138,000											1.2	
28	X	24 hrs	140,000											1.2	
29	X	24 hrs	128,000											1.2	
30	X	24 hrs	190,000											1.1	
31	X	24 hrs	105,000											1.2	
Total			4,084,000												
Average			131,742												
Maximum			190,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	
		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	William Landers	B	7327
Other Operators:	Mark March	C	8287

II. Certification by Lead Chief Operator

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

Signature and Date	William Landers Printed or Typed Name	B7327 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **January-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose								
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2					
1		24 hrs	15,000														
2	X	24 hrs	153,000														1.2
3		24 hrs	153,000														
4	X	24 hrs	163,000														1.4
5		24 hrs	10,000														
6	X	24 hrs	4,000														1
7		24 hrs	4,000														
8	X	24 hrs	0														1.1
9		24 hrs	0														
10		24 hrs	0														
11	X	24 hrs	1,000														1.1
12		24 hrs	1,000														
13		24 hrs	1,000														
14	X	24 hrs	10,000														1.2
15		24 hrs	9,000														
16	X	24 hrs	0														1.1
17		24 hrs	3,000														
18		24 hrs	3,000														
19	X	24 hrs	0														1.2
20		24 hrs	8,000														
21	X	24 hrs	4,000														1.1
22	X	24 hrs	5,000														1.2
23	X	24 hrs	0														1.6
24		24 hrs	1,000														
25		24 hrs	1,000														
26	X	24 hrs	1,000														1
27		24 hrs	2,000														
28	X	24 hrs	1,000														1
29		24 hrs	1,000														
30	X	24 hrs	0														1.1
31		24 hrs	0														
Total			554,000														
Average			17,871														
Maximum			163,000														

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

WO#0002157912 SILVER LAKE ESTS CYCLE 330F PREM-CODE=640253
 SCHED-DATE 122006 PROMISED ALL DAY ORDER-DESC PRES/Pressure - Distributi
 PRINT-DATE 12/20/06 PRINT-TIME 09:36:23 ORDER-STATUS NEW
 SCOTTISH HGHLNDS-SILVER LAKE ESTS

 CUST/PREM 000897410/640253 DIST F STYP RSM1
 CUST-NAME WILSON, JOHN SCAT WTR
 SRV-ADDR 35112 RIVERSIDE CT SET-MTR U93900070
 SRV-CITY LEESBURG FL 34788-3135 SET-DATE 10-JAN-1994
 PHONE# H 217-653-1490 W - - SET-RDG 038030
 M-NAME NONE SET-SIZE 5/8
 M-ADDR NONE SET-RMTH MR
 M-CITY NONE ARB-RMT#
 BILLED 29-NOV-2006 A/R-STAT PA ERT
 DUE-DTE 22-DEC-2006 A/R-BAL .00 MIU#
 OCCUPANT AMT-COL .00 SERIAL # U999999
 COMP# 1336420 RC=RS EXTENS-#
 CRED-CDS TYPE-HEAT ROUTE 08426 STOP 06480
 BILL-FR=12 SWIM(Y,N) N MTR-CDS 06
 FROZEN #DL= 5 DD= 0 M= 1/DL= 0 DD= 0 M= 0
 LAST-SIZE 5/8 LAST-DATE 10-JAN-94 MODEL-1
 PREM-ID MODEL-2

 READ ONLY: DATE TIME READ INSIDE REMOTE EMP#

REM	DATE	READING	MK	METER NUMBER	TEST YEAR	SZ	TYPE HEAT	CHECK X	SEAL	OCC DATE
								RESEALED		
								SEALED		
SET										
CURB STOP:	ON	OFF		SWIM POOL: YES	NO		EMP#			

ERT#-----REMARKS:-----

R-DATE	ACTN	READING	CONSUM	DYS	C	AMOUNT	CHG-DATE	CAT	RATE	BILL-CHG
112706	READ	43200	10	38	A	10.98	112806	WTR	F323	10.98
							103106	WTR	F323	11.57

MTR-INST:
 WORK-ORDER-REMARKS:
 MR. WILSON CALLED REPORTING NO WATER. MR. WILSON @ 352-787-9022.

APP-Time Start 20-DEC-2006 08:00:00 End 20-DEC-2006 20:00:00
 Call-Ahead Ord# 2157912 Type Phone# Ext # Min-Before 0



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

See page 4 for instructions

I. General Information for the Month/Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	William Landers	B	7327 6 Days per week
Other Operators:	Mark March	C	8287 6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date	William Landers Printed or Typed Name	B7327 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfection Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe): Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Days Staffed	Plant or Staffed by	Day of the Operator ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time Before or at C (T) at C	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	CT Calculations			Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
											Lowest UV Dose, mW-sec/cm ²	Lowest UV Dose, mW-sec/cm ²	UV Dose Required, mW-sec/cm ²	
1		X	24 hrs	105,000										
2		X	24 hrs	115,000										
3		X	24 hrs	131,000										
4		X	24 hrs	140,000										
5		X	24 hrs	119,000										
6		X	24 hrs	142,000										
7		X	24 hrs	141,000										
8			24 hrs	142,000										
9		X	24 hrs	129,000										
10		X	24 hrs	142,000										
11		X	24 hrs	158,000										
12		X	24 hrs	140,000										
13		X	24 hrs	142,000										
14			24 hrs	143,000										
15			24 hrs	143,000										
16		X	24 hrs	130,000										
17		X	24 hrs	141,000										
18		X	24 hrs	140,000										
19		X	24 hrs	128,000										
20		X	24 hrs	181,000										
21		X	24 hrs	157,000										
22			24 hrs	158,000										
23		X	24 hrs	159,000										
24		X	24 hrs	123,000										
25		X	24 hrs	139,000										
26		X	24 hrs	154,000										
27		X	24 hrs	162,000										
28		X	24 hrs	181,000										
29			24 hrs	182,000										
30			24 hrs											
31			24 hrs	4,167,000										
				Total										
				Average										
				Maximum										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	William Landers	B	7327	6 Days per week
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Signature and Date	William Landers Printed or Typed Name	B7327 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **February-04**

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

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

Days Started	Plant or Visited by	Hours in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Before or Lowest CT	Temp of Water, C	Water, if Applicable	mg-min/L	Minimum CT	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, sec/cm2	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*			UV Dose															
																	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose	UV Dose													
1	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
2	X	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
3		24 hrs	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
4	X	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
5		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
6	X	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
7		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9	X	24 hrs	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		24 hrs	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11	X	24 hrs	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
12		24 hrs	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13	X	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	X	24 hrs	2,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17		24 hrs	2,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	X	24 hrs	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19		24 hrs	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	X	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	X	24 hrs	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	X	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	X	24 hrs	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28		24 hrs	2,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29		24 hrs	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31		24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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



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

See page 4 for instructions

I. General Information for the Month/Year of: March-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287 6 Days per week
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **March-04**

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

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

Days Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Contact Time Before or Lowest CT	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*			
													UV Dose	CT	UV Dose	
1	X	169,000	24 hrs								1.3					
2	X	185,000	24 hrs								1.5					
3	X	197,000	24 hrs								1.1					
4	X	194,000	24 hrs								1					
5	X	224,000	24 hrs								1.1					
6	X	200,000	24 hrs								1.2					
7		200,000	24 hrs								1					
8	X	187,000	24 hrs								1					
9	X	205,000	24 hrs								1					
10	X	201,000	24 hrs								1.2					
11	X	193,000	24 hrs								1.3					
12	X	233,500	24 hrs								1.3					
13		233,500	24 hrs								1.2					
14	X	203,000	24 hrs								1.3					
15	X	221,000	24 hrs								1.2					
16	X	156,000	24 hrs								1.3					
17	X	210,000	24 hrs								0.8					
18	X	157,000	24 hrs								1.3					
19	X	200,000	24 hrs								1.2					
20	X	201,000	24 hrs								1.1					
21		202,000	24 hrs								1.4					
22	X	2,000	24 hrs								1.3					
23	X	228,000	24 hrs								1.3					
24	X	193,000	24 hrs								1.3					
25	X	194,000	24 hrs								1.2					
26	X	205,000	24 hrs								0.8					
27	X	196,000	24 hrs								1					
28		196,000	24 hrs								1					
29	X	270,000	24 hrs								1					
30	X	166,000	24 hrs								1.1					
31	X	172,000	24 hrs								1.3					
Total		5,994,000														
Average		193,355														
Maximum		270,000														

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
			Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287
Other Operators:			6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **March-04**

