JRGNAL

Ocala Oaks

CMP COM _____ Docket No. 060368-WS CTR ____ Application to Increase Rates and Charges ECR / For a "Class A" Utility GCL ____ In OPC ____ Florida RCA ____ **VOLUME 6** SCR ____ SGA ____ Book 7 SEC Set 30 of 57 OTH ____

Containing
Additional Engineering Requirements

Monthly Operating Reports

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER DATE.

00860 JAN 26 5

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Ocala Oaks

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	8
March	3	12
April	4	16
May	5	20
June	6	24
July	7	28
August	8	32
September	9	36
October	10	40
November	11	44
December	12	48
Year: 2005	4	52
January	1 2	52 56
February	3	60
March	4	64
April	5	68
May	6	72
June -	7	76
July	8	80
August September	9	84
October	10	88
November	11	92
December	12	96
December	· -	• •



See page 4 for instructions

I. General Information f							
A. Public Water System	(PWS) Information				_		
PWS Name:	Ocala Oaks, well #1		PWS Iden	tification Number:	3421560		
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Com	nunity	Consecutive		
Number of Service Con	nections at End of Month: 598		Total Population Serve	ed at End of Month:	2093		
PWS Owner:	AquaSource Utility, Inc.						
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flor			
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470		
Contact Person's Teleph			Contact Person Person	's Fax Number:	(352) 732-3213		
Contact Person's E-Mai	l Address: mvfitzgerald@suburbanwater.com						
B. Water Treatment Pla	nt Information						
Plant Name:	Ocala Oaks, well #1		Plant Tele	phone Number:	(352) 369-4881		
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479		
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	ater				
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:		· · · · · · · · · · · · · · · · · · ·				
Plant Category (per sub	osection 62-699.310(4), F.A.C.):		Plant Class (per subsection	ction 62-699.310(4), F.A	A.C.):		
Licensed Operators	Name	License Class	License Number	Day	y(s)/Shift(s) Worked		
Lead/Chief Operator:	William Landers	В	7327		6 Days per week		
Other Operators:	Mark March	С	8287		6 Days per week		
e de la companya de la							
II. Certification by Lead	/Chief Operator						
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatment pla	nt identified in Part I o	of this report. I certify that the		
	this report is true and accurate to the best of my knowled						
	O or other applicable standards referenced in subsection 6						
	n day that a licensed operator staffed or visited this plant of						
	le, appropriate treatment process performance records. F			ional operations recor	ds to the PWS owner so the PWS		
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.				
				D#22#			
0: 10	William Landers			B7327			
Signature and Date	Printed or Typed Name	2		License Number			

Page 1

	PWS I	dentificat	tion Numbe	er:	3421560		Plant Name:	Ocala Oak	s, well	#1					
	III_Da	ly Data-f	for the Mar	oth/Year-of		Ianuary 04									
Utravioler Radiation					wieties/Dam			Eros (`hlorin		Chlorina	Diavida)zana	Combined Chlorine (Chlorumines)
Type of DistrictClark Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Distribution Chloramines Chloramines					Viation/Rem			I rice (CHIOTHI		Chlorine	Dioxide	ш,	Jzone	Comonieu Chornie (Choranines)
Day Plant Saffed Plant Saffed Sy Content Time Cont							e):			T =					
Net County Visited Post of Platform Post of	Type o	f Disinte	ctant Resid	lual Maintained	in Distribution		·						mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Net Operation Net Quantity Peak Flow Plant in the (Place									Four-Log	Virus Inactiv	ation, if App		Anthony Co.		
Net County Visited Post of Plant in the (Place of Plant in the	1				\$ 194,54	1-17-4-25	CT Calcu	lations				· · · · UV	Dose		
Net County Visited Post of Plant in the (Place of Plant in the	1							The second second second		Verification of				ALCOHOL STATE OF THE STATE OF T	
Note Visited Visited	ŀ	1 1	ŀ	."				Later to the second sec						Residual	
Net Quanty Part P		1 .				The late of the companies of the late of t	The car of the Carlo								
Day of Operation Plant in					2.6	The second of th		The state of the s				The state of the state of	The state of the s		
The Normal Nor	Dougf		Haum												
Month YS Operation Produced gal Rate, gpd Flow, mg/L minutes ng-min/L C Applicable mg-min/L Section 2 section 1 1 3 3 3 4 8 18 12 8 00 8 8 13 13 3 3 4 8 13 13 14 14 14 14 14 14	1 '	1 ^ 1	1		Dook Flour	The state of the s			1.0					1	
1	1									A Committee of the Comm			1.1	1	
2	1		 		Kinc, gpu	i iow, mgr	initiates	ing-nuiz.	-	Applicable	Ing-muz	SOUCHIZ	SCOCIIIZ		water System Components Out of Operation
3 X 24 brs 48,000 1.2 4 22 brs 49,000 1.4 5 X 24 brs 151,000 1.14 6 X 24 brs 151,000 1.1 7 X 24 brs 133,000 1 8 X 24 brs 133,000 1 9 X 24 brs 166,000 1.1 10 X 24 brs 141,000 1.1 11 24 brs 137,000 1.1 12 X 24 brs 150,000 1.2 13 X 24 brs 150,000 1.2 14 X 24 brs 137,000 1.2 15 X 24 brs 137,000 1.1 16 X 24 brs 137,000 1.1 17 X 24 brs 137,000 1.1 18 24 brs 133,000 1.1 19 X 24 br	2		·	 		 		-	 	 		 			
4 24 hrs 49,000 5 X 24 hrs 20,000 6 X 24 hrs 151,000 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 150,000 12 X 24 hrs 150,000 1.2 14 X 24 hrs 150,000 1.2 14 X 24 hrs 130,000 1.1 16 X 24 hrs 133,000 1.1 17 X 24 hrs 133,000 <td></td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td>ļ</td> <td>-</td> <td> </td> <td> </td> <td> </td> <td></td> <td></td>						 			ļ	-	 	 	 		
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 166,000 1 10 X 24 hrs 141,000 1.1 11 24 hrs 142,000 1.1 12 X 24 hrs 150,000 1.2 13 X 24 hrs 150,000 1.2 14 X 24 hrs 150,000 1.2 15 X 24 hrs 150,000 1.1 15 X 24 hrs 130,000 1.1 16 X 24 hrs 130,000 1.1 17 X 24 hrs 130,000 1.1 18 24 hrs 130,000 1.1 19 X 24 hrs 140,000 1.1 20 X 24 hrs 130,000 1.1 21 X<						 		-	 		 	 	 	1.2	
6 X 24 hrs 151,000 7 X 24 hrs 139,000 1 8 X 24 hrs 133,000 1 9 X 24 hrs 166,000 11.1 10 X 24 hrs 141,000 1.1 11 24 hrs 142,000 1.2 12 X 24 hrs 157,000 1.2 13 X 24 hrs 15,000 1.2 14 X 24 hrs 137,000 1.2 15 X 24 hrs 137,000 1.1 16 X 24 hrs 137,000 1.1 17 X 24 hrs 133,000 1.1 18 24 hrs 133,000 1.2 18 24 hrs 130,000 1.2 19 X 24 hrs 130,000 19 X 24 hrs 130,000 20 X 24 hrs 130,000		X			-		- 12 - 10 - com		 					1.4	
7 X 24 hrs 139,000 1 8 X 24 hrs 133,000 1.1 9 X 24 hrs 166,000 1.1 10 X 24 hrs 141,000 1.1 11 24 hrs 137,000 1.2 12 X 24 hrs 150,000 1.2 13 X 24 hrs 150,000 1.2 14 X 24 hrs 137,000 1.2 15 X 24 hrs 137,000 1.1 16 X 24 hrs 133,000 1.1 17 X 24 hrs 133,000 1.1 18 24 hrs 133,000 1.1 19 X 24 hrs 130,000 1.1 20 X 24 hrs 136,000 1.1 21 X 24 hrs 136,000 1.1 21 X 24 hrs 136,000 1.1 22 <t< td=""><td></td><td></td><td></td><td>151 000</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>—</td><td></td><td></td><td></td></t<>				151 000								—			
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 1.1 12 X 24 hrs 137,000 1.2 13 X 24 hrs 150,000 1.2 14 X 24 hrs 137,000 1.2 15 X 24 hrs 137,000 1.1 16 X 24 hrs 133,000 1.1 17 X 24 hrs 133,000 1.1 18 24 hrs 133,000 1.1 19 X 24 hrs 133,000 1.1 20 X 24 hrs 136,000 1.1 20 X 24 hrs 136,000 1.1 21 X 24 hrs 136,000 1.1 21 X 24 hrs 136,000 1.1 21 <									 			<u> </u>			
9	8							—	 			 		i	
10	9	X		· · · · · · · · · · · · · · · · · · ·	····				 	,					
12	10	Х	24 hrs						†						
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 1.1 19 X 24 hrs 140,000 1.1 20 X 24 hrs 155,000 1.1 21 X 24 hrs 136,000 1.1 21 X 24 hrs 139,000 1.1 22 X 24 hrs 175,000 1.2 23 X 24 hrs 156,000 1.1 25 24 hrs 156,000 1.1 26 X 24 hrs 109,000 1.1 26 X 24 hrs 138,000 1.2 28 X 24 hrs 140,000 1.2 28 X 24 hrs 128,000 1.2	11		24 hrs	142,000											
14 X 24 hrs 141,000 12 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 1.1 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 1.2 24 X 24 hrs 156,000 1.1 25 24 hrs 156,000 1.1 1.1 26 X 24 hrs 199,000 1.1 1.1 27 X 24 hrs 190,000 1.1 1.2 28 X 24 hrs 140,000 1.2 1.2 29 X 24 hrs 128,000 1.2 1.2	12	X	24 hrs	137,000										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 1.1 19 X 24 hrs 140,000 1.1 20 X 24 hrs 155,000 1.2 21 X 24 hrs 136,000 1.1 21 X 24 hrs 139,000 1.2 23 X 24 hrs 175,000 1.1 24 X 24 hrs 156,000 1.1 25 24 hrs 156,000 1.1 26 X 24 hrs 199,000 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			24 hrs											1.2	
16 X 24 hrs 163,000 1.1 17 X 24 hrs 133,000 1.2 18 24 hrs 133,000 1.1 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 1.1 24 X 24 hrs 156,000 1.1 25 24 hrs 156,000 1.1 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			24 hrs											1.2	
17 X 24 hrs 133,000 12 18 24 hrs 133,000 1.1 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 1 1 26 X 24 hrs 109,000 1 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															
18 24 hrs 133,000 19 X 24 hrs 140,000 20 X 24 hrs 155,000 21 X 24 hrs 136,000 22 X 24 hrs 139,000 23 X 24 hrs 175,000 24 X 24 hrs 156,000 25 24 hrs 156,000 26 X 24 hrs 109,000 26 X 24 hrs 138,000 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															
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 175,000 1.2 23 X 24 hrs 156,000 1 24 X 24 hrs 156,000 1 25 24 hrs 156,000 1.1 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		X									ļ		ļ	1.2	
20 X 24 hrs 155,000 12 21 X 24 hrs 136,000 1.1 22 X 24 hrs 175,000 1.2 23 X 24 hrs 156,000 1.1 24 X 24 hrs 156,000 1.1 25 24 hrs 156,000 1.1 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													ļ		
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 11 26 X 24 hrs 109,000 11 27 X 24 hrs 138,000 12 28 X 24 hrs 140,000 12 29 X 24 hrs 128,000 12													<u> </u>		
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 1.1 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								ļ							
23 X 24 hrs 175,000 1 24 X 24 hrs 156,000 1 25 24 hrs 156,000 11 26 X 24 hrs 109,000 11 27 X 24 hrs 138,000 12 28 X 24 hrs 140,000 12 29 X 24 hrs 128,000 12								ļ	L						
24 X 24 hrs 156,000 1 25 24 hrs 156,000 5 26 X 24 hrs 109,000 11 27 X 24 hrs 138,000 12 28 X 24 hrs 140,000 12 29 X 24 hrs 128,000 12												ļ	ļ	1.2	
25 24 hrs 156,000 26 X 24 hrs 109,000 27 X 24 hrs 138,000 28 X 24 hrs 140,000 29 X 24 hrs 128,000 12 12 29 12									ļ		ļ	ļ		1	
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		X							ļ					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 1.2 1.2									L		 	ļ	ļ	ļ 	
28 X 24 hrs 140,000 1.2 29 X 24 hrs 128,000 1.2				······································				ļ	ļ		 	ļ. <u></u>			
29 X 24 hrs 128,000 1.2															
								 			ļ	ļ <u>-</u>			
30 74 44 113 170,000								ļ				ļ	-		
31 X 24 hrs 105,000 1.2												 			
Total 4,084,000			24 105					<u> </u>	L		l	1	L	1.2	
Average 131,742		2 2 2 3 3	137												
Maximum 190,000		717													

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



I. General Information	for the Month/Year of: J	anuary-04					
A. Public Water System	n (PWS) Information						
PWS Name:	Ocala Oaks, well #2				PWS Identif	ication Number	r: 3421560
PWS Type:	X Community Non	-Transient Non-Com	munity	Transient	Non-Commu	nity	Consecutive
Number of Service Cor	nnections at End of Month: 59	98		Total Popul	lation Served	at End of Mont	h: 2093
PWS Owner:	AquaSource Utility, Inc.						
Contact Person:	Michael Fitzgerald			Contact Per	rson's Title:	Area Manage	r - Florida
Contact Person's Mailin				City:	Ocala	State: F	FL Zip Code: 34470
Contact Person's Telep				Contact Per	rson Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Ma		suburbanwater.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Ocala Oaks, well #2				Plant Teleph	one Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State: F	L Zip Code: 34479
Type of Water Treated			rchased Finished W	ater			
	Day Operating Capacity of Plant, gallons p	er day:					
	bsection 62-699.310(4), F.A.C.):			Plant Class	(per subsection	on 62-699.310(
Licensed Operators	Name		License Class	License	e Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	William Landers		В	7	327		6 Days per week
Other Operators:	Mark March		С	8	287		6 Days per week
					_		
II Cartification but and	I Cl.:- CO						
II. Certification by Lead	Chief Operator						
I, the undersigned water	treatment plant operator licensed in Fl	orida, am the lead/	chief operator of t	he water trea	tment plant	identified in F	Part I of this report. I certify that the
information provided in	this report is true and accurate to the b	est of my knowled	ge. I certify that a	ıll drinking w	ater treatme:	nt chemicals u	used at thisplant conform to NSF
	or other applicable standards referen						
							s of chemicals used and chemical feed
							records to the PWS owner so the PWS
					nese addition	iai operations	records to the 1 w3 owner so the 1 w3
owner can retain them, to	ogether with copies of this report, at a	convenient location	n for at least ten y	ears.			
	W	illiam Landers				B7327	
Signature and Date		inted or Typed Name	2		-	License Num	ber

PWS Io	lentificat	tion Numbe	Γ:	3421560		Plant Name:	Ocala Oak	s, well	#2					
111 15	le Date	Can the Man	th/Mann of		Ianuari 04									
		or the Mon			January-04		Ergs (Chlorin	 	Chlorine I	Diovida		Ozone	Combined Chlorine (Chloramines)
		eving Four-i	Log Virus Inacti	viation/Rem			Free (JIHOHH		Chiornic	Jioxiae	□'	<i>-</i>	Comonica Cinorale (Cinoralines)
					Other (Describe	:): 			T C . C				hlorine (Chlor	ramines) Chlorine Dioxide
Type o	Disinfe	ctant Resid	ual Maintained i	in Distributio					Free Chl			imbinea C	ntorine (Cinoi	annies) Chorne Dioxide
			i i i			or UV Dose, to I		our-Log	Virus Inactiv	ation, if App	licable*	<u> </u>		
	Days				1000 ta (±1, ±1, 11) 1220 ta (±1, ±1, 11)	CT Calcu		40 3 1 107 178 1 108			UV I	Jose		[대도 화장도 시골 및 漢[漢기되었다.]
1	Plant						Lowest CT						Lowest]
j	Staffed			1	Lowest Residual	Disinfectant	Provided						Residual Disinfectant	
	or Visited			1	Disinfectant Concentration	Contact Time (T) at C	Before or at First			94.5	Lowest	Minimum	Concentration	
	by		Net Quanity	3.5	(C) Before or at	Measurement	Customer	Temp.	A. 24	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	_ pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1		24 hrs	15,000											
2	X	24 hrs	153,000										1.2	
3		24 hrs	153,000											
4	X	24 hrs	163,000		*****			<u> </u>	<u> </u>				1.4	
5		24 hrs	10,000					ļ						
6	X	24 hrs	4,000								 		1	
7		24 hrs	4,000	ļ			 	ļ					·	
8	X	24 hrs	0							ļ			1.1	
9		24 hrs	0					<u> </u>					ļ	
10	X	24 hrs	0				ļ				 		1.1	
11		24 hrs	1,000				· · · · · · · · · · · · · · · · · · ·	 		 	ļ	 	1.1	
13	_	24 hrs	1,000					 		-	 			
14	X	24 hrs	10,000			**							1.2	<u> </u>
15		24 hrs	9,000								 			
16	X	24 hrs	0					· · · · · · · · · · · · · · · · · · ·		<u> </u>			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	ļ							ļ	<u> </u>	1.1	
22	X	24 hrs	5,000	l				<u> </u>					1.2	
23	X	24 hrs	0									ļ	1.6	
24		24 hrs	1,000	 			ļ	}			 	 	ļ	
25 26	$-\frac{1}{x}$	24 hrs	1,000					-				<u> </u>	 	
26		24 hrs 24 hrs	1,000 2,000	 			ļ				 		1	
28	-x	24 hrs	1,000					 					1	
29		24 hrs	1,000		 		 	 		 	 	 	 1	
30	$\frac{1}{x}$	24 hrs	0				 	 		 	 		1.1	
31		24 hrs	0				 	 		-			1	
Total			554,000		L		1	٠	L	1	J	l		<u> </u>
Average			17 971	Í										

163,000

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

WO#0002157912 SILVER LAKE EST SCHED-DATE 122006 PROMISED ALL PRINT-DATE 12/20/06 PRINT-TIME SCOTTISH HGHLNDS-SILVER LAKE E	DAY ORDER-DESC 09:36:23 ORDER-STAT	
CUST/PREM 000897410/640253 D CUST-NAME WILSON, JOHN SRV-ADDR 35112 RIVERSIDE CT SRV-CITY LEESBURG FL 34788-31 PHONE# H 217-653-1490 W M-NAME NONE M-ADDR M-CITY BILLED 29-NOV-2006 A/R-STAT DUE-DTE 22-DEC-2006 A/R-BAL OCCUPANT COMP# 1336420 RC=RS CRED-CDS TYPE-HEA BILL-FR=12 SWIM(Y,N FROZEN LAST-SIZE 5/8 LAST-DATE 10-JAN PREM-ID	DIST F STYP SCAT SET-MTR SET-MTR SET-DATE SET-RDG SET-SIZE SET-RMTH ARB-RMTH ERT MIUH SERIAL # ROUTE MTR-CDS # DL= 5 I MODEL-1 MODEL-2	RSM1 WTR U93900070 10-JAN-1994 038030 5/8 MR
READ ONLY: DATE TIME	INSIDE READ	
	REMOTE	EMP#
REM DATE READING MK ME	ETER NUMBER TEST SZ	HEAT DATE DATE
		SEALED
		 #
ERT#REMARKS:		
R-DATE ACTN READING CONSUM 112706 READ 43200 10	DYS C AMOUNT CHO	-DATE CAT RATE BILL-CHG
	38 A 10.98 11	2806 WTR F323 10.98 3106 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



1. 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:	X Community	Non-Transient Non-Com	munity	Transient Non-C	Community	Consecutive							
Number of Service Cor	nections at End of Month:	598		Total Population S	erved at End of Month:	2093							
PWS Owner:	AquaSource Utility, Inc.												
Contact Person:	Michael Fitzgerald			Contact Person's T									
Contact Person's Mailir				City: Ocala		Zip Code: 34470							
Contact Person's Telepl				Contact Person Person's Fax Number: (352) 732-3213									
Contact Person's E-Mai		ld@suburbanwater.com											
B. Water Treatment Pla	nt 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			rchased Finished W	ater									
	ay Operating Capacity of Plant, gallo	ns per day:											
Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Plant Class (per subsection 62-699.310(4), F.A.C.): License Class License Number Day(s)/Shift(s) Worked													
Licensed Operators	Name		License Class	License Numb	ber								
Lead/Chief Operator:	William Land	ers	В	7327		6 Days per week							
Other Operators:	Mark March		C	8287		6 Days per week							
and the state of t													
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
II. Certification by Leac	Chief Operator				-								
	• • • • • • • • • • • • • • • • • • • •	··				A CALL A CALLAND							
						rt I of this report. I certify that the							
	this report is true and accurate to												
	0 or other applicable standards ref												
plant were prepared each	day that a licensed operator staff	ed or visited this plant	during the month i	ndicated above: (1)) records of amounts of	of chemicals used and chemical feed							
rates; and (2) if applicab	le, appropriate treatment process p	erformance records. F	uthermore, I agree	to provide these a	dditional operations re	ecords to the PWS owner so the PWS							
	ogether with copies of this report,				•								
,			•										
		William Landers			B7327								
Signature and Date		Printed or Typed Name	e		License Numbe	r							

											1 000 001	The second second	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
											069,841	1859 1750 L		Average
											000,751,4		3. J. 5-17	[otal
						-						24 hrs	T	18
							<u> </u>	I				24 hrs		30
											187,000	24 hrs	į	56
					1						181,000	24 hrs	X	87
	1.2										162,000	24 hrs	X	LT
	9.0										124,000	24 hrs	X	97
	0.1					T					139,000	24 hrs	X	72
	1.0					T					123,000	24 hrs	X	74
	0.1					T				1	000,621	24 hrs	X	23
						T					158,000	24 hrs		77
	7.1										157,000	24 hrs	Х	17
	ħΊ					1	-				181,000	24 hrs	X	50
	tΊ										128,000	24 hrs	X	61
	€.1			İ		 					140,000	24 hrs	X	18
	p.I			i	†						141,000	24 hrs	X	LI
	p.1										130,000	24 hrs	X	91
											143,000	24 hrs		SI
A STATE OF THE STA											143,000	24 hrs		ÞΙ
	1.3										145,000	24 hrs	X	EI
	ε1										140,000	24 hrs	X	71
	2,1									l	158,000	24 hrs	X	II
	p.I										145,000	24 hrs	X	01
	t'l										000,621	24 hrs	X	6
				· · · · · · · · · · · · · · · · · · ·							145,000	24 hrs	1	8
	1.3										141,000	24 hrs	X	L
	S.1										142,000	S4 pts	X	9
	2.1					Ĭ .					000,911	24 hrs	X	ς
	9.1					T					140,000	24 hrs	X	7
	5.1										131,000	24 hrs	Х	ε
	S.I										000,211	24 hz	X	7
						1					105,000	24 hrs	1	1
Water System Components Out of Operation	System, mg/L	sec/cm2	zwz/zəs	J\nim-gm	Applicable	Э	J\nim-gm	səinnim	J\gm ,wo⊡	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	Distribution	Wm	-Wm	Required,	Mater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	TateW	Plant in	(Place	ətt
Emergency or Abnormal Operating Conditions,	ni inio4	Required,	UV Dose,	CI	lo Hq	Jo	Burma	gniruG mio4	First Customer		bədzini To	smoH	Operator	To yed
	at Remote	UV Dose	Operating	mminiM		Temp.	Customer	Measurement	(C) Before or at		Vet Quanity		þÀ	
	Сопсепианоп	muniniM	Lowest				triT ts	On (T)	Concentration			E	botiziV	
	Disinfectant			4 335			no stotse	Contact Time	Disinfectant	1			10	
	Residual						Provided	Disinfectant	Lowest Residual	1			Staffed	
Finergency of Abnormal Operating Conditions.	Lowest		1,000	April State			TO isswool			<u> </u>			Days Plant	
		980	M D					CI Calcula		43			3,10(1	
				·		20.1-100	emonstrate Fe	or UV Dose, to D	CT Calculations,	·				L , ,
Chlorine Dioxide	riorine (Chlora	10 bənidn	Cot	ərine	Free Chlo					oitudirtsiQ r	ni bənintaineM let	ctant Reside	ognisid.	to sayT
								:(Other (Describe			noitaibaA ta	Mraviole	ו 📙
Combined Chlorine (Chloramines)	Sone	о П	əbixoi	Chlorine D		plorine	O eerd]	* :lsvc	om <u>∍</u> A\noitsi	virus Inactiv	J-nuoH gniv	oidoA to	Means
								<u> </u>	February-04			or the Mont		
					17	t llaw 's	Ocala Oaks	Plant Name:		3421560		ion Number	teafificat	PWS IC
														

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



See page 4 for instructions

I. General Information	for the Month/Year of: February-04									
A. Public Water System	n (PWS) Information									
PWS Name:	Ocala Oaks, well #2		PWS Identifie	cation Number: 3421560						
PWS Type:	▼ Community Non-Transient Non-Com	munity	Transient Non-Commur	nity Consecutive						
Number of Service Cor	nections at End of Month: 598		Total Population Served a	t End of Month: 2093						
PWS Owner:	AquaSource Utility, Inc.									
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida						
Contact Person's Mailir	ng Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470						
Contact Person's Telepl			Contact Person Person's Fax Number: (352) 732-3213							
Contact Person's E-Mai	l Address: mvfitzgerald@suburbanwater.com									
B. Water Treatment Pla	nt Information									
Plant Name:	Ocala Oaks, well #2		Plant Telepho	one Number: (352) 369-4881						
Plant Address:	3900 N.E. 20th Ave	· .	City: Ocala	State: FL Zip Code: 34479						
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	nter							
	ay Operating Capacity of Plant, gallons per day:									
	osection 62-699.310(4), F.A.C.):		Plant Class (per subsection							
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	William Landers	В	7327	6 Days per week						
Other Operators:	Mark March	C	8287	6 Days per week						
and the second										
A Section of the second										
22 6 23 2 1 1		-								
II. Certification by Lead	Chief Operator									
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatment plant is	dentified in Part I of this report. I certify that the						
	this report is true and accurate to the best of my knowled									
	or other applicable standards referenced in subsection 6		•	•						
	day that a licensed operator staffed or visited this plant of			- · · · · · · · · · · · · · · · · · · ·						
	le, appropriate treatment process performance records. F			ai operations records to the PWS owner so the PWS						
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.							
	William Landers			B7327						
Signature and Date	Printed or Typed Name			License Number						
Dignature and Date	rinned of Typed Name	5		Electise Number						

DEP Form 62-555 900(3)Alternate Page 1

											3,000		w	mmixsM
											996	E. 79.	7.5	Average
_											000,82			IstoT
												24 hrs		31
												24 hrs]	30
											3,000	24 hrs		67
											2,000	24 hrs		87
	1.2			L.,							3,000	24 hrs	X	LZ
											0	24 hrs		97
	0.1										0	S4 hrs	X	52
											0	24 hrs	<u> </u>	74
	7.1			Ĺ							1,000	24 hrs	X	23
											0	24 hrs		77
				ļ		ļ					0	24 hrs		: 17
	p.I			ļ							0	24 hrs	X	50
				<u> </u>							3,000	S4 Pt.S		61
	0.1										3,000	24 hrs	X	81
				 	ļ <u></u>						2,000	24 hrs		LI
	t'I										2,000	24 hrs	X	91
											0	24 hrs	<u> </u>	SI
	0.1										0	24 hrs	 	14
	0.1					ļ					0	S14 47	X	13
	L.1										000, ξ	24 hrs		12
	- t ⁻ 1			<u> </u>		-						24 hrs	X	II
	S.1						ļ				000,1	24 hrs	X	10
	51					-					0001	24 hrs	_ <u>^</u>	6
	-			 							0	24 hrs		8 L
	S.I										0	24 hrs	X	9
	3,	<u> </u>		-					· · · · · · · · · · · · · · · · · · ·		0	24 hrs	 ^- -	S
	5.1									· · · · · · · · · · · · · · · · · · ·	0	24 hrs	X	7
	 										000'1	24 hrs		ε
	4.1										0	24 hrs	X	7
											0	24 hrs	_ ^_	Ī
Water System Components Out of Operation	System, mg/L	zmɔ/ɔəs	zwo/oəs	J/nim-gm	Applicable	Э	J/nim-3m	səmuru	∏ow, mg/L	Rate, gpd	Produced, gal	Орстацоп	("X"	Мопи
Repair or Maintenance Work that Involves Taking	notudrusiQ	Wm	-Wш	Required,	Vater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	nt inelq	(Place	әұз
Emergency or Abnormal Operating Conditions,	ni mioT	Reduired,	UV Dose,	ID	lo Hq	јо	gnnuCl	Buru During	First Customer		of Finished	Hours	Оретагог	Day of
	at Remote	UV Dose	QuisnaqO	muminiM		qmaT	Customer	Measurement	(C) Before or at		Net Quanity		ρλ	
	Concentration	muminiM	Lowest				izriT is:	- О́в(П) 🐇	Concentration			a e e e	Visited	2
	Disinfectant						Before or,	Contact Time	Disinfectant		4		10	1.5
	Residual						* Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest				1.5		TO issawo, I						Plant	- 1
		980(I AN			(35.55)	200ths	CT Calcul	Marijana a seva				Days	
		The William	*əldsə	ilqqA ii ,nom	Virus Inactiva	god-mo	emonstrate F	or UV Dose, to L	CT Calculations					
amines) Chlorine Dioxide	nlorine (Chlori	D bənidm	Co.	ənine	Free Chlo				n System:	oitudintsiQ n	ii bənistnisM İst	ctant Residu	Disinfe	Type of
and the second s					······································			:(3	Other (Describ			noitsibaA t		
сошривеа сијоние (сијонашиве)	Means of Achicving Four-Log Virus Inactiviation/Removal: * Tree Chlorine Dioxide Oxone Oxone Oxone Oxone Oxone													
(,	<u> </u>	~					- <u>u</u>	L	February-04	- · ·	th Year of:			
			·····						70		7,77,77			
					7#	e' mejj	Ocala Oak	Plant Name:		3421560	:	ion Numbe	lentificat	PISMd

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



General Information	for the Month/Year of: March-04									
A. Public Water System										
	Ocala Oaks, well #1		DWS Identific	cation Number:	3421560					
	X Community Non-Transient Non-Com	munity []	Transient Non-Commun		Consecutive					
	nnections at End of Month: 598	manicy	Total Population Served a		2093					
PWS Owner:	AquaSource Utility, Inc.		Total Topulation Served a	it Blid of Iviolitis	2003					
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flor	ida					
Contact Person's Mailir			City: Ocala	State: FL	Zip Code: 34470					
Contact Person's Telepl			Contact Person Person's Fax Number: (352) 732-3213							
Contact Person's E-Mai			Teonaet Ferson Ferson 5 1	27.7.44.1.0017						
B. Water Treatment Pla										
Plant Name:	Ocala Oaks, well #1		Plant Telepho	one Number:	(352) 369-4881					
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479					
Type of Water Treated		rchased Finished Wa								
	Day Operating Capacity of Plant, gallons per day:									
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsectio	n 62-699.310(4), F.A	.C.):					
Licensed Operators	Name	License Number	Day(s)/Shift(s) Worked							
Lead/Chief Operator:	Mark March	С	8287	6 Days per week						
Other Operators:										
•										
en en en en en en en en en en en en en e										
	1011.00									
II. Certification by Lead	·									
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatment plant i	dentified in Part I o	f this report. I certify that the					
	this report is true and accurate to the best of my knowled									
	0 or other applicable standards referenced in subsection 6									
	a day that a licensed operator staffed or visited this plant									
	le, appropriate treatment process performance records. F			iai operations record	is to the r w s owner so the r w s					
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.							
	Mante Manah			C8287						
Signature and Date	Mark March Printed or Typed Name			License Number						
orgnature and Date	rinica or Typed Name	ō		Piccuse Mannet						

											270,000	T	U	Maximun
											SSE, EQ1			Average
											000,499,5		-	LetoT
	£,I									F	172,000	24 hrs	l x	118
	1.1										000'991	S ₄ prs	X	30
	1					1				1	000,072	24 hrs	X	67
						1		1			000,861	24 hrs	 ^	82
	I	1	i i			1				<u> </u>	000'961	24 hrs	X	77
	8.0		İ		1	†					205,000	Sad 42	$\frac{1}{X}$	97
	7.1		İ			1	f				194,000	24 hrs	$\frac{1}{x}$	52
	£.1	1				1	<u> </u>			 	193,000	24 hrs	$\frac{1}{x}$	74
	ε'1	1	†	1			† 			· · · · · · · · · · · · · · · · · · ·	000,822	24 hrs	X	23
	1.4						1				000°C	24 hrs	$\frac{1}{x}$	77
		<u> </u>				 	<u> </u>				000,202	24 hrs	+-^-	17
	I'I		† 			 	f			 	201,000	24 hrs	X	50
	2.1	 		-		 	 				200,000	24 hrs	$\frac{1}{x}$	61
	£.1	<u> </u>	 			†	· · · · · · · · · · · · · · · · · · ·				000,721	24 hrs	X	81
	L'0	 	i			 	 			 	210,000	24 hrs	$\frac{\lambda}{X}$	L1
	8.0	†				†					156,000	24 hrs	$\frac{\hat{x}}{x}$	91
	£.1	<u> </u>				<u> </u>					000,122	24 hrs	X	SI
	7.1	<u> </u>				 -	-			 	203,000	SIU PZ	X	71
***************************************		<u> </u>		<u> </u>		 					002,552	24 hrs	 ^	13
	€.1					 					002,552	24 hrs	X	12
	1.3		<u> </u>					-			193,000	24 hrs	X	11
	2.1		· · · · · · ·			 	 				000 201	24 hrs	X	10
	ī		-			†			<u> </u>		000,202	S4 hrs	X	6
	1	ļ				 					000,781	24 hrs	X	8
	1	 				 					000,002	24 hrs	 ^- -	L
	7.1					l					200,000	24 hrs	X	9
	1.1										224,000	24 hrs	X	5
	ı	<u> </u>									000'161	24 hrs	X	7
	1.1					f					000,791	24 hrs	X	ε
	S.1										182,000	24 hrs	X	7
	€.1										000,981	24 hrs	X	1
Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J/nim-3m	Applicable	Э	J\nim-3m	รอาทนเนน 🤗	Том, твЛ	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	поілидітізіД	Wm	-Мш	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	Place	the
Emergency or Abnormal Operating Conditions,	Point in	Reduired	UV Dose,	CL	lo Hq	Jo	During	Point During	First Customer	,, <u></u>	bədzini To	Rours	Operator	Day of
	at Remote	UV Dose	Operating	шпшшү		Temp	Customer	Measurement	(C) Before or at	l, l	Net Quanity		pÀ	30,160
	Сопсспианоп	muminiM	Lowest		8 8 6 6		at First		Concentration		rajmon() told	J-f		
	Disinfectant						Before or	Contact Time				١.	batisiV	
	Residual			(I	55.5		10 - 1 - 1 - 25 - 26 - 26 - 26 - 26 - 26 - 26 - 26	Disinfectant	Disinfectant		·		10	
이 이 화는 어떤 사람들이 사라를 볶음하다	1səmor1		Syd -			15	bebivord:	tuetostaisi()	Lowest Residual				Staffed	
		1494,147			N 200		Lowest CT		建 等			. !	tasl4	
기가를 하다 하는 것은 사람들이 되었다.			፤ ለበ					CT. Calcul	W. Ave.				Days	
		5	*əldsəi	IqqA ii ,noite	Virus Inactiv	god-mo	Т этвиглойлэ С	or UV Dose, to I	CT Calculations,	100				14 1
Smines) Chlorine Dioxide	nlorine (Chlora	D bənidm	oD [ənine	Free Chl			-	on System:	oitudinteiQ n	ual Maintained	ctant Resid	Disinfe	Type of
								:(;	Other (Describe			roitsibsA te		
Combined Chlorine (Chloramines))Sone	οП	əbixoid	Chlorine L		hlorine	Pree C			viation/Rem	Log Virus Inacti	Ving Four-	or Achie	Means
	<u> </u>				<u> </u>				Магећ-04		th/Year of:			
									10 J		4,4	/ V oreji no		e GE III
					I #	s, well	Ocala Oak	Plant Name:		3421560	:1:	odmuM noi	rentificat	I SMA