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

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

Days Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Lowest CT During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
														UV Dose	UV Dose, sec/cm ²	UV Dose, sec/cm ²
1	X	2,000	24 hrs											1.3		
2		2,000	24 hrs													
3	X	12,000	24 hrs													
4		11,000	24 hrs													
5	X	15,000	24 hrs													
6		15,000	24 hrs													
7		15,000	24 hrs													
8	X	12,000	24 hrs													
9		13,000	24 hrs													
10	X	19,000	24 hrs													
11		18,000	24 hrs													
12	X	47,000	24 hrs													
13		47,000	24 hrs													
14		48,000	24 hrs													
15	X	3,000	24 hrs													
16		3,000	24 hrs													
17	X	6,000	24 hrs													
18		6,000	24 hrs													
19	X	37,000	24 hrs													
20		37,000	24 hrs													
21	X	37,000	24 hrs													
22	X	222,000	24 hrs													
23	X	27,000	24 hrs													
24		27,000	24 hrs													
25	X	20,000	24 hrs													
26		21,000	24 hrs													
27	X	74,000	24 hrs													
28		74,000	24 hrs													
29	X	57,000	24 hrs													
30		57,000	24 hrs													
31	X	54,000	24 hrs													
Total		1,038,000														
Average		33,484														
Maximum		222,000														

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	
		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):			
Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.):	
	Name	License Class	License Number
Lead/Chief Operator:	Mark March	C	8287
Other Operators:			

II. Certification by Lead Chief Operator

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

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

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Days Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (1) at C	Disinfectant Contact Time	Lowest CT	Before or at First Customer Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations		
														UV Dose	UV Dose	
1	X	192,000	24 hrs	X								1.3				
2	X	209,000	24 hrs									1.2				
3	X	200,000	24 hrs									1.1				
4		200,000	24 hrs													
5	X	192,000	24 hrs									1.2				
6	X	203,000	24 hrs									1.3				
7	X	190,000	24 hrs									1.3				
8	X	169,000	24 hrs									1.4				
9	X	277,000	24 hrs									1.2				
10	X	182,000	24 hrs									0.4				
11		182,000	24 hrs													
12	X	159,000	24 hrs									1.1				
13	X	155,000	24 hrs									1.2				
14	X	162,000	24 hrs									1.2				
15	X	149,000	24 hrs									1.1				
16	X	230,000	24 hrs									1.1				
17		230,000	24 hrs													
18	X	202,000	24 hrs									1.1				
19	X	155,000	24 hrs									1.2				
20	X	250,000	24 hrs									1.3				
21	X	174,000	24 hrs									1.2				
22	X	194,000	24 hrs									1.3				
23	X	287,000	24 hrs									1.3				
24	X	172,500	24 hrs									1.4				
25		172,500	24 hrs													
26	X	259,000	24 hrs									1.2				
27	X	197,000	24 hrs									1.2				
28	X	194,000	24 hrs									1.3				
29	X	170,000	24 hrs									1.3				
30	X	263,000	24 hrs									1.2				
31		287,000	24 hrs													
Total		5,971,000														
Average		199,033														
Maximum		287,000														

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



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

See page 4 for instructions

I. General Information for the Month/Year of: April-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Mark March	C	8287
Other Operators:			

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe): Free Chlorine Combined Chlorine (Chloramines)

Days Staffed	or Visited	by Operator	Plant in Operation	Hours	Net Quantity of Finished Water	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow	Disinfectant Contact Time	Provided Before or During Customer Temp. of Water, C	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose, mW-sec/cm ²	Required UV Dose, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			X	24 hrs	47,000										1.2
2				24 hrs	47,000										
3				24 hrs	47,000										
4				24 hrs	48,000										
5			X	24 hrs	65,000										1.3
6			X	24 hrs	65,000										
7			X	24 hrs	33,500										1.2
8				24 hrs	33,500										
9			X	24 hrs	61,600										1.1
10				24 hrs	61,600										
11				24 hrs	61,600										
12			X	24 hrs	2,000										1.1
13				24 hrs	2,000										
14			X	24 hrs	18,500										1.3
15				24 hrs	18,500										
16			X	24 hrs	89,000										1.1
17				24 hrs	89,000										
18				24 hrs	89,000										
19			X	24 hrs	80,000										1.2
20				24 hrs	80,000										
21			X	24 hrs	99,000										1.2
22				24 hrs	99,000										
23			X	24 hrs	126,000										1.3
24				24 hrs	126,000										
25				24 hrs	127,000										
26			X	24 hrs	80,000										1.2
27				24 hrs	80,000										
28			X	24 hrs	64,500										1.1
29				24 hrs	64,500										
30			X	24 hrs	15,300										1.2
31				24 hrs	15,300										
				Total	1,920,100										
				Average	64,003										
				Maximum	127,000										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe):

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

Days	Plant Staffed or Visited by Operator (Place "X")	Hours in Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time Provided Before or During Customer Measurement (T) at C	Lowest CT at C	Peak Flow, mg-min/L During Peak Flow	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose, sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation

Day of the Month	Peak Flow Rate, gpd	Net Quantity of Finished Water Produced, gal	Peak Flow, mg-min/L During Peak Flow	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose, sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	163,000								
2		163,000								
3	X	144,000								
4	X	180,000								
5	X	260,000								
6	X	148,000								
7	X	85,000								
8		85,000								
9		85,000								
10	X	602,000								
11	X	185,000								
12	X	277,000								
13	X	167,000								
14	X	249,000								
15	X	173,000								
16		173,000								
17	X	141,000								
18	X	170,000								
19	X	187,000								
20	X	182,000								
21	X	267,000								
22	X	173,000								
23		173,000								
24	X	266,000								
25	X	320,000								
26	X	315,000								
27	X	231,000								
28	X	221,000								
29	X	217,000								
30		218,000								
31	X	197,000								
Total		6,417,000								
Average		207,000								
Maximum		602,000								

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287 6 Days per week
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **May-04**

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

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

Days Staffed	Plant or Staffed	Visted by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg-min/L	Disinfectant Contact Time at First Customer Measurement Point During Peak Flow, minutes	Lowest CT During Customer Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, sec/cm ²	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
														UV Dose	UV Dose
1				15,300											
2				15,300											
3		X		7,500											
4				7,500											
5		X		45,000											
6		X		45,000											
7		X		101,000											
8				102,000											
9				102,000											
10		X		40,000											
11				40,000											
12		X		25,000											
13				25,000											
14		X		25,300											
15				25,300											
16				25,300											
17		X		6,000											
18				6,000											
19		X		48,500											
20				48,500											
21		X		86,000											
22				86,000											
23				86,000											
24		X		21,500											
25				21,500											
26		X		56,000											
27		X		86,000											
28		X		140,000											
29				141,000											
30				141,000											
31		X		139,000											
Total				1,759,500											
Average				56,758											
Maximum				141,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	598	Total Population Served at End of Month:	2093
PWS Owner: AquaSource Utility, Inc.			
Contact Person:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala State: FL Zip Code: 34470
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City:	Ocala State: FL Zip Code: 34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **June-04**

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

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

Days	Plant Staffed	or	Visited by	Day of the (Place) Operation	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Peak Flow During Peak First Customer (C) Before or at Measurement (T) at C	Disinfectant Contact Time Before or Lowest CT	Customer Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Lowest UV Dose Required, mW-sec/cm ²	Minimum UV Dose at Remote Point in Distribution System, mg/L	1	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
																	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	UV Dose
1	X					315,000												
2	X					203,000											0.8	
3	X					185,500											1.1	
4						185,500												
5						185,500												
6						185,500												
7	X					160,000											1.2	
8	X					180,000											1.2	
9	X					192,000											1.2	
10	X					181,000											1.1	
11	X					238,000											1.2	
12	X					168,000											1	
13						166,000												
14	X					140,000											1.2	
15	X					143,000											1.1	
16	X					206,000											1.2	
17	X					130,000											1	
18	X					252,000											1	
19	X					171,000											1.2	
20						171,000												
21	X					160,000											1	
22	X					121,000											1.2	
23	X					208,000											1.1	
24	X					144,000											1.2	
25	X					151,000											1.1	
26	X					162,000											1.2	
27						162,000												
28	X					144,000											1	
29	X					158,000											0.9	
30	X					163,000											1	
31																		
					Total	5,331,000												
					Average	177,700												
					Maximum	315,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

June-04

III. Daily Data for the Month Year of:

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Days Started or Visted by Operator	Day of the Month ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or During Customer Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose, sec/cm ²	Lowest UV Dose, sec/cm ²	Point in Distribution System, mg/L	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	Total	Average		Maximum
																		24 hrs	24 hrs	
																	31	X	30,800	30,800
																	30	X	1,000	1,000
																	29		1,000	1,000
																	28	X	1,000	1,000
																	27		0	0
																	26		0	0
																	25	X	10,000	10,000
																	24		10,000	10,000
																	23	X	1,000	1,000
																	22		1,000	1,000
																	21	X	14,000	14,000
																	20		13,000	13,000
																	19		13,000	13,000
																	18	X	10,000	10,000
																	17		10,000	10,000
																	16	X	1,000	1,000
																	15		1,000	1,000
																	14	X	30,800	30,800
																	13		30,600	30,600
																	12	X	10,500	10,500
																	11		10,500	10,500
																	10		5,000	5,000
																	9	X	6,200	6,200
																	8		6,200	6,200
																	7	X	6,200	6,200
																	6		6,200	6,200
																	5		6,200	6,200
																	4		11,000	11,000
																	3	X	10,000	10,000
																	2			
																	1	X		