DEP Form Form 62-555 900(3)Alternate

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



1. General Information	for the Month/Year of:	March-04								
A. Public Water System	(PWS) Information									
PWS Name:	Ocala Oaks, well #2				PWS Identifi	cation Number:	3421560			
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 PWS Type: \(\) Community \(\) Non-Transient Non-Community \(\) Transient Non-Community \(\) Total Population Served at End of Month: 2093 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 Fitzgralid Contact Persons Title: Area Manager - Florida Contact Person: Michael Fitzgralid Contact Persons Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City Ocala State: FL \(\) Zip Code: 34470 Contact Person's Endail Address: myfitzgralid@suburbanwater.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #2 Plant Address: 3900 NL; 20th Ave City: Ocala State: FL \(\) Zip Code: 34479 Plant Address: 3900 NL; 20th Ave City: Ocala Name Person's Endail Address: 140 NL; 20th Ave City: Ocala State: FL \(\) Zip Code: 34479 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subse										
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 PWS Type: [X] Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 598 Total Population Served at End of PWS Owner: AquaSource Utility, Inc. PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area PWS Owner: AquaSource Utility, Inc. Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: Contact Person's Telephone Number: (352) 369-4881 Contact Person's Felphone Number: (352) 369-4881 Contact Person's Felphone Number: (352) 369-4881 Contact Person's Felphone Number: (352) 369-4881 Contact Person's E-Mail Address: mytitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #2 Plant Telephone Num Plant Name: Ocala Oaks, well #2 Plant Telephone Num Plant Name: Ocala Oaks, well #2 Plant State: Type of Water Treated by Plant: XJ Raw Ground Water 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 Category (per subsect							2093			
PWS Owner:	AquaSource Utility, Inc.			***************************************						
				Contact Pe	erson's Title:	Area Manager -				
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive										
Contact Person's Telepl	hone Number: (352) 369-	4881		Contact Pe	erson Person's F	ax Number:	(352) 732-3213			
Contact Person's E-Mai	l Address: <u>mvfitzgera</u>	ld@suburbanwater.com								
B. Water Treatment Pla	nt Information									
Plant Name:	Ocala Oaks, well #2				Plant Telepho	one Number:	(352) 369-4881			
Plant Address:	3900 N.E. 20th Ave			City:			Zip Code: 34479			
			rchased Finished Wa	ater						
		ons per day:								
	osection 62-699.310(4), F.A.C.):			Plant Clas	s (per subsectio					
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 Number of Service Connections at Ead of Month: 598 Total Population Served at End of Month: 2093 PWS Oyner: Aquadore: Aquadore: Aguadore:										
Lead/Chief Operator:	Mark March	1	С		8287		6 Days per week			
Other Operators:										
	_									
4 W 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3										
4 Th Supplied 1997										
	(2)									
II. Certification by Lead	Chief Operator									
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of the	ne water tre	atment plant i	dentified in Par	t I of this report. I certify that the			
			•		•		•			
					these addition	iai operations re	cords to the PWS owner so the PWS			
owner can retain them, to	ogether with copies of this report,	at a convenient location	n for at least ten ye	ars.						
						C0207				
Cianatum and D.		Mark March			_	C8287				
Signature and Date		Printed or Typed Name	2			License Number	г			

											1 000 222		u	numixs№
											33,484	4,00		Average
											1,038,000	2.2	Harring To	Total
	2.1										000,42	24 hrs	X	31
					1					T	000,72	24 hrs		30
	l						L				000,72	24 hrs	X	- 67
				i.		Ι					000°t/	24 hrs		87
	L.0									1	74,000	24 hrs	X	17
											21,000	24 hrs	1	97
	7.1									1	000'07	24 hrs	X	52
]	T				T	000,72	24 hrs	1	74
	1.3										000°L7	24 hrs	X	23
	b . I										222,000	24 hrs	X	77
	_									1	37,000	24 hrs		17
											37,000	24 hrs		07
	1.2										37,000	SJU ÞZ	X	61
											000'9	24 hrs		81
	8.0										000'9	24 hrs	X	LI
	ļ				ļ	<u> </u>					3,000	24 hrs		91
	1.3		ļ		<u> </u>	1					3,000	24 hrs	X	SI
					<u> </u>	<u> </u>	ļ				000,84	24 hrs		ÞΙ
					ļ					ļ	000,74	24 hrs		ΕI
	€.1							ļ			000,74	24 hrs	X	12
					ļ						18,000	24 hrs		11
	2.1	ļ			ļ		.				000'61	24 hrs	X	01
	ļ	ļ			ļ	ļ			ļ		000,£1	24 hrs	<u> </u>	6
	1			ļ	 	<u> </u>					12,000	24 hrs	X	8
			ļ	<u> </u>		ļ		ļ			12,000	24 hrs		L
	ļ	<u> </u>				ļ		ļ			15,000	24 hrs	ļ	9
	1.1				ļ	ļ				ļ <u>. </u>	12,000	24 hrs	X	ς
	ļ.,,,	ļ		ļ	ļ	 	<u> </u>				11,000	24 hrs		*
	11	ļ		ļ		ļ					12,000	24 hz	X	ε
	C:1	ļ		 		 				ļ	7,000	S4 pts		- 7
Hormisdo to the catalled the time (c. tamp)	System, mg/L 1.3	71110/00C	77110-1000	7 7000 900	aranauddi r	-		COMPLIANT	a floor to a co	_ 10 (7,000	St pr.s	X	I
Repair of Maintenance Work-that Involves Taking Water System Components Out of Operation	noituditisid	Wm Sec/cm2	sec/cm2	J'mm-gm	Applicable	C	J/mm-gm	səmuim	J\gm ,wolf	Rate, gpd	Produced, gal	Орегацов	("X"	Month
Emergency or Abnormal Operating Conditions;	ni mioq	Required,	OV Dose,	Required,	To Hq. Water, if	of Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	гре
	at Remote	UV Dose	Operating	Minimum) 3º II-	Temp	Customer During	Measurement Point Point	(C) Before or at First Customer		Net Quanity of Finished	smoH	Operator	To yad
	Concentration	muminiM	Lowest	, , ,		3.	terist ta	O is (T)	Concentration (2)	5.5	vtimenO teM	1	γď	
	Disinfectant					Jane (ло элојэЯ	Contact Time	Disinfectant			1	ro benisiV	
	Residual	İ					Provided	Disinfectant	Lowest Residual					
	Lowest						Lowest CT	,gd-,	I ambise II tourise I		* *		Plant Staffed	
		2604	 					mama ta	l	L			Days	
		- 630(nddy ii moni	A II OP III CO II A	Sort-mo		or UV Dose, to D CT Calcul	'erromano ro					
	Tomo) annom	L Daliloui				7 7 7 7 7	d etertanome	d ot saod VII vo		opporperati	I DOUINIUDIU IN		<u> </u>	
mines) Chlorine Dioxide	nlorine (Chlora	O banidm		aning	Free Chlo					oitudintsi() n	i bənistnisM İsu			
(;(Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	ouoz()	əbixoi	Chlorine D		hlorinc) and			viation/Remo	itsent suriV go.			
									March-04		th/Year of:	or the Mon	Lona Cl. vi	III. Dai
					7#	t [[əm ˈs	Ocala Oak	Plant Name:	I	3451260	1.	iou Mumbe	aentificat	PLSMA

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



I. General Information	for the Month/Year of:	April-04									
A. Public Water System	n (PWS) Information										
General Information for the Month Year of Paper A Public Water System (PWS) Information											
A Public Water System (PWS) Information PWS Name: Ocala Oals, well #1 Non-Transient Non-Community Number of Service Connections at End of Month: 398 Total Population Served at End of Month: 2093 Number of Service Connections at End of Month: 398 Total Population Served at End of Month: 2093 Number of Service Connections at End of Month: 398 Total Population Served at End of Month: 2093 PWS Owner: Aquasource Utility, Inc. Contact Person's Michael Fitzgerald Contact Person's Michael Fitzgerald Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Pull Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per s											
A. Public Water System (PWS) Information PWS Name: Ocals Oaks, well #1 PWS 19te: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 598 Total Population Served at End of Month: 2093 PWS Owner Aquasorre Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Malling Address: 1343 NE 17th Road City: Ocala State: FI. Zip Code: 34470 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 732-3213 Contact Person's LeMail Address: myftzgerald@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 Purchased Finished Water Permitted Maximum Day Operating Chaptering of Plant, gallons per day: 183,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Categor		2093									
A Public Water System (PWS) Information PWS Nume: Ocala Oaks, well #1 PWS Type: [X] Community											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #1 Non-Transient Non-Community PWS Identification Number: 3421560 PWS Type: X 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 Frizgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: Gontact Person's Mailing Address: Michael Frizgerald Contact Person's Fax Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Fax Number: (352) 369-4881 Contact Person's Fax Number: (352) 369-4881 Contact Person's Fax Number: (352) 369-4881 Contact Person's Fax Number: (352) 369-4881 Plant Address: Plant Name: Ocala Oaks, well #1 Plant Address: 340 NE. 20th Ave City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000 Plant Classy (per subsection 62-699-310(4), F.A.C.): Licensed Operators Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s)Shift(s) Worked Lead/Chief Operator: Name License Class License Number: Day(s) Address: Day(s) Address: Day(s) Address: Day(s)											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #I PWS 1ye: X Community Non-Transient Non-Community Transient Non-Community 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 Fitzgentld Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road Contact Person's Edghone Number: (352) 369-4881 Contact Person's Edghone Number: (352) 369-4881 Contact Person's Edghone Number: (352) 369-4881 Contact Person's Edghone Number: (352) 369-4881 Contact Person's Edghone Number: (352) 369-4881 Plant Address: myfitzgerald@aquaamerica com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #I Plant Telephone Number: (352) 369-4881 Plant Address: 3900 NE, 20th Ave City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water 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.): 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: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 (1980-1980-1980-1980-1980-1980-1980-1980-											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #I PWS 1 Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 598 Total Population Served at End of Month: 2093 PWS Owner: AquaSource Utility, fic. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Cont											
		ald@aquaamerica.com	<u>]</u>								
B. Water Treatment Pla	nt Information										
Plant Name:	Ocala Oaks, well #1			Plant Telepho	one Number:	(352) 369-4881					
Plant Address:	3900 N.E. 20th Ave					Zip Code: 34479					
			urchased Finished Wa	ater							
Permitted Maximum D	ay Operating Capacity of Plant, gallo	ons per day:	183,000								
	osection 62-699.310(4), F.A.C.):			Plant Class (per subsection	on 62-699.310(4), F.A	A.C.):					
A Public Water System (PWS) Information PWS Name: Ocala Oaks, well #1 PWS Type: Strong Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 598 Total Population Service at End of Month: 203 Number of Service Connections at End of Month: 598 Total Population Service at End of Month: 203 Number of Service Connections at End of Month: 598 Total Population Service at End of Month: 203 Number of Service Connections at End of Month: 204 Number of Service Connections at End of Month: 205 Number of Service Connections at End of Month: 205 Number of Service Connections at End of Month: 206 Number of Service Connections at End of Month: 207 Number of Ser											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #1 Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 598 Total Population Served at End of Month: 2093 PWS Owner: AqueSource Utility Inc. Contact Person: Michael Fitzgerald Contact Person's Tille: Area Manager - Florida Contact Person's Mailing Address: 1343 Nij 17th Road City: Ocala State: FL Zip Cod Contact Person's Telephone Number: (352) 369-4881 Contact Person's Fall Address: myltzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1 Plant Telephone Number: (352) 369-4881 Contact Person's Fall Address: myltzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1 Zip Cod City: Ocala State: FL Zip Cod City:											
Other Operators:											
A Public Water System (PWS) Information PWS Type: [X] Community											
A Public Water System (PWS) Information PWS Name: Ocala Oals, well #1 Non-Transient Non-Community Number of Service Connections at End of Month: 398 Total Population Served at End of Month: 2093 Number of Service Connections at End of Month: 398 Total Population Served at End of Month: 2093 Number of Service Connections at End of Month: 398 Total Population Served at End of Month: 2093 PWS Owner: Aquasource Utility, Inc. Contact Person's Michael Fitzgerald Contact Person's Michael Fitzgerald Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Pull Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Address: 900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per s											
II Cardiffeed 1 1 1	.C										
II. Certification by Lead	Chief Operator										
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of the	ne water treatment plant i	dentified in Part I	of this report. I certify that the					
information provided in	this report is true and accurate to t	he best of my knowled	lge I certify that al	Ldrinking water treatmen	nt chemicals used a	t this plant conform to NSF					
International Standard 60	or other applicable standards ref	erenced in subsection 6	(2.555 320/3) E A	C. Lake certify that the	following addition	al operations regards for this					
nlant were prepared each	day that a licensed energies staff	ad an visited this along	J2-333.320(3), 1 .A.	diso termy that the	tonowing addition	ial operations records for this					
rotes: and (2) if annlicable	ay mat a neemsed operator stand	ed of visited this plant	during the month in	idicated above: (1) record	as of amounts of ci	nemicals used and chemical feed					
rates, and (2) if applicable	e, appropriate treatment process p	erformance records. F	uthermore, I agree	to provide these addition	ial operations recor	ds to the PWS owner so the PWS					
owner can retain them, to	gether with copies of this report,	at a convenient location	n for at least ten ye	ars.							
		Moule Mouch			Cener						
Signature and Date											
ongnature and Date		Trinted of Typed Name	C		License Number						

											000,782		u	wmixs/
											££0,661			Average
											000,176,2			Lotal
												24 hrs	<u> </u>	18
	1.2				·						263,000	24 hrs	X	30
	£.1										170,000	24 hrs	X	67
	1.3			ļ	ļ. <u> </u>						000,461	24 hrs	X	82
	7.1										000,791	24 hrs	X	
	1.2			ļ							259,000	24 hrs	X	97
											172,500	24 hrs	ļ	57
	p,!		<u> </u>	<u> </u>							172,500	24 hrs	X	74
	1.3										287,000	S.IU pZ	X	73
	£.1										000,491	24 hrs	X	77
	1.2										000,471	24 hrs	X	-17
	£.1					<u> </u>					250,000	24 hrs	X	50
	7.1		ļ						· · · · · · · · · · · · · · · · · · ·		155,000	24 hrs	X	61
	I · I			_							202,000	24 hrs	X	81
	ļ	ļ						ļ			730,000	24 hrs	1	LI
	I'I		ļ		ļ. <u> </u>	ļ					730,000	St hrs	X	91
	1.1					ļ					000'611	24 hrs	X	SI
	1.2					<u> </u>			ļ 		162,000	24 hrs	X	t I
	2.1							<u> </u>			122,000	24 hrs	X	EI
	1.1				ļ						129,000	Say pg	X	15
	1:0										185,000	SJU 57	 	II
	₱°0		 		<u> </u>				<u> </u>		000,772 182,000	St pr.s	X	01
	1.2		<u> </u>		<u> </u>	-						24 hrs		6
	1.3 1.3			 							000,061	214 hz	X	8
	1.3	<u> </u>									203,000	24 115		- L
	7.1	 	 	<u> </u>							192,000	514 bC	X	9 \$
		}	 	<u> </u>	<u> </u>						200,000	24 hrs	X	
	I I	 	<u> </u>								000,002	24 hrs	X	3
	7.1		 	 		-					000,005	24 hrs	X	7
	E.1	 		 							000,261	24 hrs	X	I
Water System Components Out of Operation	System, mg/k	zec/cm2	zwo/oəs	J/nim-gm	Applicable	3	J/nim-gm	a sənnunu 🚓	Flow, mg/L	Rate, gpd	Produced, gal	Operation	(<u>.</u> X.	Month
Repair or Maintenance Work that Involves Taking	nonudrusid	Wm	-мш	Required,	Water, if	Water,	Peak Flow,	: beak Flow,	During Peak	Pete and	Water	ai tas[4	(Place	the
Emergency or Abnormal Operating Conditions;	Point in	Required,	UV Dose,	CI.	јо На	јо	annuQ:	Saim During	First Customer	La r-u	bəhsini To	smoH	Operator	
	at Remote	UV Dose	Operating	muminiM		Lemp	Customer	Measurement	(C) Before or at		Met Quanity		ρλ	~
	Concentiation	muminiM	Lowest		Fig.	\(\text{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	izni4 je	218(I) at	Сопсепизиоп				borisiV	
The state of the s	Disinfectant				-95	2	Before or	Sontact Time	* Justoofinizid			latina di	10	
	. JaubisəA,				1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Provided 5	Disinfectant	Lowest Residual		A	i '	Staffed	
	Lowest		2.50 2.				Lowest CT	use wa					Plant	
	Arthur Live)ose	מאנ	100	100 - 100 -		ations	CT Calcul	#425 S4 5		1		Days	
	200			ilqqA ii ,noim	Virus Inactiva	god-mo			CT Calculations,					and the
mines) Chlorine Dioxide	rlorine (Chlora	D banidm			Free Chlo					oitudintsiQ n	i bənininisM İst	ctant Residi	olnisi(I)	Type of
1				· · · · · · · · · · · · · · · · · · ·				:(:	Other (Describe			noiteibeA te		
Combined Chlorine (Chloramines)	Sone	<u>а</u> П	anixon	Chlorine D		hlorine	7 5514 [LLLL MISCHOUNKER	itoani kuriV go.			
(Sanimorold'), anisold') benique)		<u></u>	- 1:	CHI		-:	J ===-I		40-lingA * ₁/our	· u/ ··································		or the Mon		
			· · · · · · · · · · · · · · · · · · ·						N0-lian A		30 360 7/4	active out no	ete(T-/	111 D.
					1 4	e iiam 's	OCSIS OSK	Plant Name:		3421560	.1	ion Number	enunca	L W 2 IO
					1 /	110/11 3	100 des0	Dion't Mome:	L	UPSICKE		oquanity doi	,0013:140	ri S/Md

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



I. General Information	for the Month/Year of: April-04										
A. Public Water System	n (PWS) Information										
A. Public Water System (PWS) Information											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 PWS Type: X Community Non-Transient Non-Community Transient Non-Community PWS Type: X Community Non-Transient Non-Community PWS Owner: AquaSource Utility, Inc. Contact Person: AquaSource Utility, Inc. Contact Person Mailing Address: 1343 NE 17th Road Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvitzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #2 Plant Address: 3900 N.E. 20th Ave Type of Water Treated by Plant: IX_Raw Ground 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 subsecti			Transient Non-Commu	ınity C	onsecutive						
			Total Population Served	at End of Month:	2093						
A. Public Water System (PWS) Information PWS Name Ocala Doks, well 92 Non-Transient Non-Community Non-Transient N											
A. Public Water System (PWS) Information PWS Name. Octal Oaks, well #2 PWS Type: Connections at End of Month: 598 Total Population Served at End of Month: 209 PWS Owner. AquaSource Utility, Inc. Contact Person's Muniting Address: 1343 NE 17th Road Contact Person's Muniting Address: 1343 NE 17th Road Contact Person's End Address: 1343 NE 17th Road Contact Person's Full-phone Number: (352) 369-4881 Contact Person's Full-phone Number: (352) 369-4881 Contact Person's Full-phone Number: (352) 732-3213 Contact Person's E-Mail Address: myftzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name. Octal Oaks, well #2 Plant Telephone Number: (352) 369-4881 Plant Address: 3900 N.E. 20th Ave Plant X. Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating, Capacity of Plant, gallons per day: Plant Class (per subsection 62-699-310(4), F.A.C.): Licensed Operators Name License Class License Number Daysy/Shift(s) Worked Lead/Clief Operators Mark March C 8287 6 Days per week Daysy per week Daysy per wee											
A. Public Water System (PWS) Information PWS Name. Coelas Oaks, well #2 PWS Type: Connections at End of Month: 598 Total Population Served at End of Month: 2093 Number of Service Connections at End of Month: 598 Total Population Served at End of Month: 2093 PWS Ower. Aquasbource Utility, Inc. Contact Person's Maining Address: 1343 NE 17th Road Contact Person's Title: Area Manager : Florida Contact Person's Maining Address: 1343 NE 17th Road Contact Person's Telephone Number: (352) 359-4881 Contact Person's Telephone Number: (352) 359-4881 Contact Person's Feelphone Number: (352) 369-4881 Contact Person's Feelphone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Feelphone Number: (352) 369-4881 Plant Address: 9090 N.E. 20th Ave Purchased Finished Water											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 Number of Service Connections at End of Month: Number of Service Connections at End of Month: Number of Service Connections at End of Month: Number of Service Connections at End of Month: Ocala Oaks, well #2 Contact Person: Michael Fitzgerald Contact Person Person's Fax Number: Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael											
			Plant Teleph	one Number:	(352) 369-4881						
			City: Ocala	State: FL	Zip Code: 34479						
		ırchased Finished Wa	nter								
A. Public Water System (PWS) Information PWS Name											
A. Public Water System (PWS) Information PWS Name Ocals Ocks, well #2 PWS Informative Non-Transient Non-Community Non-Transient Non-Community PWS Uper Aguatosored Unity, Inc. Contact Person: Michael Fragenal Contact Person: Michael Frag											
A. Public Water System (PWS) Information PWS Name. Octal Colas, well #2 PWS Type: Connections at End of Month: 598 Total Population Served at End of Month: 203 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: Michael Firegerald Contact Person: See Mail Address: 1343 NE 17th Road Contact Person: See Mail Address: Michael Michael See Michael Person Persons Fax Number: (352) 732-3213 Contact Person: See Mail Address: myftzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name Coclad Osks, well #2 Plant Address: 3900 N.E. 20th Ave Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), E.A.C.): Licensed Operators Name License Class License Class License Number Day(syShift(s) Worked Lead/Chief Operator: Mark March C 8287 G Days per week Other Operators I. Kerrification 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 divining water treatment chemicals used at thisplant conform to NSF information provided in this report is true and accurate to the best of my knowledge. I certify that all divining water treatment chemicals used at thisplant conform to NSF information provided in this report is true and accurate to the best of my knowledge. I certify that all following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the mon											
	Mark March	C	8287	6 D	Jays per week						
Other Operators:											

II. Certification by Lead	/Chief Operator			· -							
International Standard 60	O or other applicable standards referenced in subsection 6	52-555.320(3), F.A.	C. I also certify that the	following additional o	perations records for this						
plant were prepared each	day that a licensed operator staffed or visited this plant of	during the month in	idicated above: (1) recor	rds of amounts of chem	icals used and chemical feed						
rates; and (2) if applicab	le, appropriate treatment process performance records. F	uthermore, I agree	to provide these addition	nal operations records t	to the PWS owner so the PWS						
				•							
,	. , , ,	, 5									
			•								
	Mark March			C8287							
Signature and Date	Printed or Typed Name	2		License Number							

											127,000	14.		umixeM
											64,003			Average
								,			1,920,100	i.	220	IstoT
						.						24 hrs		31
	7.1					<u> </u>		ļ			15,300	24 hrs	X	30
						<u> </u>					005,46	24 hrs	<u> </u>	67
	1.1					<u> </u>			ļ		005,49	24 hrs	X	82
						ļ					000,08	24 hrs	ļ	LZ
	1.2					<u> </u>					000,08	24 hrs	X	97
						<u> </u>					127,000	24 hrs	L	52
											176,000	24 hrs	ļ <u>.</u>	74
	£.1					ļ					156,000	24 hrs	X	. 23
						<u> </u>					000,66	24 hrs		77
	7.1					<u> </u>					000'66	24 hrs	X	17
											000,08	24 hrs		70
	7.1					L					000,08	24 hrs	X	61
						ļ					000,68	24 hrs		81
						<u> </u>					000,68	24 hrs		
	I.I	<u> </u>				ļ					000,68	24 hrs	X	91
		<u></u>									18,500	24 hrs		SI
	£.1		ļ	•		<u> </u>					18,500	24 hrs	X	τI
						<u> </u>					7,000	24 hrs		ΕI
	1.1					<u> </u>					2,000	24 hrs	X	17
						L					009'19	24 hrs		П
						<u> </u>					009,19	24 hrs		10
	11	,				ļ					009'19	24 hrs	X	- 6
			ļ			<u> </u>					33,500	24 hrs		8
	7.1		<u> </u>								33,500	S4 hrs	X	L
											000,28	S4 PES	X	9
	£.1										000,25	24 hrs	X	S
											48,000	24 hrs		17
			ļ			<u> </u>					000,74	24 hrs		ε
						ļ				.,,	000,74	24 hrs		7
	7.1					<u> </u>					000,74	24 hrs	X	1
Water System Components Out of Operation	Зуяст, ту/С	Sec/cm2	Sec/cm2	J\nim-gm	Applicable	Э	J\nim-gm	sənuim	Лут, жоН	Rate, gpd	Produced, gal	Operation	("X"	thnoM
Repair of Maintenance Work that Involves Taking	nonudrasiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	(pc
Emergency or Abnormal Operating Conditions;	ar tnio4	Required,	UV Dose,	CL	To Hq	Io.	ganua	garing trioq	First Customer		bərləini To	smoH-	Operator	To vsG
	Concentration at Remote	Minimum UV Dose	Izəwo.1 gaidriəqO	muminiM		Temp	Customer	Measurement	is to eroted (2)		Vet Quanity		by.	
	Disinfectant :	anital all A	136/110 1	- 4,			Before or at First	Contact Time D 18 (T)	Concentration				no baitaiV	
	, Isubisa M	100					Provided	Disinfectant	Lowest Residual Disinfectant				Staffed	
	Towest						Lowest CT		i loubise di maino 1			•	Plant	
		8, 72.66.86.00.000	70.0					mama ta	C 1882 (2.6) 17 (885 v.)	W.			Days	
			T VU	idda ii tioni	A DOME CO.	Sor-ma	Participation	TTC-1-7-1	SHOWING TO	a pasku u u			"	
		(2.85) 施設(4.1				OUL-100	7 etertznom90	T of send VII to	CT Calculations	unot no. o	DAILIMIT	n.0237		0.046
Chlorines) Chlorine Dioxide	nlorine (Chlora	D banidm	ا ره	anine	Free Chlo		····				i bənistnisM lst			
	_						***	:(:	Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	Duoz() []	əbixoid	Chlorine I		hlorine) 551F			m9A\noitsiv	itan Inacti			
									40-lingA		the rest of:	or the Mon	ly Data I	III. Dai
					7#	e' mejj	Ocala Oak	Plant Name:		0951745	:,1	iou Mumbe	gentificat	ยรหล่ใ

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



See page 4 for instructions

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	1 6	C 1 NA 1 02 C	T A A A						
PWS Name: Ocalo Oaks, well #1 PWS Identification Number: 3421560									
PWS Type: X 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 Michael Fitzgerald Contact Person's Michael Fitzgerald Contact Person's Telephone Number: (352) 369-4881 Contact Person's Felephone Number: (352) 369-4881 Contact Person's Felephone Number: (352) 369-4881 Contact Person's Felephone Number: (352) 732-3213 B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1 Plant Address: 3900 N.E. 20th Ave Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000 Plant Calesgory (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 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 thisplant 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				munity					
Contact Person's Michael Fitzgerald City: Ocala State: FL Zip Code: 34470 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 E-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1 Plant Name: Ocala Oaks, well #1 Plant Address: 3900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water 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 Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: He 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 all drinking water treatment chemicals used at thisplant 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			598	·· ·	Total Po	pulation Served a	at End of Month:	2093	
Contact Person's Mailing Address: 1343 NE 17th Road Contact Person's Telephone Number: (352) 369-4881 Contact Person's Elephone Number: (352) 3732-3213 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: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000 Plant Claegory (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:									
Contact Person's Telephone Number: (352) 369-4881 Contact Person's F-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1									
B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1 Plant Address: 3900 N.E. 20th Ave Plant Security of Plant, gallons per day: 183,000 Plant Category (per subsection 62-699,310(4), F.A.C.): Licensed Operators Mark March C 8287 6 Days per week Other Operators: Mark March C 8287 6 Days per week Other Operators: I C C C C C C C C C									
B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #	3213								
Plant Name: Ocala Oaks, well #1 Plant Address: 3900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water 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 Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Mark March C 8287 6 Days per week Other Operators: 6 Days per week 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 tinformation provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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 Address: 3900 N.E. 20th Ave									
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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: Other Operators: Other Operators: Name									
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Other Operators: Other Operators: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked									
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:				rchased Finished Wa	ater				
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:									
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 to 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 thisplant 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									
Other Operators:	Lead/Chief Operator:	Mark March	·	С		8287		6 Days per weel	<
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 t 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 thisplant 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	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 t 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 thisplant 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									
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 t 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 thisplant 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									
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 t 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 thisplant 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					<u> </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 t 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 thisplant 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					†				
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									
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									
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					1				
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									
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					<u> </u>				
	 Certification by Leac 	l Chief Operator							
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the owner can retain them, together with copies of this report, at a convenient location for at least ten years.									
Mark March C8287	0.								
Signature and Date Printed or Typed Name License Number	Signature and Date		Printed or Typed Name	2			License Numbe	er	

Page 1

											000,209	i ya .		maximum
											207,000	2. 2	10	Average
	T #1.5	Τ	Υ	T	r			r			000,714,8	14. 15. A. L. H.	31	- IstoT
	2.1	ļ		ļ — —	_	<u> </u>		<u> </u>			197,000	S.14 P.Z	X	18
	ļ	<u> </u>		ļ	ļ	<u> </u>					218,000	24 hrs		30
	1		<u> </u>	ļ	ļ	<u> </u>					217,000	24 hrs	X	67
	7.1	ļ				ļ					221,000	24 hrs	X	87
	I.I.	ļ		ļ <u> </u>		ļ					231,000	54 pts	X	LT
	1.2	ļ		ļ	ļ	ļ					315,000	24 hrs	X	97
	1.1			ļ	<u> </u>						320,000	24 hrs	X	57
	. 17	<u> </u>		<u> </u>		Ĺ	<u> </u>				000'997	24 hrs	X	54
		<u> </u>		<u> </u>		<u> </u>		l			173,000	24 hrs		73
	€.0										173,000	24 hrs	X	77
	I.I										267,000	24 hrs	X	17
	71										182,000	24 hrs	X	50
	7.1										187,000	24 hrs	X	61
	1.1										170,000	24 hrs	X	18
	7.1										141,000	24 hrs	X	LI
								L			173,000	24 hrs		91
	1,1							1			173,000	S4 pts	X	SI
	9.0										749,000	24 hrs	X	14
	8.0										167,000	24 hrs	X	ΕI
	1.1										277,000	S4 hrs	X	15
	7.1										182,000	S4 pts	X	111
	[1]										000,209	24 hrs	X	10
											990,28	24 hrs		6
										-	82,000	St hrs	 	8
	1.1										000,28	24 hrs	X	L
	2.1							-			148,000	24 hrs	X	9
	17										000,092	say 47	X	ç
	2.1									•	000,081	24 hrs	X	7
	εī										144,000	24 hrs	X	ε
					-						163,000	24 hrs		7
	7.1										163,000	24 hrs	X	ī
Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J\nim-gm	Applicable	Э	J/nim-gm	sənuim	J\gm ,woFI	Rate, gpd	Produced, gal	Орегацоп	("X"	Month
Repair or Maintenance Work that Involves Taking	Distribution	"Wm	-Wm	Reduired,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эүр
Emergency or Abnormal Operating Conditions;	ni mioq	Required,	UV Dose,	L)	lo Hq	10	gnimG	garind Inio9	First Customer		of Finished	SmoH	Operator	Day of
	at Remote	UV Dose	Operating	minimiM		Temp	Customer	Measurement	(C) Before or at		Net Quanity	:	λq	
	Сопсепилиоп	muminiM	Lowest				izri4 is	Ons (T)	Сопсепианоп				Visited	
생물 휴업을 회사는 그는 지수는 병으로 하는	Disinfectant		4.5			w	Defore or	Contact Time	Disinfectant		`.		ot	
	Residual		- 1 A				Provided	Disinfectant	Lowest Residual				Staffed	12 × 11
	Lowest	45720	ISOMOT	# 32 h	107 1000		Lowest						Plant	
			I A O WAR		The Section 1992 A	Maria I	27. 200.00	mary Ia		No. 2			Days	15 7 8
	2 v 4							ior UV Dose, to I		<i>\$1</i>				4 a 4
						Lario	1 sterionoma(1 et e20/I VI 140		unorpera ::	Dallimiter	nicast		i adda
amines) Chlorine Dioxide	hlorine (Chlors	12 banidm	^J	anino	Free Chl			.7.		itudintsi(I n	i bənistnisM lsu			
							·	:):	Other (Describe			roitaibaA t		
Combined Chlorine (Chloramines)	auoz(\cup \square	əbixoi	Chlorine D		hloring) 5514			m9A\noissiv	itosal suriV go.			
									40-yeM		the more than	or the Mon	l sta Clyl	isCL III
								Plant Name:		3421560		odmuM noi	tsəflificət	PI SMd
	7701/10		~ \ I = I \ .	~	~\I~ 44									

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



PWS Name: Ocala Oaks, well #2 PWS Identification Number: 3421560 PWS Type: X Community Non-Transient Non-Community Transient Non-Community 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 Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: myfitzgerald@aquaamerica.com Water I Treatment Plant Information Plant Name: Ocala Oaks, well #2 Plant Address: 3900 NE. 20th Ave City: Ocala State: FL Zip Code: 34479 Type of Water I Treated by Plant: XZ Raw Ground Water 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 Class (per subsection 62-699-310(4), F.A.C.): Licensed Operators Mark March C 8287 6 Days per week Therefore their Chief Operator: Mark March C 8287 6 Days per week Therefore Chief Operator: Mark March C 8287 6 Days per week Therefore Chief Operator of the water treatment plant identified in Part I of this report. I certify that the formation provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF termational 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											
A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 Number of Service Connections at End of Month: System (PWS) Total Population Served at End of Month: System (PWS) Many (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Operating Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections at End of Month: System (PWS) Information Connections (PWS) Information Connection Connection Connection Connection Connection Connection Connection Connection Connect											
		munity									
			Total Population Served	at End of Month:	2093						
			·								
		<u>,</u>									
											
			Contact Person Person's	Fax Number:	(352) 732-3213						
·											
					(0.70) 0.60 1001						
				State: FL	Zip Code: 34479						
			ater								
		183,000	This is a second of the second	: (2 (00 210/A) E A							
		11:000000001									
	Mark March	C	8287	(Days per week						
				+							
											
		<u></u>									
			<u> </u>								
II. Certification by Lead	Chief Operator										
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 thisplant 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 lant 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 intes; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS											
Signature and Date											
Signature and Date	Printed or Typed Name	2		License Number							