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: July-04

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

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

Days	Plant Started	or	Visited by	Day of the (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Provided Before or During Customer Measurement (T) at C	Point During Peak Flow, mg-mn/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-mn/L	Operating UV Dose, mW-sec/cm ²	Lowest UV Dose Required, mW-sec/cm ²	Minimum 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	Total	Average	Maximum										
																					1	2	3	4	5	6	7	8	9	10
				X	24 hrs	152,000												1	4,909,500	158,371	223,000									
				X	24 hrs	179,000												2												
			X		24 hrs	162,000												3												
			X		24 hrs	163,000												4												
			X		24 hrs	171,000												5												
			X		24 hrs	148,000												6												
			X		24 hrs	169,000												7												
			X		24 hrs	144,000												8												
			X		24 hrs	151,000												9												
			X		24 hrs	162,000												10												
			X		24 hrs	163,000												11												
			X		24 hrs	148,000												12												
			X		24 hrs	174,000												13												
			X		24 hrs	163,000												14												
			X		24 hrs	145,000												15												
			X		24 hrs	202,000												16												
			X		24 hrs	133,000												17												
			X		24 hrs	134,000												18												
			X		24 hrs	153,000												19												
			X		24 hrs	145,000												20												
			X		24 hrs	171,000												21												
			X		24 hrs	174,000												22												
			X		24 hrs	223,000												23												
			X		24 hrs	130,000												24												
			X		24 hrs	130,000												25												
			X		24 hrs	176,000												26												
			X		24 hrs	105,000												27												
			X		24 hrs	146,000												28												
			X		24 hrs	177,000												29												
			X		24 hrs	143,000												30												
			X		24 hrs	173,500												31												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Plant Category (per subsection 62-699.310(4), F.A.C.):				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: July-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	1,000												
2	X	24 hrs	6,000											1.2	
3		24 hrs	6,000												
4		24 hrs	6,000												
5	X	24 hrs	3,000											0.8	
6		24 hrs	3,000												
7	X	24 hrs	1,000											0.9	
8		24 hrs	1,000												
9	X	24 hrs	5,300											1	
10		24 hrs	5,300												
11		24 hrs	5,400												
12	X	24 hrs	0											1.2	
13		24 hrs	0												
14	X	24 hrs	8,500											1.3	
15		24 hrs	8,500												
16	X	24 hrs	0											1.2	
17		24 hrs	1,000												
18		24 hrs	1,000												
19	X	24 hrs	1,500											1.3	
20		24 hrs	1,500												
21	X	24 hrs	15,500											1.2	
22		24 hrs	15,500												
23	X	24 hrs	1,600											1.2	
24		24 hrs	1,600												
25		24 hrs	1,700												
26	X	24 hrs	1,500											1.3	
27		24 hrs	1,500												
28	X	24 hrs	500											1.3	
29		24 hrs	500												
30	X	24 hrs	0											1.3	
31		24 hrs	0												
Total			104,900												
Average			3,384												
Maximum			15,500												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: August-04

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

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

Days Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Measurement (C) Before or at First Customer	Disinfectant Contact Time Before or After	Lowest CT	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	UV Dose Required, mW-sec/cm ²	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
													Lowest Residual Disinfectant Concentration (T) at C	UV Dose

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Measurement (C) Before or at First Customer	Disinfectant Contact Time Before or After	Lowest CT	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	UV Dose Required, mW-sec/cm ²	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Total	Average	Maximum
1		0											31	4,800	33,000
2	X	6,000											24	148,800	
3		6,000											24		
4	X	33,000											24		
5	X	0											24		
6	X	3,000											24		
7		3,000											24		
8		3,000											24		
9	X	8,000											24		
10		8,000											24		
11	X	18,000											24		
12		18,000											24		
13	X	0											24		
14		0											24		
15		0											24		
16	X	1,500											24		
17		1,500											24		
18	X	0											24		
19		0											24		
20	X	1,000											24		
21		1,000											24		
22		1,000											24		
23	X	4,000											24		
24		4,000											24		
25	X	0											24		
26		1,000											24		
27	X	2,600											24		
28		2,600											24		
29		2,600											24		
30	X	10,000											24		
31		10,000											24		

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



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

See page 4 for instructions

I. General Information for the Month/Year of: September-04

A. Public Water System (PWS) Information

PWS Name:	Ocala Oaks, well #1	PWS Identification Number:	3421560
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	598	Total Population Served at End of Month:	2093
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
		State:	FL
		Zip Code:	34470
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ocala Oaks, well #1	Plant Telephone Number:	(352) 369-4881	
Plant Address:	3900 N.E. 20th Ave	City:	Ocala	
		State:	FL	
		Zip Code:	34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

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



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

See page 4 for instructions

I. General Information for the Month/Year of: September-04

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS 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>598</u>		Total Population Served at End of Month: <u>2093</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Michael Fitzgerald</u>		Contact Person's Title: <u>Area Manager - Florida</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) 369-4881</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>mvfitzgerald@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 369-4881</u>		
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>183,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
Other Operators:				

II. Certification by Lead Chief Operator

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

Signature and Date	<u>Mark March</u> Printed or Typed Name	<u>C8287</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: October-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Barry Cohen	C	8253	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **October-04**

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

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

Days Staffed	or Visited by Operator	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (Q) at C	Disinfectant Provided Before or at First Customer Measurement	Temp. of Water, C	pH of Water, if Applicable	Minimum CT mg-min/L	Lowest Operating UV Dose, sec/cm ²	Required UV Dose, sec/cm ²	Minimum UV Dose at Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
													UV-Dose	UV-Dose
1	X	24 hrs	145,000	1.3								1.2		
2	X	24 hrs	190,500	1.2								1.2		
3		24 hrs	190,500											
4	X	24 hrs	161,000	1.3								1.3		
5	X	24 hrs	172,000	1.2								1.1		
6	X	24 hrs	237,000	1.3								1.1		
7	X	24 hrs	123,000	1								1		
8	X	24 hrs	206,000	1.2								1.2		
9	X	24 hrs	117,500	1.3								1.1		
10		24 hrs	117,500											
11	X	24 hrs	0	1.2								1.2		
12	X	24 hrs	1,000	1.1								1.2		
13	X	24 hrs	0	1.2								1.1		
14	X	24 hrs	0	1								1.2		
15	X	24 hrs	0	1								1		
16	X	24 hrs	0	1								0.9		
17		24 hrs	1,000											
18	X	24 hrs	0	1								1		
19	X	24 hrs	0	1.1								1.2		
20	X	24 hrs	1,000	1								1.2		
21	X	24 hrs	2,000	1.1								1.1		
22	X	24 hrs	0	1								1.1		
23		24 hrs	0											
24		24 hrs	1,000											
25	X	24 hrs	0	1								1		
26	X	24 hrs	0	1.2								1.1		
27	X	24 hrs	0	1.1								1.1		
28	X	24 hrs	0	1.2								1		
29	X	24 hrs	130,000	1.1								1.2		
30	X	24 hrs	172,000	0.7								1.1		
31		24 hrs	172,000											
Total			2,140,000											
Average			69,032											
Maximum			237,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 369-4881		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Barry Cohen	C	8253	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **October-04**

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

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

Days Staffed	or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Customer Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm2	UV Dose Required, mW	Minimum UV Dose at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
														Lowest CT	Before or at First Customer During Peak Flow, mg-min/L	Water, C
1	X	24 hrs	700	700	1.2							1.3				
2		24 hrs	700													
3		24 hrs	700													
4	X	24 hrs	2,000		1							1.2				
5		24 hrs	2,000													
6	X	24 hrs	4,000		1							1.2				
7		24 hrs	4,000													
8	X	24 hrs	37,000		1.1							1.3				
9		24 hrs	37,000													
10		24 hrs	37,000													
11	X	24 hrs	151,000		1.2							1.2				
12	X	24 hrs	170,000		1.3							1.2				
13	X	24 hrs	197,000		1.2							1.1				
14	X	24 hrs	217,000		1.3							1.2				
15	X	24 hrs	176,000		1.2							1				
16	X	24 hrs	179,000		0.8							0.9				
17		24 hrs	180,000													
18	X	24 hrs	202,000		1.1							1				
19	X	24 hrs	175,000		1.2							1.1				
20	X	24 hrs	193,000		1.2							1.1				
21	X	24 hrs	173,000		1.3							1.1				
22	X	24 hrs	140,000		1							1				
23	X	24 hrs	146,000		1.1							1				
24		24 hrs	147,000													
25	X	24 hrs	164,000		1.2							1				
26	X	24 hrs	32,000		1.3							1.1				
27	X	24 hrs	176,000		1.2							1.1				
28	X	24 hrs	185,000		1.2							1				
29	X	24 hrs	0		1.2							1.1				
30	X	24 hrs	0		1.2							1				
31		24 hrs	2,000													
Total			3,130,100													
Average			100,971													
Maximum			217,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 732-6027		Zip Code: 34470	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 732-6027	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Mark March	C	8287
Other Operators:	Barry Cohen	C	8253