1,759,500														
												Application	- 22 - 1	
	7.7	r	1	1	· · · · · · · · · · · · · · · · · · ·	т		1		1		an =	T	lotal
	I I			ļ		 					000,6€1	24 hrs	X	31
						 	 				141,000	SJ4 PZ	↓	30
	7:1			ļ		_					000,141	St hrs	ļ.,	67
	7.1	ļ		ļ							140,000	SIU 77	X	82
	1.1							 			000,08	24 hrs	X	
	61										000'95	24 hrs	X	56
	1.1		ļ <u>-</u>	ļ. .			 				71,500	Sty pt2		52
	11				·	 	 -	 			005'17	SJU 77	X	24
		<u> </u>				<u> </u>	 			ļ	000,08	STU \$7	 	23
	1.1		ļ <u>.</u>	 		<u> </u>					000,08	SH 47	 -, -	77
	1.1										000,04	24 hrs	X	17
	7.1	 	 	ļ <u>.</u>		<u> </u>	 	 			000,84	SH 47	 	50
	61	 	ļ				 -	ļ			48,500	24 hrs	X	61
	7.1					 -				 	000'9	SJ4 PZ	 _ , 	81
	٤١.										000'9	SJU 77	X	LI
91 91 57 57 51 57 57 57 57 57 57 57 57 57 57 57 57 57														
17 X 74 PL2 S2'300 1'T														
14 X 54 PLZ 52,300 1.2 13 54 PLZ 52,000 1.2														
13 St hrs 25,000 EI														
11 Z X Zt III														
	ΓΊ	<u> </u>									40,000	24 hrs	X	11
791119 - 11							 				000,001	24 hrs	_ <u>^</u>	01
						-					102,000	24 hrs	ļ	6
	2.1										101,000		V	8
	1.1										000,54	24 hrs	X	L
	<u> </u>						 -				000,24	24 hrs	X	9
							<u> </u>				000 \$V	24 hrs	X	ς
	εī					-	 				005,7	24 hrs	X	7
							<u> </u>				008,21	54 pc		ε 7
		·									005,21	SJ4 PZ		7
Water System Components Out of Operation	System, mg/L	sec/cm2	гшэ/ээг	7/uim-3m	Applicable	: Đ	J\nim-gm	səmunu :::	J\gm ,wol4	Rate, gpd	Produced, gal	Ореганоп	("X"	Month
Repair of Maintenance Work that Involves Taking	noitudittsiQ	Vm	-Wm	Required,	Yater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эүр
Emergency or Abnormal Operating Conditions;	ni mioT	Required,	UV Dose,	TO	lo Hq	ìo	guind	garmCl mio4	First Customer		bədzini To	Hours	тотвтэеО	Day of
	at Remote	osod VU	gninsnoqO	muminiM		qmoT	Customer	Measurement	is no snoise (O)		Vet Quanity		λq	
	Concentration	muminiM	Lowest				at First	Dac	Concentration		18 P. 1		bajiziV	
	Disinfectant	Or hy Sacridal				1.734	no snotsed	Sontact Time	: Instantainici (2 - 9		10	
A CONTRACTOR OF THE PARTY OF TH	Lowest Residual	Side Armide					Provided	Disinfectant	Lowest Residual	200			Staffed	
	, tsewo I					1.7	Lowest CT					4	Just	
		980(I VU	44-				CI Calcul		-			Days	
						god-mo	4 Structuate F	Or UV Dose, to L					1186	
Type of Disinfectant Residual Maintained in Distribution System: Chlorine Chlorine Chlorine Chlorine Dioxide														
	Ultraviolet Radiation Other (Describe):													
Means of Achieving Four-Log Virus Inactiviation/Removal: *														
III. Daily Data for the Month Year of: May-04														
					7#	llaw ,e	Ocala Oak	Plant Name:		3421560	L:	odmuM noi	dentifica	PI SMd

DEP Form Form 62-555 900(3) Attennate

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



A. Public Water System (PWS) Information PWS Name: Ocalo Oks, vell #1 Non-Transient Non-Community Transient Non-Community Ocuse Cutties Number of Service Connections at End of Month: 598 Total Population Served at End of Month: 2093 PWS Owner: Aquestion Augustic State: Contact Person: Michael Fizigenial Contact Person's Title: Area Manager - Florida Contact Person's Title: Area Manager - Florida Contact Person's Title: Contact Person's Telephone Number: (352) 369-4881 Contact Person's Telephone Number: (352) 369-4881 Contact Person's F-Mail Address: B. Water Treatment Plant Information Plant Name: Ocalo Okas, vell #1 Plant Address: Plant Name: Ocalo Okas, vell #1 Plant Name: Ocalo Okas, vell #4 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Type of Water Treated by Plant: Z. Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699-310(4), F.A.C.): Licensed Operators Name License Class License Number Day(Shift(s) Worked Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that all drinking water treatment chemicals used at thisplant 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 seed at a face of the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS owners on the PWS											
			PWS Identif	ication Number:	3421560						
		munity			Consecutive						
			Total Population Served	at End of Month:	2093						
			Contact Person's Title:	Area Manager - Florida							
			1 /		Zip Code: 34470						
			Contact Person Person's	Fax Number:	(352) 732-3213						
	ant Information										
Plant Name:			Plant Teleph	one Number:	(352) 369-4881						
			City: Ocala	State: FL	Zip Code: 34479						
		rchased Finished Wa	nter								
		183,000									
	bsection 62-699.310(4), F.A.C.):										
Licensed Operators	Name	License Class	License Number	Day(s))/Shift(s) Worked						
	Mark March	С	8287	6.0	Days per week						
II. Certification by Lead	Chief Operator										
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 thisplant 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 alant 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 ates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS											
Signature and Date	Printed or Typed Name	2		License Number							
	•										

												315,000			mmixsM
1												001,771	1.0		Average
1												000,155,2	1,200	N. 1915	Total
23 23 23 24 24 24 24 25 25 25 25													24 hrs		18
1		l		}			T					163,000	24 hrs	X	30
1		6.0				i i	T					128,000	24 hrs	X	67
		Ī					1					144,000	St pts	X	87
		Ī			1		T					162,000	24 hrs	†~~	
		7.1										162,000	S4 pts	X	
17 1997 19		1.1													
17		7.1		İ	Ì		1	-			<u> </u>				
		 		 	<u> </u>		 								
1			<u> </u>	1	 	· · · · · · · · · · · · · · · · · · ·	 			İ	-				
The Party Data for the North Year Oct Abstract Ab				f		Ì	 				<u> </u>			+	
		<u> </u>		 		 	1 -		 		·			$+$ $^{\wedge}$ $-$	
The part of the properties of the part of the properties of the part of the properties of the part o		7.1	 	 	 	-	 		 					+ v	
17.2 X. 28 tase 19,0000		1	 			 	 							-	
		i		<u> </u>	1		 								
			 			 	 		· · · · · · · · · · · · · · · · · · ·						
Means of Achieving Four-Log Virus Inscivintion Pleaned In Districtant Residual Maintained in Distribution Systems Prec Chlorine Chlorine Dioxide Chlorine C			i e			f	 							+	
Means of Achieving Four-Og Virus Inscitution/Removal: Description Processing Pour-Log Virus Inscitution Processing				 	 	<u> </u>	 		,						
1	- Address - Addr	 	1	 	1		 		 	<u></u>				 ^ -	
1 Dilly Distribute Distribution Distribut		ı			 	 	 	-						v	
Means of Achieving Four-Log Virus Inscirvation/Removal: "Upweat Readant Plant for the Month" X7 Operation (Chorus) (Chor			· · · · · · ·	 		 	ļ			- · · · · · · · · · · · · · · · · · · ·				+	
Means of Achteving Four-Log Virus Inscirulation/Remonstrate in Distribution System: Ultravolet Radiation Upper of Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Crockleations Distribution System: Competition System: Distribution Syste						 	 							+	
Means of Achicuing Four-Log Virus Inactivation/Removal; 4 Jugs of District Residual Maintained in Distribution System: Concentrate Book of Person Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Produced gail Fast System Components Organization Part In Part In Produced gail Fast System Components Organization Part In Produced gail Fas						 	 	-							
Means of Achiceing Four-Log Virus Inactiviation/Removal: * 10 me-04 1 me				 						·					
Means of Achieving Four-Log Virus Inactivisiton/Removal: * Ultraviolet Radiation Date						İ	 		·						
Means of Achieving Four-Log Virus Inscrivingion/Removal: * Ultaviolet Radiation		ļ				<u> </u>	 							^	
Means of Achieving Four-Log Virus Insciviation/Removal: * Ultraviolet Radiation Total Compined (Chloramines) Distribution System; Plant in Plant Plant Plant Plant Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant Pl				· · · · · · · · · · · · · · · · · · ·			 	 						 	
Means of Achieving Four-Log Virus Inscrivation/Removal: * Ultaviolet Radiation Control Co						 	 		<u> </u>						
Means of Achieving Four-Log Virus Inscirvation/Removal: * Ultraviolet Radiation Day of Decision Dismictant Decision Dismictant Dismicta		11			 	 	 		ļ					- V	
Means of Achieving Four-Log Virus Inactivisation/Removal: * Ultraviolet Radiation Days Days Days Dependent Days Dependent Days Dependent Days Dependent Dependent Days Dependent De					 	l	 						· -		
Means of Achieving Four-Log Virus Institution/Removal: * Ultraviolet Radiation Part Peach Part P		1 1				<u> </u>	 						<u> </u>	+	
Means of Achicving Four-Log Virus Inactivistion/Removal: * Means of Achicving Four-Log Virus Inactivistion/Removal: *	Water System Components Out of Operation	System, mg/L	7W3/39S	7W2/29S	7/4144-344	Аррисаріе	1	7/11111-3111	Samurui	riow, mg/L	rate, gpd				
Means of Achieving Four-Log Virus Inactivistion/Removal: * Means of Achieving Four-Log Virus Inactivistion/Removal: * Ulusviolet Radiation Ulusviolet Radiation Ulusviolet Radiation Other (Disinfectant Residual Maintained in Distribution System: CTCalculations COncentration if Applicable* Or Pisante of Minimum Operator Concentration Operator Operator Operator Day of Operator Oper		2 4 2 4 4 4 4 4 4 4						Proceedings of the Control of the Co					4		* .
Means of Achieving Four-Log Virus Inactiviation/Removal: * Days District Day District Di	The state of the s	************************************				1	1.00		1997年,6月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日		meli deed				
Means of Achieving Four-Log Virus Inactivistion/Removal: * June-04 Means of Achieving Four-Log Virus Inactivistion/Removal: *			Programme and the second		2.0	1 " "				And the second s	-		won		30 Yea
Means of Achieving Four-Log Virus Inactiviation/Removal: * Unraviolet Radiation Other (Describe): O	[8]	 A Company of the Compan			,			and the second of the	The second of th			vitigen() tel/			
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):				point 1		1,500	e 74,65.		And the second of the second of						¥3
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):			Riggs (A)		1	100					į.		1		
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):		of the address of the and the				TW.			tnstəəlnizi(T	Leubisa Residual	-			100 100	
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):		2 St. 40 C. 30 C.		tare tea				Lowest CT					[聖] 관련된	the state of the s	
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):	Carlotte Comment	Days On Dose													
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):	mines) Chlorine Dioxide	nlorine (Chlora	D bənidm	ЮЭ	ərine	Free Chlo				n System:	oitudirteiQ n	i bənisənisM lsu	ctant Residi	elnisi(I)	Type of
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * Tree Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	i i i i i i i i i i i i i i i i i i i			······································		·			:(3						
III. Daily Data for the Month Year of: June-04	Сотыпеа Сијогие (Сијогатиез)	Sone	э П	əpixoi	Chlorine D		noune	J 5914			лапоп/Кет Г				
				*	,,0	<u> </u>					·				
IVWS IDENTIFICATION NUMBER: 34.21560 Plant Name: Ocala Oaks, well #1															
						1#	# [[əm 's	Ocala Oak	Plant Name:		3421560	:.1	ion Number	entiticat	DISMA

DEP Form Form 62-555,900(3)Alternate

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



See page 4 for instructions

I. General Information	for the Month/Year of: June-04				
A. Public Water System	n (PWS) Information				
PWS Name:	Ocala Oaks, well #2		PWS Identif	ication Number:	3421560
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
	nnections at End of Month: 598		Total Population Served	at End of Month:	2093
PWS Owner:	AquaSource Utility, Inc.				
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florid	a
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Ma	il Address: <u>mvfitzgerald@aquaamerica.com</u>				
B. Water Treatment Pla					
Plant Name:	Ocala Oaks, well #2		Plant Teleph	one Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	nter		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	183,000		,	
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	61	Days per week
Other Operators:					
II. Certification by Lead	/Chief Operator				
iii. Certification by Lead	rether Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatment plant	identified in Part I of t	this report. I certify that the
	this report is true and accurate to the best of my knowled				
	0 or other applicable standards referenced in subsection 6				
rates; and (2) if anylinal	n day that a licensed operator staffed or visited this plant	during the month in	idicated above: (1) recoi	as of amounts of chen	nicals used and chemical feed
	le, appropriate treatment process performance records. F			nal operations records	to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.		
	W 137			0000	
Signature and Date	Mark March			C8287	
oignature and Date	Printed or Typed Name	2		License Number	

DEP Form 62-555 900(3)Alternate

											30.800	L		mmiyeM
											L75'8		19.00	Average
											008,222			Total
	1		Ι	ſ	l	T		1		T		24 hrs	T	118
	11				l	 			-	<u> </u>	1,000	24 hrs	X	30
	 			-	<u> </u>	 	 	 	 	· · · · · · · · · · · · · · · · · · ·	0001	24 hrs	 ^	
	1.1												+	67
									*		1,000	24 hrs	X	82
	<u> </u>			 		ļ	-			<u> </u>	0	24 hrs		LZ
		ļ					ļ	ļ. <u>.</u>	ļ		0	24 hrs	└	97
	I'I					ļ	ļ				0	S4 pts	X	52
				L	L					ļ	000,01	24 hrs		74
	7.1			<u> </u>		ļ					10,000	24 hrs	X	73
											1,000	24 hrs		77
	[]			<u> </u>				L			1,000	S4 hrs	X	17
								l			14,000	24 hrs		- 07
											13,000	24 hrs		61
	Į.				_						13,000	54 pts	X	81
											10,000	24 hrs	†	LΙ
	2.1										000,01	24 hrs	X	91
							···				000'1	24 hrs	 	- SI
	2.1					1					1,000	SJU ÞZ	X	14
				 		t -	 				30,800	24 hrs	1 A	ει
		 		 		 					009,0£	24 hrs	 	71
	1.1		-								009.05		 ;	
		<u> </u>				1						24 hrs	X	H
	71			 		 				ļ	005'01	24 hz	<u> </u>	10
	C 1					ļ					10,500	24 hrs	X	6
	7.1			[000,2	24 hrs	ļ!	. 8·
	7.1		ļ			<u> </u>					000,8	24 hrs	X	L
											007'9	24 hrs		9
											007,8	24 hrs		· · · ς
											9,200	24 hrs		Þ
	LI										007,8	24 hrs	X	≟∴£
											11,000	24 hrs		7:7
	I.I										000'01	24 hrs	X	I
Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J\nim-gm	Applicable	Э	J\nim-gm	sənnim	Л∕зт, моП	Rate, gpd	Produced, gal	Operation	("X"	thnoM
Repair or Maintenance Work that Involves Taking	nonudmaid	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni tasl9	(Place	гре
Emergency or Abnormal Operating Conditions,	ni moq	Required,	UV Dose,	TO	To Hq	. To	gnnuG	gnimQ mio4	First Customer	et y	of Finished	smoH	Operator	Day of
	at Remote	Dose Dose	Operating	muminiM		Temp	:Demolarical	Measurement	ts to stoled (2)		Net Quanity		ρλ	
	Concentration:	mminiM	Lowest		1		at Tirst	"Om(T)	Concentration		4		Visited	
	Disinfectant				Section 1		To Stoled	Sontact Time	Disinfectant			la si	10	2.
	Residual	9.5 A 17			1000.) 1000.4		Provided	Disinfeçiant	Lowest Residual	1	1 A		Staffed	
	rowest						Lowest CT		\$6 \$8			pi-	Plant	5.4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			IND		55	Land Marie	suone	CT Calcul	grishingi Ako kasa				Days	
	1.24 E. E. E. E. E. E. E. E. E. E. E. E. E.			IqqA ii ,nom				or UV Dose, to L					100	
amines) Chlorine Dioxide	hlorine (Chlora	O panidm			Free Chl	1	And the second s			onnomisia n	i bənisinisM İst	DISƏM IUPIC	DIJUSIO	o add i
	1107 . 11	<u> </u>	У Ц					.(,						
(communication) and form a particular			0011/01	7 4 111101110				.(•	Other (Describe			noitsibsA te		
Combined Chlorine (Chloramines)	euoz(<u>, </u>	9bixoi0	Chlorine D		Shlorine) 5974			mag/noitsiv	itasırl suriV go.			
									₽0-əunÇ		Roar of:	or the Mon	ly Data	III. Da
					7#	s' well	Ocala Oak	Plant Name:		3451260	T:	on Mumbe	dentificat	PI SMal

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



are page area measurement					
1. General Information					
A. Public Water System	n (PWS) Information		-		
PWS Name:	Ocala Oaks, well #1		PWS Identif	ication Number:	3421560
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-Commu		Consecutive
Number of Service Con	nnections at End of Month: 598		Total Population Served		2093
PWS Owner:	Aqua Utilities Florida			· · · · · · · · · · · · · · · · · · ·	
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Ma					
B. Water Treatment Pla	ant Information				
Plant Name:	Ocala Oaks, well #1		Plant Teleph	one Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	ter		
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	183,000			
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection	on 62-699.310(4), F.A	A.C.):
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	8287		6 Days per week	
Other Operators:					
II Contitionation by Land	1.Chi-CO				
II. Certification by Lead					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/c	chief operator of th	e water treatment plant i	identified in Part I o	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowledg	ge. I certify that all	drinking water treatme	nt chemicals used a	t thisplant conform to NSF
International Standard 60	0 or other applicable standards referenced in subsection 62	2-555 320(3) F A	C. I also certify that the	following addition:	al operations records for this
plant were prepared each	n day that a licensed operator staffed or visited this plant d	luring the month in	dicated above: (1) recor	de of amounts of ch	pamicals used and chemical feed
rates: and (2) if applicab	le, appropriate treatment process performance records. Fu	sthormore Leones	to marrido than addition	!	de 4e 4b e DWC essentia e 4b e DWC
owner can retain them to	ogether with copies of this report, at a convenient location	amermore, ragree	to provide these addition	iai operations recor	as to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	i for at least ten yea	ars.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	*************************************
- Daniel Talla Date	Timed of Typed Name			Piceuse Manibel	