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **November-04**

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

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

Days Staffed	Plant or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time Before or During Peak Flow, minutes	Peak Flow, mg-min/L During Peak Flow	Customer Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Disinfectant Residual Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
															Lowest CT	Lowest UV Dose	Lowest UV Dose
1	X	24 hrs	148,000	1.2									1.1				
2	X	24 hrs	150,000	1.2									1.2				
3	X	24 hrs	173,000	1.2									1.2				
4	X	24 hrs	142,000	1.3									1.1				
5	X	24 hrs	195,000	1.2									1.1				
6	X	24 hrs	190,000	1.2									1.2				
7	X	24 hrs	191,000	1									1.1				
8	X	24 hrs	191,000	1									1.1				
9	X	24 hrs	240,000	1.1									1				
10	X	24 hrs	167,000	1.2									0.9				
11	X	24 hrs	144,000	1.1									1				
12	X	24 hrs	181,000	1.1									1				
13	X	24 hrs	240,000	1									1				
14	X	24 hrs	239,000	1									1				
15	X	24 hrs	144,000	1.1									0.9				
16	X	24 hrs	185,000	1.2									1.2				
17	X	24 hrs	154,000	1.1									1				
18	X	24 hrs	184,000	1.1									1.1				
19	X	24 hrs	172,000	1									1				
20	X	24 hrs	224,000	1.6									1				
21	X	24 hrs	224,000	1									1				
22	X	24 hrs	176,000	1									1				
23	X	24 hrs	232,000	1									1				
24	X	24 hrs	145,000	1.1									1				
25	X	24 hrs	168,000	1.2									1				
26	X	24 hrs	192,000	1.3									1.2				
27	X	24 hrs	193,000	1.3									1.2				
28	X	24 hrs	150,000	1									1				
29	X	24 hrs	177,000	1.1									1.1				
30	X	24 hrs	161,000	1.1									1.1				
31		24 hrs															
Total			5,472,000														
Average			182,400														
Maximum			240,000														

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-04

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>598</u>		Total Population Served at End of Month: <u>2093</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager - Florida</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>			

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 732-6027</u>	
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>183,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	<u>Mark March</u>	<u>C</u>	<u>8287</u>
Other Operators:	<u>Barry Cohen</u>	<u>C</u>	<u>8253</u>

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Mark March</u> Printed or Typed Name	<u>C8287</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560

Plant Name: Ocala Oaks, well #2

November-04

III. Daily Data for the Month Year of:

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe):

Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) Chlorine Dioxide

Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) Chlorine Dioxide

Days Plant Staffed or Visited by Operator the Month ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C Before or at First Customer Point During Peak Flow	Lowest CT Provided Before or During Customer Temp. Water, C	pH of Water, if Required, mg-mn/L	Minimum CT mg-mn/L	Lowest Operating UV Dose, sec/cm ²	Minimum Required, mW sec/cm ²	Lowest Operating UV Dose, mW sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	1,000	1									
2	X	1,000	1,000									
3	X	0	1,000									
4	X	0	1,000									
5	X	0	1,000									
6		0	0									
7		0	0									
8	X	0	0									
9	X	0	0									
10	X	1,000	1,000									
11	X	0	1,000									
12		0	1,000									
13	X	0	1,000									
14		0	0									
15	X	1,000	1,000									
16	X	3,000	1,000									
17		4,000	1,000									
18	X	0	0									
19	X	0	0									
20		0	0									
21		0	0									
22	X	0	0									
23	X	0	0									
24		0	0									
25	X	1,000	1,000									
26	X	0	0									
27		0	0									
28	X	0	0									
29	X	0	0									
30		1,000	1,000									
31		24 hrs	24 hrs									
Total		14,000										
Average		467										
Maximum		4,000										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 732-6027		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 732-6027		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Barry Cohen	C	8253	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **December-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	168,000		1.2									1.1	
2	X	24 hrs	175,000		1.2									1	
3	X	24 hrs	186,000		1.2									1.2	
4	X	24 hrs	208,000		1.4									1.1	
5		24 hrs	209,000												
6	X	24 hrs	193,000		1									1.1	
7	X	24 hrs	221,000		0.9									1	
8	X	24 hrs	211,000		1									1	
9	X	24 hrs	168,000		1.1									1	
10	X	24 hrs	111,000		1.1									0.8	
11	X	24 hrs	210,000		1.1									1	
12		24 hrs	210,000												
13	X	24 hrs	131,000		1.2									1	
14	X	24 hrs	172,000		1.4									1.2	
15	X	24 hrs	163,000		1.2									1	
16	X	24 hrs	187,000		1.4									1.2	
17	X	24 hrs	159,000		1.4									1	
18	X	24 hrs	195,000		1.5									1.1	
19		24 hrs	200,000												
20	X	24 hrs	168,000		1.4									1.2	
21	X	24 hrs	175,000		1.3									1	
22	X	24 hrs	190,000		1.2									1	
23	X	24 hrs	104,000		1.4									1.2	
24	X	24 hrs	231,000		1.2									1	
25	X	24 hrs	163,000		1.5									1.2	
26		24 hrs	162,000												
27	X	24 hrs	176,000		1.8									1.2	
28	X	24 hrs	118,000		2									1.4	
29	X	24 hrs	156,000		1.8									1.2	
30	X	24 hrs	206,000		1.6									1.2	
31	X	24 hrs	191,000		1.8									1.2	
Total			5,517,000												
Average			177,968												
Maximum			231,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-04

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 732-6027		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 732-6027		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Barry Cohen	C	8253	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

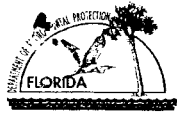
III. Daily Data for the Month Year of: **December-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	5,000		1										1.2	
2		24 hrs	5,000													
3	X	24 hrs	6,000		1										1.1	
4		24 hrs	6,000													
5		24 hrs	0													
6	X	24 hrs	0		1.2										1	
7		24 hrs	0													
8	X	24 hrs	0		1.4										1	
9		24 hrs	0													
10	X	24 hrs	0		1.2										1	
11		24 hrs	0													
12		24 hrs	1,000													
13	X	24 hrs	0		1.1										1.2	
14		24 hrs	0													
15	X	24 hrs	0		1.2										1.1	
16		24 hrs	1,000													
17	X	24 hrs	0		1.4										1	
18		24 hrs	0													
19		24 hrs	1,000													
20	X	24 hrs	1,000		1										1.2	
21		24 hrs	1,000													
22	X	24 hrs	1,500		1.2										1.1	
23		24 hrs	1,500													
24	X	24 hrs	0		1.2										1	
25	X	24 hrs	0		1.2										1	
26		24 hrs	0													
27	X	24 hrs	0		1.1										1	
28		24 hrs	0													
29		24 hrs	0													
30	X	24 hrs	0		1.1										1	
31		24 hrs	1,000													
Total			31,000													
Average			1,000													
Maximum			6,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead Chief Operator

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

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

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Days Plant Staffed	or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at Measurement Point During Peak Flow	Disinfectant Provided Before or at (T) at C	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
														UV Dose	CT Calculations

1	X	24 hrs	191,000													
2	X	24 hrs	116,000	1.8												
3	X	24 hrs	146,000	1.8												
4	X	24 hrs	210,000	1.6												
5	X	24 hrs	170,000	1.8												
6	X	24 hrs	203,000	1.6												
7	X	24 hrs	190,000	1.8												
8	X	24 hrs	165,000	1.8												
9		24 hrs	166,000													
10	X	24 hrs	128,000	1.6												
11	X	24 hrs	148,000	1.6												
12	X	24 hrs	139,000	1.4												
13	X	24 hrs	130,000	1.4												
14	X	24 hrs	135,000	1.6												
15	X	24 hrs	94,000	1.8												
16	X	24 hrs	148,000	1.6												
17		24 hrs	148,000													
18	X	24 hrs	136,000	1.4												
19	X	24 hrs	112,000	1.4												
20	X	24 hrs	168,000	1.6												
21	X	24 hrs	104,000	1.6												
22	X	24 hrs	166,000	1.6												
23		24 hrs	166,000													
24	X	24 hrs	131,000	1.4												
25	X	24 hrs	138,000	1.6												
26	X	24 hrs	130,000	1.6												
27	X	24 hrs	128,000	1.4												
28	X	24 hrs	231,000	1.4												
29	X	24 hrs	152,000	1.2												
30		24 hrs	153,000													
31	X	24 hrs	121,000	1.4												
		Total	4,663,000													
		Average	150,419													
		Maximum	231,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 598		Total Population Served at End of Month: 2093	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **January-05**

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

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

Days	Staffed Plant	or Visted	Operator ("X")	Hours of Operation	Plant in Operation	Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Before or Provided	Customer Measurement During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, sec/cm ²	Lowest UV Dose Required, sec/cm ²	Minimum UV Dose at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
																			Lowest CT	Operating UV Dose	Minimum UV Dose

Total	Average	Maximum
31	1,677	22,000
30	0	0
29	0	0
28	0	0
27	22,000	22,000
26	0	0
25	0	0
24	0	0
23	0	0
22	0	0
21	0	0
20	0	0
19	0	0
18	0	0
17	0	0
16	0	0
15	0	0
14	0	0
13	1,000	1,000
12	0	0
11	0	0
10	0	0
9	2,000	2,000
8	2,000	2,000
7	1,000	1,000
6	0	0
5	500	500
4	500	500
3	500	500
2	0	0
1	0	0

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

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **February-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	122,000		1.4										1.2	
2	X	24 hrs	135,000		1.3										1.2	
3	X	24 hrs	132,000		1.4										1.4	
4	X	24 hrs	152,000		1.6										1.2	
5	X	24 hrs	149,000		1.4										1.2	
6		24 hrs	149,000													
7	X	24 hrs	147,000		1.2										1.2	
8	X	24 hrs	134,000		1.4										1	
9	X	24 hrs	141,000		1.6										1.2	
10	X	24 hrs	163,000		1.4										1.2	
11	X	24 hrs	133,000		1.6										1.2	
12	X	24 hrs	174,000		1.4										1.2	
13		24 hrs	175,000													
14	X	24 hrs	153,000		1.4										1.2	
15	X	24 hrs	187,000		1.4										1	
16	X	24 hrs	169,000		1.6										1.2	
17	X	24 hrs	167,000		1.2										1.2	
18	X	24 hrs	225,000		1.4										1.2	
19	X	24 hrs	247,000		1.3										1.2	
20		24 hrs	247,000													
21	X	24 hrs	1,000		1										0.8	
22	X	24 hrs	0		1.6										1.2	
23	X	24 hrs	118,000		1.6										1	
24	X	24 hrs	102,000		1.2										1	
25	X	24 hrs	126,000		1.4										1.2	
26	X	24 hrs	152,000		1.6										1.2	
27		24 hrs	152,000													
28	X	24 hrs	110,000		1.4										1.2	
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			4,062,000													
Average			145,071													
Maximum			247,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **February-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287 6 Days per week
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Mark March</u> Printed or Typed Name	<u>C8287</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **February-05**

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

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

Days	Plant Staffed	or Visited by Operator	Day of the Month ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time Before or at C	Point During Measurement During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, sec/cm2	UV Dose Required, mW sec/cm2	Minimum UV Dose, mW	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		CT Calculations					
																	UV Dose	UV Dose	UV Dose	UV Dose				
1	X				0													1.2	1.2					
2	X				0														1.2	1.2				
3					0														1.2	1.2				
4	X				0														1.2	1.2				
5					0														1.4	1.4				
6					0																			
7	X				0														1	1				
8					0																			
9	X				0														1.2	1.2				
10					0																			
11	X				0														1.2	1.2				
12					0																			
13					2,000																			
14	X				0														1.3	1.3				
15					1,000																			
16	X				2,500														1.2	1.2				
17					2,500																			
18	X				14,600														1.4	1.4				
19					14,600																			
20					14,600																			
21	X				154,000														1.2	1.2				
22	X				140,000														1.4	1.4				
23	X				0														1.6	1.6				
24					1,000																			
25	X				0														1.4	1.4				
26					0																			
27					0																			
28	X				0																			
29					0														1.6	1.6				
30																								
31																								
				Total	346,800																			
				Average	12,386																			
				Maximum	154,000																			

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

Days Staffed	or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C or at First Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time Before or at First Customer Measurement Point During Peak Flow, minutes	Temp. of Water, C	pH of Water, if Applicable	Minimum Required, mg-mn/L	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, sec/cm2	Lowest Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
														CT	UV Dose	UV Dose
1	X	24 hrs	255,000	1.4										1.2		
2	X	24 hrs	80,000	1.6										1.2		
3	X	24 hrs	110,000	1.4										1		
4	X	24 hrs	168,000	1.3										1.2		
5		24 hrs	168,000													
6	X	24 hrs	134,000	1.4										1.2		
7	X	24 hrs	150,000	1.6										1.2		
8	X	24 hrs	141,000	1.4										1.2		
9	X	24 hrs	124,000	1.4										1		
10	X	24 hrs	158,000	1.2										1		
11	X	24 hrs	170,000	1.4										1.2		
12	X	24 hrs	170,000													
13	X	24 hrs	136,000	1.4										1		
14	X	24 hrs	125,000	1.4										1.2		
15	X	24 hrs	127,000	1.6										1.2		
16	X	24 hrs	138,000	1.4										1.2		
17	X	24 hrs	136,000	1.6										1.4		
18	X	24 hrs	170,000	1										1.2		
19		24 hrs	170,000													
20	X	24 hrs	140,000	1.2										1.2		
21	X	24 hrs	106,000	1.4										1		
22	X	24 hrs	141,000	1.2										1.2		
23	X	24 hrs	125,000	1.4										1.2		
24	X	24 hrs	143,000	1.5										1.2		
25	X	24 hrs	154,000	1.4										1		
26	X	24 hrs	137,000	1.6										1.2		
27		24 hrs	138,000													
28	X	24 hrs	130,000	1.8										1.2		
29	X	24 hrs	185,000	1.4										1.2		
30	X	24 hrs	176,000	1.6										1.4		
31	X	24 hrs	177,000	1.8										1.2		
Total			4,582,000													
Average			147,806													
Maximum			255,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Plant Class (per subsection 62-699.310(4), F.A.C.)		C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

II. Certification by Lead Chief Operator

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

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

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Days Staffed	Plant Days	or Visited by Operator	Hours of Operation	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Provided at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	UV Dose	Minimum UV Dose at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
																CT Calculations	UV Dose
1	X		24 hrs	0	0	1.2								1			
2			24 hrs	0	0												
3	X		24 hrs	0	0	1.4								1			
4			24 hrs	0	0												
5			24 hrs	0	0												
6			24 hrs	0	0												
7	X		24 hrs	1,000	1,3									1			
8	X		24 hrs	1,500	1.4									1.2			
9			24 hrs	0	0									1			
10	X		24 hrs	0	0	1.2								1			
11			24 hrs	0	0												
12	X		24 hrs	0	0	1.2								1			
13			24 hrs	0	0												
14	X		24 hrs	0	0	1.4								1.2			
15			24 hrs	1,000	0												
16	X		24 hrs	0	0	1.2								1			
17			24 hrs	0	0												
18	X		24 hrs	0	0	1.4								1.2			
19			24 hrs	0	0												
20			24 hrs	0	0												
21	X		24 hrs	0	0	1								1.2			
22			24 hrs	0	0												
23	X		24 hrs	0	0	1.2								1.2			
24			24 hrs	0	0												
25	X		24 hrs	0	0	1.4								1			
26			24 hrs	0	0												
27			24 hrs	0	0												
28	X		24 hrs	0	0	1								1.2			
29			24 hrs	0	0												
30	X		24 hrs	0	0	1.2								1			
31			24 hrs	1,000	0												
					Total Average	6,000	194										
					Maximum	1,500											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Mark March	C	8287
Other Operators:	Bob Maxon	C	2810

II. Certification by Lead Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **April-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	112,000		1.4									1	
2	X	24 hrs	173,000		1.6									1.2	
3		24 hrs	174,000												
4	X	24 hrs	151,000		1.4									1.2	
5	X	24 hrs	173,000		1.6									1.2	
6	X	24 hrs	188,000		1.6									1.4	
7	X	24 hrs	72,000		1.4									1.2	
8	X	24 hrs	164,000		1.8									1.2	
9	X	24 hrs	170,000		1.6									1.4	
10		24 hrs	170,000												
11	X	24 hrs	184,000		1.4									1	
12	X	24 hrs	141,000		1.6									1.2	
13	X	24 hrs	168,000		1.4									1.2	
14	X	24 hrs	193,000		1.6									1.2	
15	X	24 hrs	157,000		1.4									1	
16	X	24 hrs	200,000		1.6									1.2	
17		24 hrs	201,000												
18	X	24 hrs	164,000		1.4									1	
19	X	24 hrs	213,000		1.8									1	
20	X	24 hrs	179,000		1.6									1.4	
21	X	24 hrs	241,000		1.6									1.2	
22	X	24 hrs	149,000		1.4									1.2	
23	X	24 hrs	171,000		1.4									1.2	
24		24 hrs	171,000												
25	X	24 hrs	189,000		1.6									1.2	
26	X	24 hrs	130,000		1.4									1.2	
27	X	24 hrs	134,000		1.6									1.4	
28	X	24 hrs	145,000		1.4									1.2	
29	X	24 hrs	147,000		1.4									1.2	
30	X	24 hrs	194,000		1.4									1.2	
31		24 hrs													
Total			5,018,000												
Average			167,267												
Maximum			241,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: April-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS 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: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		Zip Code: 34479		
<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Box Maxon	C	2810	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **April-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	2,600		1.4									1.2	
2		24 hrs	2,600												
3		24 hrs	2,700												
4	X	24 hrs	0		1.4									1	
5		24 hrs	0												
6	X	24 hrs	21,000		1.3									1	
7		24 hrs	21,000												
8	X	24 hrs	0		1.2									1	
9		24 hrs	0												
10		24 hrs	1,000												
11	X	24 hrs	8,000		1.4									1	
12		24 hrs	8,000												
13	X	24 hrs	0		1.2									1.2	
14		24 hrs	0												
15	X	24 hrs	13,000		1.4									1.2	
16		24 hrs	13,000												
17		24 hrs	13,000												
18	X	24 hrs	37,000		1.2									1	
19		24 hrs	38,000												
20	X	24 hrs	40,000		1.4									1	
21		24 hrs	40,000												
22	X	24 hrs	11,000		1.2									1.2	
23		24 hrs	11,000												
24		24 hrs	11,000												
25	X	24 hrs	1,000		1									1.2	
26		24 hrs	1,000												
27	X	24 hrs	1,000		1.2									1	
28	X	24 hrs	2,000		1.2									1	
29	X	24 hrs	0		1.4									1.2	
30		24 hrs	0												
31		24 hrs													
Total			298,900												
Average			9,963												
Maximum			40,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Bob Maxon	C	2810	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: May-05