											223 000		u	umiyeM
											178,821			Average
											005,606,4	7.6	77	Total
	1.2	I							1	l	005,871	24 hrs	X	IE
	1.2									l	143,000	St pls	$\frac{1}{x}$	30
	1.2					 			 		177,000	Sry bz	$\frac{x}{x}$	67
	£.1			l	· · · · · · · · · · · · · · · · · · ·	 	h	<u> </u>			000'9†1	24 hrs	$\frac{\lambda}{X}$	
,	2.1	-				 			 		000 901	24 hrs		87
					ļ	 			 		<u> </u>		X	7.7
	7.1				ļ	 -		<u></u>	 		000,971	24 hrs	X	97
	,.,				ļ	ļ					130,000	24 hrs		52
	1.1				ļ		ļ		ļ	.	130,000	24 hrs	X	74
	7.1				ļ	ļ					223,000	24 hrs	X	23
	2.1					<u> </u>					174,000	24 hrs	X	77
	1.2					<u> </u>	<u> </u>				171,000	24 hrs	X	- 12
	I.I	L			L						142,000	24 hrs	X	07
	1.3										123,000	24 hrs	X	61
						<u> </u>					134,000	24 hrs		81
	1.1	I				l					133,000	24 hrs	X	41
	Z.I				l		Ī				000,202	24 hrs	X	: 91
	£.1										145,000	54 pts	X	SI
	£.1										000'£91	24 hrs	X	ÞΙ
	2.1					1					000,471	SJ4 PLS	X	ΕI
	1.2						·				148,000	24 hrs	X	12
		 									000, £81	24 hrs	 ^` -	II
	£.1						-				000,231	24 hrs	X	10
	2.1				 	 	l —————	 			000,121	24 hrs	X	6
	1	 	 		<u> </u>						000 151	24 hrs		
	1					ļ		·			000,001	24 hrs	X	8
	8.0	ļ				ļ	<u> </u>	ļ					X	L
			<u>-</u>								148,000	24 hrs	X	9
	T.0		ļ <u></u>		!						000,171	24 hrs	X	ς
	2:0										163,000	24 hrs	 	Þ
	6.0										000,251	S4 hrs	X	3.
	8.0	<u> </u>									000,671	24 hrs	X	7
	11										127,000	24 hrs	X	I
Water System Components Out of Operation	System, mg/L	zmo/oes	sec/cm2	J\mm-gm	Applicable) :	J\nim-3m	sənnun	J\gm,wo⊡	Rate, gpd	Produced, gal	nongradon	("X"	Month
Repair or Maintenance Work that Involves Taking	noituditisia	Wm	-Wm	Required,	Nater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni tas19	(Place	эцı
Emergency or Abnormal Operating Conditions,	ni inio4	Required,	UV Dose,	T	lo Hq	lo	gmnd	gnrnd mio4	First Customer		bədəini To	smoH	Operator	Day of
	at Remote	UV Dose	gningnago	muminiM		'Jame T	Customer	Measurement	(C) Before or at		Net Quanty	4.4	γď	
	Concentration	mminiM	Lowest				izii4 is	Ons(T)	Concentration				batisiV	
	Disinfectant				82029		Figure of	Sontact Time	Disinfectant			nely	10	2 -
	Residual						Provided	Disinfectant	Lowest Residual				Staffed	
	1sawo.1	- 1979 - 1979					Lowest CT						Plant	1
	al La	980(regularity and a state New Section of the section		suons						Days	
一种,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是			*əldsəi	IqqA ii ,noitt	Virus Inactiv	go.l-wo	Finonstrate F	or UV Dose, to E	CT Calculations,					
	nlorine (Chlora	D bənidm	Co	ənine	Free Chlo				n System:	oistributic	i bənistnisM lsu	stant Resid	Disinfe	Lype o
<u> </u>				-				:6	Other (Describe			noiseibeA 1		
Combined Chlorine (Chloramines)	suoz	ъ ГП	apixou	Chlorine L		hlorine	J Fiee	`		LLI HIBAN /HODBIA	ritasını SuniV go.			
(serimonold)) enizold) beginno)		<u>у</u> Ц	Shivoit	7 00:00140	ــــــــــــــــــــــــــــــــــــــ) V 1	<u> </u>		Chaoiteiu				
				,,,,,					40-ylut		th/Year of:	or the Mon	rig(I 7	in Dai
					T (1	11244 6	VIDA DIDAA	CALIBAL MEDIA	I	0061716		20111017 1121	marriana	
					1#	Haw 2	ArO RIROO	Plant Name:	L	3421560		on Numbe	teaftitual	<u> 1 SMd</u>

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



I. General Information	for the Month/Year of:	July-04							
A. Public Water System	n (PWS) Information								-
PWS Name:	Ocala Oaks, well #2				PWS Identif	ication Numbe	r: 3	421560	
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transi	ent Non-Commu	inity	Cons	secutive	
Number of Service Cor	nnections at End of Month:	598		Total Po	pulation Served	at End of Mon	th: 2	093	
PWS Owner:	Aqua Utilities Florida		1.00						
Contact Person:	Michael Fitzgerald			Contact	Person's Title:	Area Manage	er - Florida		
Contact Person's Mailir				City:	Ocala	State:		ip Code:	
Contact Person's Telep				Contact 1	Person Person's	Fax Number:	(.	352) 732-32	213
Contact Person's E-Ma		ald@aquaamerica.com]						
B. Water Treatment Pla	nt Information								
Plant Name:	Ocala Oaks, well #2				Plant Teleph	one Number:	(:	352) 369-4	881
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State:	FL Z	ip Code:	34479
Type of Water Treated			urchased Finished W	ater					
	Day Operating Capacity of Plant, gall-	ons per day:	183,000						
	bsection 62-699.310(4), F.A.C.):		•	Plant Cla	ass (per subsection	on 62-699.310(
Licensed Operators	Name	License Class	Lice	License Number Day(s)/Shift(s) Worked					
Lead/Chief Operator:	Mark Marc	h	С		8287		6 Day:	s per week	
Other Operators:									
		· · · · · · · · · · · · · · · · · · ·							
					· · ·				
						<u> </u>			
H. Cartification land	LCL:-CO								
II. Certification by Leac	/Chief Operator				<u></u>				
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead	chief operator of the	he water t	reatment plant	identified in l	Part I of this	report. I o	certify that the
information provided in	this report is true and accurate to	the best of my knowled	lge. I certify that a	ll drinking	water treatme	nt chemicals	used at thisp	lant confo	rm to NSF
	or other applicable standards ref								
	day that a licensed operator staff								
	le, appropriate treatment process								
					e mese addition	nai operations	s records to i	ile r ws o	wher so the r ws
owner can retain them, t	ogether with copies of this report,	at a convenient locatio	n for at least ten ye	ears.					
		Morle Morah				C8287			
Signature and Date		Mark March Printed or Typed Name				License Num	har		
orginature and Date		Finited of Typed Name	C			License Nuit	IDEI		

PWS I	dentifica	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#2							
III. Da	ly Data	for the Mon	th/Year of:		July-04	·										
			Log Virus Inacti	viation/Rem			Free (Chlorin	e 🗌	Chlorine I	Dioxide		Dzone	Combined Chlo	rine (Chloramines)	
		let Radiation			Other (Describe	e).			·						,	
			ual Maintained i	ند انسا		·).			Free Chl		T Co	mhinad C	hlorine (Chlor	aminac)	Chlorine Dioxid	
Type o	i Disime	ctant Resid	uai iviaintained i	in Distributio									morme (Cinor		Ciliornic Dioxid	
						or UV Dose, to I		ont-Fo8	Virus Inactiv	ation, if App	licable*					
1	Days			1	grade de dición a	CT Calcu	lations			1	UV	Dose	1	大师 (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) " (1) "		
	Plant					1.0	Lowest CT					1.37	Lowest			
	Staffed		at the same		Lowest Residual	Disinfectant	Provided				1		Residual			
	or	1		1	Disinfectant	Contact Time	Before or		-				Disinfectant			
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.	ujiya e	Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	- \$3.45 - \$3.45		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Ab	normal Operating Condition	as.
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ance Work that Involves Tal	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		omponents Out of Operation	
. 1		24 hrs	1,000	1	1	<u> </u>		 -					, , ,			
2	Х	24 hrs	6,000		<u> </u>			<u> </u>					1.2			
3	i	24 hrs	6,000					1								
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					L			ļ <u></u>		1			
10		24 hrs	5,300													
11		24 hrs	5,400	<u> </u>	L			Ь				<u></u>				
12	X	24 hrs	0					L					1.2			
13		24 hrs	0					<u> </u>			<u> </u>	Ļ <u> </u>				
14	X	24 hrs	8,500				ļ.,				ļ <u>.</u>	ļ	1.3			
15		24 hrs	8,500					ļ			ļ	<u> </u>				
16	X	24 hrs	0								ļ	ļ	1.2			
17		24 hrs	1,000	·				 				<u> </u>				
18	77	24 hrs	1,000	ļ			ļ	 			 		1.3			
19	X	24 hrs	1,500	ļ	 	ļ	 			 	 	 	1.3			
20	X	24 hrs 24 hrs	1,500 15,500		·		 	 			 	 	1.2			
22		24 hrs	15,500		 			 					1.2			
23	X	24 hrs	1,600		-		 	 	ļ		 	 	1.2			
24		24 hrs	1,600					 		 	 	 	<u> </u>			
25		24 hrs	1,700		 	-	 	 		 	 	 	 			
26	X	24 hrs	1,500		 			 	 	 	 	 	1.3			
27		24 hrs	1,500		 			 	 	 	 	 				
28	X	24 hrs	500		 		<u> </u>	 			 	 	1.3			
29		24 hrs	500					 	l ———		<u> </u>	 				
30	X	24 hrs	0					 			 		1.3	 		
31		24 hrs	0	_					 				<u> </u>	<u> </u>		
Total	- As -	<u>' </u>	104,900		·	1	L	·		L						
Average			3,384													
Maximu		1000 1000 1	15,500													

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



See page 4 for instructions

I. General Information	for the Month/Year of:	August-04						
A. Public Water System	n (PWS) Information							
PWS Name:	Ocala Oaks, well #1	-		·	PWS Identif	fication Numbe	er: 3421560	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transie	nt Non-Commi	unity	Consecutive	
	nnections at End of Month:	598		Total Pop	ulation Served	at End of Mon	th: 2093	
PWS Owner:	Aqua Utilities Florida				·			
Contact Person:	Michael Fitzgerald			Contact P	erson's Title:	Area Manage	er - Florida	
Contact Person's Maili				City:	Ocala	State:	FL Zip Code: 34470	
Contact Person's Telep				Contact P	erson Person's	Fax Number:	(352) 732-3213	
Contact Person's E-Ma		ald@aquaamerica.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Ocala Oaks, well #1				Plant Telepl	none Number:	(352) 369-4881	
Plant Address:	3900 N.E. 20th Ave			City:	Ocala		FL Zip Code: 34479	
Type of Water Treated			rchased Finished W	ater				
	Day Operating Capacity of Plant, galle	ons per day:	183,000					
	bsection 62-699.310(4), F.A.C.):	V				on 62-699.310(
Licensed Operators	Name		License Class	Licer	Day(s)/Shift(s) Worked			
Lead/Chief Operator:	Mark Marc	C	8287 6 Days per week					
Other Operators:								
自禁禁 电电流系统								
the property of the second								
				<u> </u>				
				<u> </u>				
				<u> </u>		1		
II Contification by Long	VChi-f O							
II. Certification by Lead	r Chief Operator							
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of	he water tro	eatment plant	identified in I	Part I of this report. I certify that the	
	this report is true and accurate to							
							ditional operations records for this	
							s of chemicals used and chemical feed	
							s records to the PWS owner so the PWS	
					mese additio	nai operations	s records to the P w S owner so the P w S	
owner can retain them, t	ogether with copies of this report,	at a convenient location	n for at least ten y	ears.				
		Mark March				Conor		
Signature and Date		Printed or Typed Name	<u> </u>			C8287 License Num	har	
o.b.atare and Date		Timed of Typed Name	.			Piccuse Mail	IUGI	

Page 1

											199,000			wmixeN
											\$95,151			Average
					,			,	, .	r	005,869,4			Total
	£.1	<u> </u>									151,000	sıų þz	X	31
	1.3					<u> </u>			<u> </u>		000,171	24 hrs	X	30
				ļ							000,571	24 hrs	<u> </u>	56
	7.1										172,000	24 hrs	X	82
	7.1					<u> </u>					164,000	24 hrs	X	. L7
	7.1					<u> </u>					145,000	24 hrs	X	97
	1.3										144,000	S.H P.Z	X	72
	7.1										000,811	24 hrs	X	74
	7.1						<u> </u>	<u> </u>			000'681	24 hrs	X	23
											121,000	24 hrs		77
	2.1										151,000	24 hrs	X	71
	2.1										143,000	S.iq 77	X	70
	2.1										000,211	24 hrs	X	61
	1.1										151,000	24 hrs	X	81
	1.2		1								140,000	24 hrs	X	41
	1.1										154,000	24 hrs	X	- 91
											140,000	24 hrs		SI
	1.1				<u> </u>		<u> </u>	† · · · · · ·			140,000	54 prs	X	14
	2.1					†		 			000,87	24 hrs	X	ει
	1.1										000'661	24 hrs	X	71
	8.0			-		!			•		000,871	24 hrs	X	11
	1.1										000'5†1	24 hrs	X	01
	1.1	-				 					000,201	S4 pc	X	6
	<u> </u>							<u> </u>	<u> </u>		005,881	St pt.	 	8
	I I			ļ ———			-				005,881	24 hrs	X	L
	2,1		 			 					154,000	24 hrs	X	9
	1.1					 			 		160,000	24 hrs	X	S
	2.1							 			142,000	24 hrs	X	7
	1.1		-	 		 	 				130,000	24 hrs	X	Ε.
	11					 			ļ		000,881	24 hrs	X	7
	 -	<u> </u>	-						-		000,881	24 hrs	 ^	-
warming to the contraduce time (a tame)	System, mg/L	sec/cm2	zwo/oəs	J\nim-gm	Applicable	3	J/mm-gm	minutes	Lam,woH -	Rate, gpd	Produced, gal	Орегацоп	(v	Month
Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	noitudinisiQ	Wm		Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water les les	Plant in	(Place	the
Emergency or Abnormal Operating Conditions,	ni mioq	Required,	UV Dose,	TO	lo Hq	10	gnimQ	gnimQ mio4	First Customer	mola 400a	of Finished	smoH	Operator	4
Subjipacy Dailes of James 19	at Remote	UV Dose	Operating	minimiM	, "T	Temp	Customer	Measurement	(C) Before or at		Net Quanity	Sano _{F1}	ρλ	30
[- 프랑토트 파워프라이트 - 프로그램 -	Concentration	muminiM asoft VIII				I	at First	Ons(T)	Concentration	No.	vrincid) teld		i	
		i minimini M	きんで こんが発生された でん						and the second of the second o				Visited	
	Disinfectant				1.00		то этогэЯ	Contact Time	Disinfectant		L.,	1	10	ŀ
	Residual		(WASHE 12				Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest		1 11				Lowest CT						Plant	
		200	· OA'D		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'	Shons	CT Calcula					Days	
		- Jack		-14-1		900 700								
	<u>Piro aperencial</u>					BO I-MO	4 stritenoms	Got wool VII no	, CT Calculations,	<u>, 1 - 41 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	<u> </u>	<u> </u>	<u> </u>	1.
Chlorines Dioxide	rlorine (Chlors	1D bənidr	10D	ənine	Free Chlo					oitudittsiQ r	ii bənistnisM İsi			
								:(Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	Suoz	о П	əbixoi	Chlorine D		hlorine	O sorA 📗		* :lsvo	viation/Rem <mark>o</mark>	vitasını ZuriV go.	J-nuo gaiv	of Achie	Means
								T. (70.00	40-isuguA			or the Mont		
														
						4 11 2 AA 'S	SABO BIBOO	CHIPAL MIDE	T	0001750		DOMINAL HOL	mannia	DICALI

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



I. General Information	for the Month/Year of:	August-04								
A. Public Water System	n (PWS) Information						-			
PWS Name:	Ocala Oaks, well #2				PWS Identif	ication Number	r: 3421560			
PWS Type:		Non-Transient Non-Com	munity	Transie	ent Non-Commu	ınity	Consecutive			
	nnections at End of Month:	598		Total Po	pulation Served	at End of Mont	th: 2093			
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Michael Fitzgerald			Contact 1	Person's Title:	Area Manage	er - Florida			
Contact Person's Mailin				City:	Ocala	State: F	FL Zip Code: 34470			
Contact Person's Telep				Contact I	Person Person's	Fax Number:	(352) 732-3213			
Contact Person's E-Ma		ld@aquaamerica.com								
B. Water Treatment Pla										
Plant Name:	Ocala Oaks, well #2				Plant Teleph	none Number:	(352) 369-4881			
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State: F	FL Zip Code: 34479			
Type of Water Treated			rchased Finished W	ater						
	Day Operating Capacity of Plant, gallor		183,000							
	bsection 62-699.310(4), F.A.C.):	V			iss (per subsecti	on 62-699.310(-				
Licensed Operators	Name		License Class	Lice	License Number Day(s)/Shift(s) Worked					
Lead/Chief Operator:	Mark March	C		8287		6 Days per week				
Other Operators:										
			"		•					
The state of the s										
						L				
II. Certification by Lead	/Chief Organia									
I, the undersigned water	treatment plant operator licensed in	n Florida, am the lead/	chief operator of the	he water ti	reatment plant	identified in P	Part I of this report. I certify that the			
information provided in	this report is true and accurate to the	ne best of my knowled	ge. I certify that a	ll drinking	water treatme	nt chemicals u	used at thisplant conform to NSF			
							ditional operations records for this			
							s of chemicals used and chemical feed			
							s records to the PWS owner so the PW			
	ogether with copies of this report, a				e mese additio	nai operations	records to the 1 w 3 owner 30 the 1 w			
o and our rotain them, to	ogether with copies of this report, a	it a convenient location	ii ioi ai ieast teii ye	ais.						
		Mark March				C8287				
Signature and Date		Printed or Typed Name	<u> </u>			License Num	her			
C		Timed of Typed Paint	•			Dicense 14din				