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>629</u>		Total Population Served at End of Month: <u>2202</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager - Florida</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@aguaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>183,000</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
Other Operators:	<u>Box Maxon</u>	<u>C</u>	<u>2810</u>	<u>6 Days per week</u>
	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: May-05

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Days	Plant Staffed	or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time	Before or Lowest CT	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW	Lowest Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations: or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*			
																UV Dose	UV Dose, sec/cm2	UV Dose, mW	
1				0															
2	X			101,000															
3		X		101,000															
4		X		0															
5				0															
6		X		6,000															
7				6,000															
8				6,000															
9		X		2,000															
10		X		7,000															
11				7,000															
12		X		0															
13		X		8,600															
14				8,700															
15				8,700															
16		X		0															
17		X		0															
18		X		0															
19				0															
20		X		0															
21		X		0															
22				0															
23		X		0															
24		X		15,000															
25				15,000															
26		X		2,000															
27		X		37,000															
28				37,000															
29				37,000															
30		X		110,000															
31		X		0															
Total				515,000															
Average				16,613															
Maximum				110,000															

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Bob Maxon	C	2810	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **June-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	155,000		1.2									1	
2	X	24 hrs	114,000		1.4									1.2	
3	X	24 hrs	155,000		1.4									1	
4	X	24 hrs	171,000		1.4									1.2	
5		24 hrs	172,000												
6	X	24 hrs	137,000		1.4									1	
7	X	24 hrs	206,000		1.6									1.2	
8	X	24 hrs	168,000		1.4									1	
9	X	24 hrs	130,000		1.4									1.2	
10	X	24 hrs	108,000		1.4									1.2	
11	X	24 hrs	137,000		1.2									1	
12		24 hrs	137,000												
13	X	24 hrs	121,000		1.4									1.2	
14	X	24 hrs	130,000		1.6									1.2	
15	X	24 hrs	110,000		1.4									1.2	
16	X	24 hrs	164,000		1.6									1.4	
17	X	24 hrs	191,000		1.4									1.2	
18	X	24 hrs	150,000		1.6									1.4	
19		24 hrs	150,000												
20	X	24 hrs	140,000		1.4									1.2	
21	X	24 hrs	139,000		1.4									1	
22	X	24 hrs	181,000		1.6									1.2	
23	X	24 hrs	102,000		1.4									1.2	
24	X	24 hrs	126,000		1.6									1.4	
25	X	24 hrs	184,500		1.4									1.2	
26		24 hrs	184,500												
27	X	24 hrs	131,000		1.7									1	
28	X	24 hrs	136,000		1.4									1.2	
29	X	24 hrs	103,000		1.2									1	
30	X	24 hrs	166,000		1.4									1	
31		24 hrs													
Total			4,399,000												
Average			146,633												
Maximum			206,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Box Maxon	C	2810	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **June-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	4,000		1.2										1	
2		24 hrs	0													
3	X	24 hrs	0		1										1.2	
4		24 hrs	6,000													
5		24 hrs	5,000													
6	X	24 hrs	0		1.2										1.4	
7		24 hrs	0													
8	X	24 hrs	0		1.4										1.2	
9		24 hrs	0													
10	X	24 hrs	0		1.2										1	
11		24 hrs	0													
12		24 hrs	0													
13	X	24 hrs	0		1										1.2	
14		24 hrs	0													
15		24 hrs	1,000													
16	X	24 hrs	0		1										1.4	
17		24 hrs	0													
18	X	24 hrs	0		1										1	
19		24 hrs	1,000													
20	X	24 hrs	0		1.2										1.2	
21		24 hrs	0													
22	X	24 hrs	0		1.2										1.2	
23		24 hrs	1,000													
24	X	24 hrs	0		1										1.2	
25		24 hrs	0													
26		24 hrs	0													
27	X	24 hrs	0		1.2										1	
28		24 hrs	0													
29	X	24 hrs	0		1.2										1.2	
30		24 hrs	0													
31		24 hrs														
Total			18,000													
Average			600													
Maximum			6,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.) C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Gary Kissick	C	7846	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

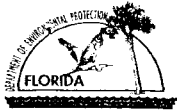
III. Daily Data for the Month Year of: **July-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	115,000		1.2									1	
2	X	24 hrs	147,000		1.4									1	
3	X	24 hrs	155,000		1.6									1.2	
4		24 hrs	155,000												
5	X	24 hrs	161,000		1.2									1	
6	X	24 hrs	174,000		1									0.8	
7	X	24 hrs	159,000		1									1	
8	X	24 hrs	161,000		1.2									1	
9	X	24 hrs	145,000		1									0.8	
10		24 hrs	150,000												
11	X	24 hrs	141,000		1.2									1	
12	X	24 hrs	161,000		1.4									1	
13	X	24 hrs	86,000		1.2									1	
14	X	24 hrs	164,000		1									0.8	
15	X	24 hrs	146,000		1.2									1.2	
16	X	24 hrs	153,000		1.4									1.2	
17		24 hrs	154,000												
18	X	24 hrs	121,000		1.2									1	
19	X	24 hrs	107,000		1									0.8	
20	X	24 hrs	155,000		0.8									0.6	
21	X	24 hrs	200,000		1.2									1	
22	X	24 hrs	188,000		1.4									1.2	
23	X	24 hrs	209,000		1.6									1.4	
24		24 hrs	209,000												
25	X	24 hrs	178,000		1.4									1.2	
26	X	24 hrs	291,000		1									0.8	
27	X	24 hrs	242,000		1.2									1	
28	X	24 hrs	187,000		1.4									1.2	
29	X	24 hrs	179,000		1.6									1	
30	X	24 hrs	165,000		1.3									1.2	
31		24 hrs	165,000												
Total			5,123,000												
Average			165,258												
Maximum			291,000												

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



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

See page 4 for instructions

I. General Information for the Month Year of: July-05

A. Public Water System (PWS) Information	
PWS Name: Ocala Oaks, well #2	PWS Identification Number: 3421560
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 629	Total Population Served at End of Month: 2202
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager - Florida
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	

B. Water Treatment Plant Information	
Plant Name: Ocala Oaks, well #2	Plant Telephone Number: (352) 787-0980
Plant Address: 3900 N.E. 20th Ave	City: Ocala State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	
Name	License Class
License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Mark March	C
8287	6 Days per week
Other Operators: Gary Kissick	C
7846	6 Days per week
Paul Thompson	A
7251	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