											33,000	tite og e	u	wmixeM
											4,800	1.12		Average
											148,800		1.0	Total
											10,000	24 hrs		18
	£.1										10,000	24 hrs	X	30
					ĺ						009°7	24 hrs		56
											009'7	24 hrs		87
	7.1										009'7	24 hrs	X	LT
	<u> </u>				İ						000'1	24 hrs		97
	€1										0	24 hrs	X	57.
											4,000	24 hrs		74
	2.1										4,000	24 hrs	X	. 57
		l ———									1,000	24 hrs	_	77
						1					000'1	24 hrs		17
	£.1										1,000	S4 hrs	X	07
											0	S4 pts		61
	٤.1			<u> </u>							0	24 hrs	X	81
		<u> </u>				i	1	<u> </u>			005,1	24 hrs	1	LI
	1.1				1	1		1			1,500	24 hrs	X	91
		<u> </u>	l			1					0	24 hrs		SI
											0	24 hrs		ÞΙ
	7.1			/							0	24 hrs	X	13
											18,000	24 hrs		71
	2.1										000,81	24 hrs	X	II
					1						000,8	24 hrs	†	10
	1.2					<u> </u>					000,8	SJU 77	X	6
											000,ε	24 hrs		8
											3,000	Std hts	<u> </u>	L
	£.I.	-			<u> </u>						3,000	24 hrs	$\overline{\mathbf{x}}$	9
	1.1						 				0	24 hrs	X	ς
	I I						i				000, εξ	Std hrs	X	7
											000,8	St hrs		ε
	7.1						i				000'9	24 hrs	X	7
											0	24 hrs		1
Water System Components Out of Operation	System, mg/L	zuio/oəs	zec/cm2	J\nim-gm	Applicable	Э	J/nim-gm	sənnim	Flow, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	noitudinisiQ	Wm	-Mu	Reduired,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	аџ
tour minutes Street and a minute of the forest street	Point in	Required,	UV Dose,	T)	lo Hq	- 10	BurmG	Point During	First Customer	**	of Finished	smoH	Operator	Day of
200iibno 2 onie 200 Amoind A 10 varanami	at Remote	UV Dose	Operating	mminiM		Temp	Customer	Measurement	(C) Before or at		Met Quanity		рλ	, ,
	Сопсепияноп	muminiM	Lowest				izu4 is	Ons (T)	Concentration				Visited	1
	Disinfectant						вегоге от	Contact Time					10	i l
				in the			10 At 10 At 11 At		Disinfectant	NEL A			l.	
l - 그는 이상, 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	Residual						Provided	Disinfectant	Lowest Residual				Staffed	1
	Lowest	1.5	30 July 1		in a visit for head that the		Lowest CT						Plant	[]
		950(AN D		19 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CT Calcul		sign of the			Days	1
			*əld£⊃	ilqqA ii ,noiti	Virus Inactiva	go.I-wo	emonstrate F	or UV Dose, to D			1. 1. 1/2			
mines) Chlorine Dioxide	nlorine (Chlora	Denidm	юЭ	ənine	Free Chlo			·	n System:	oitudiutei <u>d</u> n	i bənistnisM İsi	tant Reside	Disinfe	Lype of
Land Land								:(:	Other (Describe	П		t Radiation	Mraviole	
Combined Chlorine (Chloramines)	Sone	о П	ioxige	Chlorine D		plorine	J 5514 [viation/Rem	ritosani suri V go.			
(001,000,01,01,01,01,01,01,01,01,01,01,01	<u> </u>	<u>~_L</u>	* * * * * * * * * * * * * * * * * * * *			. 11.	·	<u> </u>	40-isuguA	<u> </u>		or the Mon		
									70 June 11 V		, , , , ,			(111
	1 1.4				7±	e ijam 's	Ocala Oaks	Plant Name:		3421560		ion Number	lentificat	DI SMA
					Cn					0/310/6			J 1	- Orna

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



I. General Information	for the Month/Year of:	September-04					
A. Public Water System	n (PWS) Information						
PWS Name:	Ocala Oaks, well #1				PWS Identi	fication Number:	3421560
PWS Type:	X Community	Non-Transient Non-Com	munity		Transient Non-Comm	unity	Consecutive
Number of Service Cor	nnections 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 - Flor	ida
Contact Person's Mailir		d			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telepl		69-4881			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai	il Address: <u>mvfitz</u>	erald@aquaamerica.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Ocala Oaks, well #1	111111111111111111111111111111111111111			Plant Telep	hone Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave				City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated			rchased Finishe	d Wa	ater		
	Day Operating Capacity of Plant, g	allons per day:	183,000				
	bsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsect		
Licensed Operators	Name		License Clas	SS	License Number	Day	(s)/Shift(s) Worked
Lead/Chief Operator:	Mark M	ırch	C		8287		6 Days per week
Other Operators:							
II. Cantification but a	VCI: CO						
II. Certification by Lead	Chief Operator						
information provided in International Standard 60 plant were prepared each rates; and (2) if applicab	treatment plant operator licens this report is true and accurate 0 or other applicable standards a day that a licensed operator stee, appropriate treatment proce ogether with copies of this report	to the best of my knowledge referenced in subsection 6 affed or visited this plant of as performance records. For	ge. I certify the 2-555.320(3), during the monuthermore, I ag	at all F.A. th in gree	I drinking water treatmed. C. I also certify that the dicated above: (1) recout to provide these additions.	ent chemicals used at e following additiona rds of amounts of che	thisplant conform to NSF
Sign-August 15		Mark March				C8287	
Signature and Date		Printed or Typed Name	;			License Number	

											231 000	.L		mmixeM
											EEE,E11			Average
											3,400,000	2 1		Total
				Ī								24 hrs		31
	1.1					T	<u> </u>	<u> </u>	£.1		168,000	24 hrs	l x	30
	7.1					†			p.I		000,691	24 hrs	X	67
	2.1			† ·		 			<u> </u>	 	147,000	SJ4 bZ	X	+
	1	 	-	-		 	l		i		000,751		+	87
	 	ł . 	 			 		 	¹			54 pts	X	LT
			 	-		 					140,000	24 hrs	 	97
	1.4	ļ				ļ		ļ	7	-	139,000	24 hrs	X	52
	£.1	ļ		<u> </u>	ļ	ļ	.		7		000,981	24 hrs	X	74
	LI	ļ							91		182,000	24 hrs	X	-23
	1.3					ļ			þ'I		203,000	24 hrs	X	77
	7.1	<u> </u>		<u> </u>				<u> </u>	€.1		141,000	24 hrs	X	- 17
	£.1					l			ħΊ		124,000	24 hrs	X	70
									91		146,000	24 hrs	X	61
						l					000'661	24 hrs		18
	7.1								5.1		000'661	24 hrs	X	LΙ
	£.1			T					ħΊ		120,000	24 hrs	X	91
	1.3								5.1		175,000	S4 hrs	X	SI
	2.1					 		<u> </u>	<i>t</i> I		136,000	24 hrs	X	þΙ
	ī					 	 	· · · · · · · · · · · · · · · · · · ·	[1]		150,000	24 hrs	$\frac{\lambda}{X}$	EI
	•	 	 	 		†			· · · · · ·		000 031	24 hrs	 ^	12
	£.1		<u> </u>			 			1.1		0	24 hrs	X	5 II
	1.2		 			 			71		0	24 hrs		
	1.3	 	 	 							0		X	10
			ļ					<u> </u>	[1]			24 hrs	X	6
	1.2				<u> </u>	-			l l		0	24 hrs	X	8
	1.3			ļ	ļ				<u>1,4</u>		0	24 hrs	X	L
	0			ļ					0		0	24 hrs	X	9
			ļ	·	<u> </u>						0	24 hrs	L	ç
	E.I		,	<u> </u>					1.5		0	24 hrs	X	- Þ
	15								Þ.I		156,000	24 hrs	X	∵ે €
	I.I								t'I		231,000	S.tt hrs	X	7
	1.2								£.1		000,911	24 hrs	X	I
Water System Components Out of Operation	System, mg/L	sec/cm2	Sec/cm2	J\nim-gm	Applicable	Э	J\nim-gm	Səjnutu 🦿	Л∕зт, моН	Rate, gpd	Produced, gal	порвененов	("X"	rbnoM
Repair or Maintenance Work that Involves Taking	noundrusid	Wm	-Wm	Required,	Mater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эų
Emergency or Abnormal Operating Conditions;	r ≒ ni mio¶	Required,	UV Dose,	TO .	To Hq	ìo	ganu'd :	garmG mio9	First Customer	Your area of the	bodeini To	smoH	Operator	Day of
	at Remote	UV Dose	gninmagO	muminiM		Temp	Customer	*Measurement	ts to profed (2)		Net Quanty		þλ	F 1 2
	Concentation	muminiM	Lowest				izu4 is	~ O ts (T)	Concentration	612			Visited	061
	Disinfectant!						To stoled	Contact Time	Disinfectant	-			10	
	Residual	24.7			5 <u>5</u> 2.		Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest	10.00			1949- 1947	2 (A)	T.) isswool						Plant	3.3.4.4.1
		oso(JAO		- 60	a symples	Suone	CL Calcul		NAS T			Days	
	25 Page 17 Sec. 25	medical control		IqqA ii ,nom	Virus Inactiv			701 UV Dose, to L			47.7	'- '	1 - 1	
mines) Chlorine Dioxide	hlorine (Chlora	named T			Free Chl		 y	- 0	ALTON MICHAEL STREET	onnornsia u	i bənistnisM lst	משונו וצפצותו	DIBLIC I	0.2061
abiyoid aginold? (saging		O Poside	<u> </u>	- cajac	In.J out.d					Situdiateid a				
,								;): '	Other (Describe			noitsibsA t		
Combined Chlorine (Chloramines)	əuoz() <u> </u>	əbixoi	Chlorine D		hlorine) 9914 [m9A\noitsiv	insent suriv go.			
									September-04		th Year of:	or the Mon	t stad yli	III. Da
					I#	s' well	Ocala Oak	Plant Name:		3421560	:.:	ion Number	dentificat	EMAI
													~	- 1//

DEP Form Form 62-555 900(3) Alternate

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



I. General Information	for the Month/Year of:	September-04					
A. Public Water System	n (PWS) Information						
PWS Name:	Ocala Oaks, well #2				PWS Identi	fication Number:	3421560
PWS Type:	X Community	Non-Transient Non-Com	munity	Trans	ient Non-Comm	unity	Consecutive
Number of Service Cor	nnections at End of Month:	598		Total Po	opulation Served	at End of Month:	2093
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Michael Fitzgerald			Contact	Person's Title:	Area Manager - F	lorida
Contact Person's Mailin		d		City:	Ocala	State: FL	Zip Code: 34470
Contact Person's Telep	hone Number: (352) 3	69-4881		Contact	Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Ma		gerald@aquaamerica.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Ocala Oaks, well #2				Plant Telepi	hone Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State: FL	Zip Code: 34479
Type of Water Treated			rchased Finished	Water			
	Day Operating Capacity of Plant, g	allons per day:	183,000				
	bsection 62-699.310(4), F.A.C.):	V		Plant C	lass (per subsecti	ion 62-699.310(4), F	
Licensed Operators	Name		License Class	Lic	ense Number	A Property of the Property of	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark Ma	arch	С		8287		6 Days per week
Other Operators:							
	-						
II Contident to I	1 61: 60						
II. Certification by Lead	Chief Operator						
I, the undersigned water	treatment plant operator licens	ed in Florida, am the lead/	chief operator of	f 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 knowled	ge. I certify tha	t all drinkin	g water treatme	ent chemicals used	at thisplant conform to NSF
	0 or other applicable standards						
							chemicals used and chemical feed
							ords to the PWS owner so the PWS
					de tilese additio	mai operations reco	olds to the I ws owner so the I ws
owner can retain them, t	ogether with copies of this repo	ort, at a convenient location	n for at least ten	years.			
		Mark March				C8287	
Signature and Date		Printed or Typed Name				License Number	
organical and Date		Timed of Typed Name	-			Dicense Number	

											000,281	1. 4	Ū	anmixel
											659,34	ar segin	10 gr	Verage
			1		γ ···		· · · · · · · · · · · · · · · · · · ·				1,399,000			otal
			<u> </u>	ļ		ļ	ļ					24 hrs		18
	7.1	ļ		ļ	ļ	ļ	ļ		1:1		0	24 hrs	X	30
,	£.1	ļ			ļ	ļ			I	ļ	3,000	24 hrs	X	56
	7.1			<u> </u>	ļ	 			I I	<u> </u>	0	24 hrs	X	87
	ļ l	ļ	<u>. </u>		 	1			I	<u> </u>	0	24 hrs	X	7.7
	ļ		ļ	ļ	ļ	 				ļ	000'₺	24 hrs		97
	<u> </u>	ļ	<u> </u>	ļ	ļ	 	ļ <u>.</u>		5.1	ļ	000't	24 hrs	X	52
	1.2		ļ <u>.</u>	 			<u> </u>		91		000'6	24 hrs	X	74
	CIL			<u> </u>	ļ	↓			7.1		000,2	24 hrs	X	73
·	£.1		<u> </u>		ļ	 			1.2		4,000	24 hrs	X	77
				ļ	ļ	ļ	ļ				000,2	24 hrs		71
	€.1				ļ	4			I.I	ļ.,.	000,4	24 hrs	X	. 07
	-		 	ļ	<u> </u>	 					2,000	St hrs	1	61
	7.7				ļ	ļ					2,000	24 hrs		18
	I.I		ļ			 	-		7.1		2,000	24 hrs	X	LI
	1				ļ	 					1,500	24 hrs		91
	1.1		<u> </u>		 	├			1.3		005'1	24 hrs	X	SI
	1 1		-			 	ļ				1,500	24 hrs	<u> </u>	ÞΙ
	 		 			-		ļ	1.1		005,1	24 hrs	X	EI
	7.1	 	-		<u> </u>	 					129,000	24 hrs		12
	£.1		 	<u> </u>	 	ļ	-	<u> </u>	£.1		160,000	24 hrs	X	11
	1.1				ļ	ļ			1.2	!	152,000	24 hs	X	10
	1.2		ļ						b .l		150,000	24 hrs	X	6
	£.1	<u> </u>				 	ļ		£.1		185,000	24 hrs	X	8
	0					ļ			l l		137,000	24 hrs	X	L
						 			0		000,05	St hrs	X	9
						 					172,000	STA PS		ς
	2.1				_	 -			· · · · · · · · · · · · · · · · · · ·		171,000	24 hrs		b
	C 1		<u> </u>	ļ		 					121,000	S4 hrs	X	: E
	1.3					├			1.1		000'9	24 hrs	ļ	7
Water System Components Out of Operation	System, mg/L	zec/cm2	zwo/oəs .	J/nim-gm	Applicable	3	J\nim-gm	รอาทบเนน	[]	ad9 'a.m.	000'9	S14 1/2	X	- I
Repair or Maintenance Work that Involves Taking	Distribution	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	J\gm,woll	Rate, gpd	Produced, gal	Орегацоп	("X"	Month
Emergency or Abnormal Operating Conditions,	ni mioq	Required,	UV Dose,	CI	To Hq	jo	garinG	Pairu Danio T	First Customer During Peak	Peak Flow	Water	ni haslq	(Place	the
	at Remote	UV Dose	gnitsnagO	muminiM	J 11	Temp	Customer	Measurement .	(C) Before or at		Net Quantity bed Finished	Hours	Operator	Day of
	Сопсепизиол	Minimum	Lowest	X.s.			at First	⊃ıs(T) .º	noingunasino		Mot Ourier		Visited by:	
통화병 : 사용활동화 (J. J. J. J. J. J. J. J. J. J. J. J. J. J	Disinfectant						Before or	emiT tontact	Disinfectant	1737 SAM			10 betisiV	
(1984년) 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 12일 - 	Residual	\$4.7.7.4			1 6		Provided	pisinfectant .	Lowest Residual				Staffed	
	Lowest 1	Property of	abores 7		5.84 2.54	-	Lowest CT			17 AT			inslq	
							snons	参加。CT Calcul		100 mm (m ²)			Days	
		\$27 Y42				go.l-wo	Semonstrate F	Or UV Dose, to I	CT Calculations	English to				
	hlorine (Chlor	O banidm			Free Chlo					onnornsia n	i bənistnisM lsu	בושוו עבאמו	annsia i	o ada
								:(:	Other (Describe	., 1				
Combined Chlorine (Chloramines))zone	, \Box	anixoi	Chlorine L		hlorine	Yan I	.,,		Ш		r the realistion of Radiation		
(, <u> </u>	- P :	1:14/			7 1031			me A\moiteiv	tog Virus Inacti			
									September-04		до звэУ/да	noM off the	ste(17]	isti. Da
					7 ti	e iləm 's	Ocala Oak	Plant Name:		3421560	11/	on Numbe	PAILUUA	NI CAA T
					C n	**	, 0 1 0	14		ひょうしんとと		administ nois	· onititae,	1 5/Nd l