WS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: July-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	0		1									1	
2		24 hrs	0												
3		24 hrs	0												
4	X	24 hrs	0		1									1.2	
5		24 hrs	6,000												
6	X	24 hrs	31,000		1.2									1	
7		24 hrs	32,000												
8	X	24 hrs	0		1.2									1	
9		24 hrs	0												
10		24 hrs	0												
11	X	24 hrs	0		1									1	
12		24 hrs	0												
13	X	24 hrs	0		1									1.2	
14		24 hrs	0												
15	X	24 hrs	0		1.2									1.2	
16		24 hrs	0												
17		24 hrs	0												
18	X	24 hrs	0		1									1.2	
19		24 hrs	0												
20	X	24 hrs	0		1									1	
21		24 hrs	0												
22	X	24 hrs	0		0.8									1.2	
23		24 hrs	0												
24		24 hrs	0												
25	X	24 hrs	0		0.6									1	
26		24 hrs	0												
27	X	24 hrs	0		0.7									1	
28		24 hrs	0												
29	X	24 hrs	0		0.6									1.2	
30		24 hrs	0												
31		24 hrs	0												
Total			69,000												
Average			2,226												
Maximum			32,000												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **August, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	190,000		1									0.6	
2	X	24 hrs	191,000		1.2									1	
3	X	24 hrs	151,000		1									0.8	
4	X	24 hrs	138,000		0.8									0.6	
5	X	24 hrs	162,000		1.2									1	
6	X	24 hrs	134,000		1.4									1.2	
7		24 hrs	134,000												
8	X	24 hrs	124,000		1.6									1.2	
9	X	24 hrs	126,000		1.2									1	
10	X	24 hrs	109,000		1.2									1	
11	X	24 hrs	170,000		1.4									1.2	
12	X	24 hrs	125,000		1.2									1	
13	X	24 hrs	180,000		1.4									1.2	
14		24 hrs	181,000												
15	X	24 hrs	118,000		1.6									1.2	
16	X	24 hrs	242,000		1.4									1.2	
17	X	24 hrs	148,000		1.6									1.2	
18	X	24 hrs	168,000		1									0.8	
19	X	24 hrs	173,000		0.8									0.6	
20		24 hrs	173,000												
21	X	24 hrs	185,000		1									0.8	
22	X	24 hrs	140,000		0.8									0.6	
23	X	24 hrs	152,000		1.6									1.4	
24	X	24 hrs	137,000		1.2									1	
25	X	24 hrs	150,000		1.4									1	
26	X	24 hrs	96,000		1.2									1	
27	X	24 hrs	11,000		1.2									1	
28		24 hrs	12,000												
29	X	24 hrs	113,000		1.4									1.2	
30	X	24 hrs	120,000		1.2									1	
31	X	24 hrs	147,000		1.2									0.8	
Total			4,400,000												
Average			141,935												
Maximum			242,000												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ocala Oaks, well #2	PWS Identification Number:	3421560
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	629	Total Population Served at End of Month:	2202
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ocala Oaks, well #2	Plant Telephone Number:	(352) 787-0980	
Plant Address:	3900 N.E. 20th Ave	City:	Ocala	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34479	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

*WS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **August, 2005**

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

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

Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	0		0.6									1	
2		24 hrs	0												
3	X	24 hrs	4,000		0.8									1	
4		24 hrs	4,000												
5	X	24 hrs	0		1.1									1.1	
6		24 hrs	0												
7		24 hrs	0												
8	X	24 hrs	0		1									1.2	
9		24 hrs	0											1	
10	X	24 hrs	1,500		1									1.2	
11		24 hrs	1,500												
12	X	24 hrs	6,000		1.2										
13		24 hrs	6,000												
14		24 hrs	6,000												
15	X	24 hrs	0		1									1.2	
16		24 hrs	0												
17	X	24 hrs	0		1.2									1	
18		24 hrs	0												
19		24 hrs	0												
20		24 hrs	0												
21		24 hrs	0												
22	X	24 hrs	0		1									1.2	
23	X	24 hrs	0		1									1.4	
24		24 hrs	0												
25		24 hrs	3,000												
26	X	24 hrs	112,000		1									1.2	
27		24 hrs	112,000												
28		24 hrs	112,000												
29	X	24 hrs	0		1.4									1.2	
30		24 hrs	1,000												
31	X	24 hrs	0		1.2									1	
Total			369,000												
Average			11,903												
Maximum			112,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: September-05

A. Public Water System (PWS) Information			
PWS Name:	Ocala Oaks, well #1	PWS Identification Number:	3421560
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	629	Total Population Served at End of Month:	2202
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information				
Plant Name:	Ocala Oaks, well #1	Plant Telephone Number:	(352) 787-0980	
Plant Address:	3900 N.E. 20th Ave	City:	Ocala State: FL Zip Code: 34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			
Plant Class (per subsection 62-699.310(4), F.A.C.):	C			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **September-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	96,000		1									1	
2	X	24 hrs	0		1.2									1	
3	X	24 hrs	0		1									1	
4		24 hrs	0												
5	X	24 hrs	0		1									0.8	
6	X	24 hrs	0		0.9									0.8	
7	X	24 hrs	0		0.8									0.8	
8	X	24 hrs	1,000		1									0.6	
9	X	24 hrs	6,000		0.8									0.8	
10	X	24 hrs	9,000		1									1	
11		24 hrs	9,000												
12	X	24 hrs	159,000		1.2									1	
13	X	24 hrs	203,000		1.4									1	
14	X	24 hrs	196,000		1.2									1	
15	X	24 hrs	193,000		1.2									1	
16	X	24 hrs	184,000		1.4									1.2	
17	X	24 hrs	275,000		1.2									1	
18		24 hrs	274,000												
19	X	24 hrs	169,000		1.6									1.2	
20	X	24 hrs	187,000		1									0.8	
21	X	24 hrs	151,000		1.2									1	
22	X	24 hrs	183,000		1.4									1.2	
23	X	24 hrs	126,000		1.4									1	
24		24 hrs	126,000												
25	X	24 hrs	262,000		1.6									1.2	
26	X	24 hrs	170,000		1.2									1	
27	X	24 hrs	164,000		1.4									1.2	
28	X	24 hrs	161,000		1.6									1.2	
29	X	24 hrs	159,000		1.4									1.2	
30	X	24 hrs	170,000		1.6									1.2	
31		24 hrs													
Total			3,633,000												
Average			121,100												
Maximum			275,000												

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



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

See page 4 for instructions

I. General Information for the Month Year of: September-05

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>629</u>		Total Population Served at End of Month: <u>2202</u>	
PWS 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>			

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>183,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.) <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

Plant Name: Ocala Oaks, well #2 Plant Identification Number: 3421560

III. Daily Data for the Month/Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe):

Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)

Days of the Month	Plant Staffed or Visited by Operator (Place "X")	Hours in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time Before or at First Customer Measurement Point During Peak Flow, minutes	Lowest CT During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum Required, mg-m/L	Operating UV Dose, sec/cm ²	Lowest UV Dose, sec/cm ²	Minimum UV Dose, sec/cm ²	mW Required, mW	Distribution Point in System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
																	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*
1			0														
2	X		213,000	24 hrs	1												
3			213,000	24 hrs													
4			214,000	24 hrs													
5	X		53,000	24 hrs	1												
6	X		142,000	24 hrs	1												
7	X		155,000	24 hrs	1												
8	X		146,000	24 hrs	1												
9	X		176,000	24 hrs	1.2												
10			176,000	24 hrs													
11			177,000	24 hrs													
12	X		5,000	24 hrs	1.2												
13			5,000	24 hrs													
14	X		20,000	24 hrs	1.4												
15			20,000	24 hrs													
16	X		1,000	24 hrs	1.2												
17			1,000	24 hrs													
18			1,000	24 hrs													
19	X		0	24 hrs	1												
20			0	24 hrs													
21	X		2,000	24 hrs	1.2												
22			2,000	24 hrs													
23	X		13,000	24 hrs	1												
24			13,000	24 hrs													
25			14,000	24 hrs													
26	X		29,000	24 hrs	1												
27			30,000	24 hrs													
28	X		0	24 hrs	1.2												
29			0	24 hrs													
30	X		1,000	24 hrs	1.4												
31			1,822,000	24 hrs													
		Average		60.733													
		Maximum		214,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS 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: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
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			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 3421560

Plant Name: Ocala Oaks, well #1

October-05

III. Daily Data for the Month/Year of:

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*
 UV Dose

Days Plant Staffed or Days of Operator Visited by Hours Plant in Operation (Place "X")	Day of the Month (X)	Hours Plant in Operation	Net Qty of Finished Water Produced, gal	Peak Flow Rate, gpd	Flow, mg/L During Peak Peak Flow	First Customer Measurement (C) Before or at Customer Peak Flow	Point During Peak Flow, minutes	Disinfectant Contact Time Before or at First Customer During Peak Flow, mg-min/L	Lowest CT Provided	Disinfectant Concentration (T) at C	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW sec/cm2	Disinfectant Residual 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
			158,000	24 hrs	X		1.4									1	
1	X	24 hrs	122,000	24 hrs	X		1.4										
2	X	24 hrs	158,000	24 hrs													
3	X	24 hrs	122,000	24 hrs	X		1.4										
4	X	24 hrs	137,000	24 hrs	X		1.2										
5	X	24 hrs	175,000	24 hrs	X		1.4										
6	X	24 hrs	168,000	24 hrs	X		1.4										
7	X	24 hrs	155,000	24 hrs	X		1.4										
8	X	24 hrs	133,000	24 hrs	X		1.4										
9		24 hrs	134,000	24 hrs													
10	X	24 hrs	132,000	24 hrs	X		1.4										
11	X	24 hrs	149,000	24 hrs	X		1.2										
12	X	24 hrs	112,000	24 hrs	X		1.2										
13	X	24 hrs	182,000	24 hrs	X		1.2										
14	X	24 hrs	143,000	24 hrs	X		1.4										
15	X	24 hrs	196,000	24 hrs	X		1.4										
16		24 hrs	196,000	24 hrs													
17	X	24 hrs	181,000	24 hrs	X		1.2										
18	X	24 hrs	147,000	24 hrs	X		1.2										
19	X	24 hrs	118,000	24 hrs	X		1.2										
20	X	24 hrs	201,000	24 hrs	X		1.2										
21	X	24 hrs	147,000	24 hrs	X		1.3										
22	X	24 hrs	173,000	24 hrs	X		1.2										
23		24 hrs	173,000	24 hrs													
24	X	24 hrs	153,000	24 hrs	X		1.2										
25	X	24 hrs	119,000	24 hrs	X		1.4										
26	X	24 hrs	167,000	24 hrs	X		1.4										
27	X	24 hrs	156,000	24 hrs	X		1.6										
28	X	24 hrs	156,000	24 hrs	X		1.4										
29	X	24 hrs	175,000	24 hrs	X		1.4										
30		24 hrs	174,000	24 hrs													
31	X	24 hrs	114,000	24 hrs	X		1.4										
Total			4,804,000														
Average			154,968														
Maximum			201,000														

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

DEP Form 62-555 900(3) Alternate



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

See page 4 for instructions

I. General Information for the Month Year of: **October-05**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

#WS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **October-05**

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

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

Days	Plant Started or Visited by	Hours of Operation	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Peak Flow During Peak Flow	First Customer (C) Before or at Contact Time	Disinfectant Residual Concentration (T) at C	Disinfectant Provided Before or at First Customer Measurement	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Concentration of Disinfectant at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
																CT Calculations	UV Dose	
1				0														
2				0														
3	X			0														1
4				0														
5	X			9,000														1.2
6				0														
7	X			0														1.2
8				0														
9				0														
10	X			10,000														1
11				11,000														
12	X			1,000														1
13				1,000														
14	X			4,000														1.2
15				4,000														
16				4,000														
17	X			10,000														1
18				10,000														
19	X			35,000														1
20				35,000														
21	X			0														1.1
22				0														
23				0														
24	X			0														1
25				6,000														
26	X			6,000														1.2
27				7,000														
28	X			0														1
29				0														
30				0														
31	X			0														1.2
Total				162,000														
Average				5,226														
Maximum				35,000														

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **November-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	143,000		1									0.6	
2	X	24 hrs	157,000		1									0.8	
3	X	24 hrs	133,000		1									0.9	
4	X	24 hrs	198,000		1.2									1	
5	X	24 hrs	177,000		1.4									1.2	
6		24 hrs	178,000												
7	X	24 hrs	98,000		1.4									1	
8	X	24 hrs	183,000		1.2									1	
9	X	24 hrs	173,000		1.4									1.2	
10	X	24 hrs	179,000		1.6									1.2	
11	X	24 hrs	191,000		1.4									1	
12		24 hrs	191,000												
13	X	24 hrs	226,000		1.6									1.2	
14	X	24 hrs	183,000		1.4									1.2	
15	X	24 hrs	167,000		1.4									1	
16	X	24 hrs	155,000		1.2									1	
17	X	24 hrs	190,000		1.2									1.2	
18	X	24 hrs	154,000		1.4									1.2	
19	X	24 hrs	196,000		1.1									0.9	
20		24 hrs	196,000												
21	X	24 hrs	147,000		1.2									1	
22	X	24 hrs	160,000		1.2									1	
23	X	24 hrs	157,000		1.4									1.2	
24	X	24 hrs	175,000		1.4									1.1	
25	X	24 hrs	168,000		1.3									1	
26	X	24 hrs	176,000		1.4									1.1	
27		24 hrs	176,000												
28	X	24 hrs	146,000		1.4									1.1	
29	X	24 hrs	166,000		1.3									1	
30	X	24 hrs	147,000		1.3									1	
31		24 hrs													
Total			5,086,000												
Average			169,533												
Maximum			226,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Plant Name: Ocala Oaks, well #2 Plant Identification Number: 3421560

November-05

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

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

Days	Plant Staffed	or Visted	by Operator	Day of the Month ("X")	Operation Hours	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Flow, mg/L During Peak	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg-minutes	Disinfectant Provided Before or at First Customer Measurement Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
																			UV Dose	CT Calculations	
1	X						0	1													
2	X						0	1.2													
3							1,000														
4	X						12,000														
5							12,100														
6							12,500														
7							12,500														
8	X						1,500	1.2													
9							1,500														
10	X						5,000	1													
11							5,000														
12	X						7,000	1.2													
13							7,000														
14	X						7,000														
15							8,000														
16	X						20,000	1													
17							21,000														
18	X						3,000	1													
19							3,000														
20							3,000														
21	X						4,000	1													
22							4,000														
23	X						9,000	1													
24							9,000														
25	X						5,000	1.1													
26							5,000														
27							5,000														
28	X						0	1													
29							0														
30	X						6,000														
31							24 hrs														
Total						189,100															
Average						6,303															
Maximum						21,000															

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



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

See page 4 for instructions

I. General Information for the Month Year of: December-05

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.) C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month Year of: **December-05**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation

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

Days Starfed Plant	or Started by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*							Water System, mg/L
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (1) at C	Contact Time Provided Before or After	Disinfectant Concentration at First Customer Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Lowest UV Dose, sec/cm ² Required, mW	

Day of the Month	Operator "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (1) at C	Contact Time Provided Before or After	Disinfectant Concentration at First Customer Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Lowest UV Dose, sec/cm ² Required, mW	Minimum Concentration Residual Disinfectant	Water System, mg/L
1	X	24 hrs	151,000	134,000	1	1	1.2						1.2
2	X	24 hrs	131,000	169,000	1.4								1.2
3	X	24 hrs	169,000	169,000	1.6								1.2
4		24 hrs	169,000										
5	X	24 hrs	137,000	147,000	1.4								1.2
6	X	24 hrs	120,000	147,000	1.4								1.2
7	X	24 hrs	166,000	147,000	1.4								1
8	X	24 hrs	110,000	147,000	1.2								1
9	X	24 hrs	120,000	147,000	1								1
10	X	24 hrs	152,000	147,000	1.2								1
11		24 hrs	152,000										0.8
12	X	24 hrs	134,000	163,000	1								0.6
13	X	24 hrs	163,000	102,000	1.2								1
14	X	24 hrs	102,000	188,000	1.4								1
15	X	24 hrs	188,000	147,000	1.2								1.2
16	X	24 hrs	130,000	129,000	1.2								1.2
17		24 hrs	129,000										
18	X	24 hrs	175,000	124,000	1.4								1.2
19	X	24 hrs	124,000	168,000	1.4								1
20	X	24 hrs	168,000	173,000	1.2								1
21	X	24 hrs	168,000	170,000	1.4								1.2
22	X	24 hrs	173,000	170,000	1.2								1.2
23	X	24 hrs	170,000	170,000	1.6								1.4
24		24 hrs	170,000										
25	X	24 hrs	100,000	147,000	1.4								1
26	X	24 hrs	164,000	216,000	1.6								1.2
27	X	24 hrs	216,000	147,000	1.2								1
28	X	24 hrs	147,000	165,000	1.4								1.2
29	X	24 hrs	165,000	139,000	1.4								1
30	X	24 hrs	139,000	149,000	1.4								1.2
31	X	24 hrs	149,000										1.2
Total			4,651,000										
Average			150,032										
Maximum			216,000										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-05

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month Year of: **December-05**

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

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

Days of the Month	Plant Staffed	or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time Before or Provided	Customer Measurement Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum Required, mg-min/L	CT Calculations*			Lowest UV Dose, sec/cm2	Minimum UV Dose, sec/cm2	Lowest UV Dose, sec/cm2	Required UV Dose, mW	Minimum UV Dose 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		
												Lowest UV Dose, sec/cm2	Minimum UV Dose, sec/cm2	Required UV Dose, sec/cm2								
1		X	24 hrs	6,000																		
2			24 hrs	6,000																		
3			24 hrs	6,000																		
4			24 hrs	7,000																		
5		X	24 hrs	1,000																		
6			24 hrs	1,000																		
7		X	24 hrs	0																		
8		X	24 hrs	1,000																		
9		X	24 hrs	0																		
10			24 hrs	0																		
11			24 hrs	1,000																		
12		X	24 hrs	4,000																		
13			24 hrs	4,000																		
14		X	24 hrs	5,000																		
15			24 hrs	4,000																		
16		X	24 hrs	1,000																		
17			24 hrs	1,000																		
18			24 hrs	1,000																		
19		X	24 hrs	3,000																		
20			24 hrs	3,000																		
21		X	24 hrs	6,000																		
22			24 hrs	6,000																		
23		X	24 hrs	3,000																		
24			24 hrs	4,000																		
25			24 hrs	4,000																		
26		X	24 hrs	1,000																		
27			24 hrs	1,000																		
28		X	24 hrs	0																		
29			24 hrs	0																		
30			24 hrs	0																		
31			24 hrs	0																		
Total				80,000																		
Average				2,581																		
Maximum				7,000																		

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