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



See page 4 for instructions

I. General Information	for the Month/Year of:	October-04				
A. Public Water System	n (PWS) Information					
PWS Name:	Ocala Oaks, well #1			PWS Ident	ification Number:	3421560
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Comm	unity	Consecutive
	nnections at End of Month:	598		Total Population Served		2093
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Michael Fitzgerald			Contact Person's Title:	Area Manager - Flor	ida
Contact Person's Mailir				City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep				Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Ma		rald@aquaamerica.com				
B. Water Treatment Pla	nt Information					
	Ocala Oaks, well #1			Plant Telep	hone Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave			City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated			rchased Finished Wa	ater		
Permitted Maximum D	Day Operating Capacity of Plant, gall	ons per day:	183,000			
Plant Category (per sul	bsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsect		
Licensed Operators	Name		License Class	License Number	Day	(s)/Shift(s) Worked
Lead/Chief Operator:	Mark Marc	h	С	8287	6	Days per week
Other Operators:	Barry Cohe	n	С	8253	6	Days per week

		<u> </u>				
				4	_1	
II. Certification by Lead	/Chief Operator					
	· · · · · · · · · · · · · · · · · · ·					
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of the	he water treatment plant	t identified in Part I of	f this report. I certify that the
information provided in	this report is true and accurate to	the best of my knowled	ge. I certify that al	ll drinking water treatm	ent chemicals used at	thisplant conform to NSF
International Standard 60	or other applicable standards re	ferenced in subsection 6	2-555.320(3), F.A.	.C. I also certify that th	e following additiona	l operations records for this
plant were prepared each	day that a licensed operator staff	ed or visited this plant of	during the month in	ndicated above: (1) reco	ords of amounts of che	emicals used and chemical feed
rates; and (2) if applicable	le, appropriate treatment process	performance records. F	uthermore. I agree	to provide these addition	onal operations record	s to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report,	at a convenient location	n for at least ten ve	ars		
,	,					
		Mark March			C8287	
Signature and Date		Printed or Typed Name	,	······································	License Number	
					•	

DEP Form 62-555 900(3)Alternate Page 1

											2£0,69			Average
				,	,						2,140,000	1.5	7 1 N	lato
				ļ							172,000	24 hrs		118
	I I	<u> </u>			J		<u> </u>		L'0	1	172,000	24 hrs	X	30
	7.1			ļ		<u> </u>	<u> </u>	<u> </u>	1.1		130,000	24 hrs	X	- 67
	l I	<u> </u>		<u> </u>					1.2		0	24 hrs	X	87
	[1]								П		0	24 hrs	X	: LT:
	П			<u> </u>					1.2		0	24 hrs	X	97
	I	<u> </u>		1					I		0	24 hrs	X	- 52
			1	1							1,000	24 hrs		74
	l										0	24 hrs		23
	1.1								I		0	24 hrs	X	77
	I I								I I		2,000	24 hrs	X	17
	1.2								I		1,000	24 hrs	X	50
	2.1								1.1		0	24 hrs	X	61
	I								Ī		0	24 hrs	X	81
											1,000	24 hrs	 	ΔI
	6.0								I		0	24 hrs	X	91
	I								1		0	St PIS	X	SI
	7.1		-						I		0	SIU 77	X	ÞΙ
	I I								7.1		0	24 hrs	X	13
	7.1								I'l		000'1	SJU PZ	X	12
	1.2								2.1		0	24 hrs	X	II
											005,711	SJŲ ÞZ	1	01
	1.1					· · · ·			€.1		005,711	SJŲ þZ	X	6
	2.1		•		-			-	2.1	<u> </u>	000,002	SIU PZ	X	8
	I								ī	l	123,000	24 hrs	X	L
	I.I								£.1		237,000	S14 PZ	X	9
	1.1							_	2.1		172,000	24 hrs	X	ς
	£.1								1.3		000'191	24 hrs	X	7
									† <u>-</u>		005'061	SIU 77	<u> </u>	ε
	2.1			1					1.2		005,061	Std 452	X	7
	1.2				i	1	<u> </u>		£.1		142,000	Srt hrs	$\frac{x}{x}$	1
Water System Components Out of Operation	System, mg/L	sec/cm2	гшэ/ээг	J\nim-gm	Applicable	Э	J/nim-gm	sənnunu	J\gm ,woFl	Rate, gpd	Produced, gal	Ореганов	(,,X,,	Month
Repair or Maintenance Work that Involves Taking	nonudinisiQ	Wm	-Min	Reduired,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	əti
Emergency or Abnormal Operating Conditions;	ni mio4	Redurred,	UV Dose,	TO	Jo Hq	30	Burnd	Point During	First Customer		of Finished	Hours		Day of
	at Remote	UV Dose	Operating	mmminiM		Temp.	Customer	Measurement	(C) Before or at	N.	Net Quanity		þλ	_
	Concentration	muminiM	Lowest				trust	O.B.(D) ==	Concentration		1.00		batisiV	
	Distinfectant						Defore or	Contact Time	Disinfectant			4.1	70	
	Residual				181		bebivor4	Instoolnigid	Lowest Residual		*		Staffed	A
	isəwo.1			4	100		Lowest	医三角数					Plant	a r
) osc						🚁 🦠 CI Calcul			\$ "		Days	1945 I
	venta to 5		cable*	ilqqA ii ,noin	Virus Inactiv	god-no	emonstrate F	J of ,5soC VU 10	CT Calculations,	. T. 14.	1 2 42		300	
	hlorine (Chlora	D bənidm			Free Chlo					oitudintsiQ n	i bənistnisM İsu	ctant Resid	ofnizi(I t	ı ype o
			<u> </u>					:(:	Other (Describe			et Radiation		
Combined Chlorine (Chloramines))zone		anixon	Chlorine D		hlorine	7 5517 🗀	ì		radon/Keme	ritosal suriV go.			
(<u>- </u>		G	Ш	-:14'	J - W-1							
								·	October-04		th Year of:	or the Mon	cte(Lzli	ra III
					T 4	2' MCII	OCSIS OSK	Plant Name:	· · · · · · · · · · · · · · · · · · ·	3421560	• 1	JOHIDAL BOT	PAULUAN	I CAA I
					1 #	110/11 3	-1-0 2000	Dlont Mond	L	0751678	٠.	odmuN noi	mahitrah	1.2W/q

237,000

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



I. General Information	for the Month/Year of: Octo	ber-04				
A. Public Water System	ı (PWS) Information					
PWS Name:	Ocala Oaks, well #2			PWS Identifi	ication Number:	3421560
PWS Type:		nsient Non-Com	munity	Transient Non-Commu	nity	Consecutive
	nnections 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 - Flori	da
Contact Person's Mailir	0			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep				Contact Person Person's I	ax Number:	(352) 732-3213
Contact Person's E-Ma		aamerica.com				
B. Water Treatment Pla	nt Information				•	
	Ocala Oaks, well #2			Plant Teleph	one Number:	(352) 369-4881
Plant Address:	3900 N.E. 20th Ave			City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated			rchased Finished Wa	iter		
	Day Operating Capacity of Plant, gallons per da	y:	183,000			
	bsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection	on 62-699.310(4), F.A.	C.) C
Licensed Operators	Name	ta di Sala	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		С	8287	6	Days per week
Other Operators:	Barry Cohen		С	8253		Days per week
II. Certification by Lead	/Chief Operator					
		_				
I, the undersigned water	treatment plant operator licensed in Florid	a, am the lead/	chief operator of th	e water treatment plant i	dentified in Part I of	this report. I certify that the
information provided in	this report is true and accurate to the best of	of my knowled	ge. I certify that al	l drinking water treatmer	nt chemicals used at t	thisplant conform to NSF
International Standard 60	or other applicable standards referenced in	n subsection 6	52-555.320(3), F.A.	C. I also certify that the	following additional	operations records for this
	day that a licensed operator staffed or visi					
rates: and (2) if applicab	le, appropriate treatment process performa	nce records - F	uthermore I agree	to provide these addition	us or amounts of enc	s to the DWS owner so the DWS
Owner can retain them to	ogether with copies of this report, at a conv	aniant la anti-	- f4 l 4 d	io provide illese addition	iai operations records	s to the r w s owner so the r w s
owner can retain them, to	ogether with copies of this report, at a conv	ement location	n for at least ten ye	ars.		
	Mark N	March .			C8287	
Signature and Date		or Typed Name	<u> </u>		License Number	
2	Timed	or rypeu realife	•		Diceise Number	

											1 000 712	The second second	u	umiyeM
											176,001			Average
•											3,130,100	T. 20 20 20 20 20 20 20 20 20 20 20 20 20		LetoT
	I		I]		T	T		1	ľ	000'7	24 hrs		31
	i i	 		t		†	<u> </u>	-	1.2		0	24 hrs	X	30
	1.1								2.1		0	54 pts	$\frac{\lambda}{X}$	67
	1	 		 			 		2.1		000,281	24 hrs		
	1 1	 	 		 		 		2.1			+	X	- 82
		 	 	 	ļ			 			000,271	24 hrs	X	LT
	11			 			ļ		£.1	ļ	32,000	24 hrs	X	97
	I	ļ			ļ	 	<u> </u>		1.2	ļ	164,000	24 hrs	X	- 57.
		ļ <u>.</u>	<u> </u>			<u> </u>					147,000	24 hrs	<u> </u>	74
	I	ļ <u> </u>				<u> </u>			1.1		146,000	24 hrs	X	- 23
	l l	ļ				ļ			I		140,000	24 hrs	X	77
	1.1		<u> </u>	1			<u> </u>		1.3		000, £71	24 hrs	X	7.1
	I					L			7.1		193,000	24 hrs	X	70
	[1]								1.2		175,000	24 hrs	X	61
	I								I.I		202,000	SJU PZ	X	81
											000,081	s.rq ₽Z		LI
	6.0								8.0		000,671	SIU PZ	X	91
	ı								2.1		000,971	24 hrs	X	- SI
	2.1				İ	T			£.1		000,712	SJ4 PZ	X	νī
	I I		-						1.2		000,791	Std hrs	X	ΕI
	7.1			-					£.I		170,000	SJU PZ	X	15
	2.1								2.1		000,121	Su hs		
				 					<u> </u>				X	11
	 	 				 		 			300,75	24 hrs	ļ	10
	C.1		ļ								37,000	STA P.S		6
	£.1		<u> </u>						I I		000,75	24 hrs	X	8
<u> </u>											000,4	24 hrs		L
	1.2	ļ	_		ļ	<u> </u>			I		4,000	24 hrs	X	9
											7,000	24 hrs		ς
· · · · · · · · · · · · · · · · · · ·	7.1								<u> </u>		2,000	24 hrs	X	7
											007	24 hrs		ε
											007	24 hrs		7
	£.1			L	L				7.1		007	24 hrs	X	1
Water System Components Out of Operation	Зузіст, тауЛ	zmɔ/ɔəs	Sec/cm2	J\nim-3m	Applicable	ာ	J\nim-gm	səmuru	J\gm ,wolf	Rate, gpd	Produced, gal	Operation	("X"	Моли
Repair or Maintenance Work that Involves Taking	nonudinisiQ	Wm	-Wm	Redmred,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni mel9	(Place	гре
Emergency or Abnormal Operating Conditions,	ri mioq	Required,	UV Dose,	CI .	lo Hq	ìo	During	gnrmG mio9	First Customer	344	bədzini To	Hours	Орегатог	Day of
	at Remote	UV Dose	SontangO:	muminiM		Temp	Customer	Measurement	(C) Before or at		Net Quanity	1 ' '	рλ	
	Сопсепиаціоп	mmminiM	Lowest	* x 3			at First	Ons (T)	Concentration			۱. '	Visited	i
	Disinfectant						Defore or	Contact Time	Disinfectant			[]	10	l
	Residual	计一数 部				S	Provided	Disinfectant	Lowest Residual		발하다 그리다.	(j. stal	Staffed	- 1
	Lowest					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Lowest CT	Ÿ	7 TA			ja 1. l	Plant	ľ
		980(IVU	W.F		87	suone	CI Calcul		-775191			Days	i
						807-mo			CT Calculations			Γ_{i}^{*}		l
	norine (Chlora				Free Chlo			<u> </u>		onnornera u	I DAMBIMBIAL IRR	IDICON JUMA	Allusia i	0.2451
Akinaid Akinaida (cenime	113) - 130	S F : 400	-5		Land Cond					Situdistai() n	i bənisinisM İsu			
(<u></u>			—		Other (Describe			noitsibsA ts		
Combined Chlorine (Chloramines)	əuoz()	sbixoi	Chlorine D	;	hlorine) 5514			m9A\noitsiv	iros Virus Inacti			
									October-04		th/Year of:	or the Mon	ily Data	III. Da
					7#	IJəm 's	Ocala Oak	Plant Name:		0901746	:1	Sominy non	neumuen	LANDI

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



See page 4 for instructions

I. General Information	for the Month/Year of: November-04				
A. Public Water System	n (PWS) Information				
PWS Name:	Ocala Oaks, well #1	,	PWS Identif	fication Number:	3421560
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu	unity C	Consecutive
Number of Service Cor	nnections 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	3
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Ma	il Address: beheath@aquaamerica.com	<u> </u>			
B. Water Treatment Pla					
	Ocala Oaks, well #1		Plant Teleph	none Number:	(352) 732-6027
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	ater		
	Day Operating Capacity of Plant, gallons per day:	183,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 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	С	8287	6.0	Days per week
Other Operators:	Barry Cohen	С	8253	Days per week	
	L			<u> </u>	
II. Certification by Lead	l/Chief Operator				
I, the undersigned water information provided in International Standard 60 plant were prepared each rates; and (2) if applicab	treatment plant operator licensed in Florida, am the lead/of this report is true and accurate to the best of my knowledged or other applicable standards referenced in subsection 6 in day that a licensed operator staffed or visited this plant of the le, appropriate treatment process performance records. Frogether with copies of this report, at a convenient location Mark March Printed or Typed Name	ge. I certify that al 2-555.320(3), F.A. during the month in thermore, I agreen for at least ten ye	Il drinking water treatme .C. I also certify that the ndicated above: (1) recort to provide these addition	ent chemicals used at the e following additional or rds of amounts of chem	sisplant conform to NSF operations records for this nicals used and chemical feed
orginature and Date	rinited or Typed Name	5		License Number	

Page 1

											1 000 017	Parameter 1		mmixelv
											182,400	e de constitui		Average
											5,472,000	4.1	1000	Total
			ŀ	1						I		St pts	I	31
	LI								1.1		161,000	24 hrs	X	30
	I I	<u> </u>	1			T	1		1.1		000,771	24 hrs	X	67
	1						†		ı		150,000	24 hrs	$\frac{x}{x}$	82
			†	<u> </u>		†			· · · · · · · · · · · · · · · · · · ·		193,000	S4 hrs	1 ^	77
	2.1	 	 			 	 		ε 1		000,291	SJ4 PZ	X	97
	1			 		 			2.1		000,891	24 hrs	$\frac{\lambda}{X}$	52
	† · · · · · · · · · · · · · · · · · · ·	 	 	<u> </u>		 	 		1 11		000'571	24 hrs		
	 	 	 			 			1 1	-	732,000	24 hrs	X	77 73
	 	 	1	 		 			1		000,571	24 hrs	X	
	ļ					-			<u> </u>		224,000	24 hz	X	77
· · · · · · · · · · · · · · · · · · ·	т т	 		 	-	 			91				1	17
	l		 	<u> </u>		.		<u> </u>	9 I		724,000	214 P.S	X	50
	11		 			 					172,000	Str 152	X	61
· · · · · · · · · · · · · · · · · · ·		<u> </u>		ļ		 		 	1.1		184,000	Std hrs	X	81
	1.2.1	ļ		-		 		ļ	111		154,000	S4 hrs	X	LI
		 				├	ļ		7.1		182,000	24 hrs	X	91
	6.0	<u> </u>				!	 		П		144,000	24 hrs	X	SI
		_		ļ		 	ļ				239,000	24 hrs	<u> </u>	Į t į
	Į Į	<u> </u>		 		ļ		Į	I		740,000	24 hrs	X	ΕI
	1	<u> </u>							1.1		000,181	24 hrs	X	12
	1 (10					ļ	<u> </u>		1.1		144,000	24 hrs	X	H
· · · · · · · · · · · · · · · · · · ·	6.0	<u> </u>							1.2		000,751	24 hrs	X	10
	ļ <u>l</u>					ļ			[1]		740,000	24 hrs	X	6
	1.1						<u> </u>		I		000,191	24 hrs	X	8
	1.2	ļ		-			-		7:1		191,000	24 hrs	ļ	L
	1.1		·						7.1		000'061	24 hrs	X	9
	1.1	 							1.2		000'\$61	54 pt.s	X	S.
	2.1	 							£.I		145,000	24 hrs	X	b
	7.1	 	ļ				-		7.1		173,000	24 hrs	X	ε
	1.1	 		 					7.1		120,000	24 hrs	X	7
Water System Components Out of Operation	System, mg/L	zwo/oos	sec/cm2	J\nim-gm	Applicable	. 3	J/nim-gm	səmuru	7.1	nd9 (a	000,841	24 hrs	X	l'
Repair or Maintenance Work that Involves Taking	Distribution	Mu	-Мш	Required,	Water, if	Water	Peak Flow,	Peak Flow,	Душ , мо∐	Rate, gpd	Produced, gal	Operation	("X"	Month
Emergency or Abnormal Operating Conditions;	ni inioq	Required,	UV Dose,	CT	lo Hq	10	Buring Wolff Meed	gniruCl inio¶	During Peak	Peak Flow	Water	ni tasl4	(Place	the
	at Remote	UV Dose	Operating	muminiM	ъ п"	Temp	Customer	Measurement Point During	First Customer		of Finished	Rours	Operator	Day of
	Сопсепианоп	muminiM	Lowest	£		umo1	at First	Ous (T)	Concentration (C) Before or at		Wet Quanity	i	Уq	
(1) 선수 있는 사람들이 보고 있는 사람들이 되었다. He had been compared to the compared to the compared to the compared to the comp	Disinfectant						Before or	Sontact Time	1554 C. C. C. C. C. C. C. C. C. C. C. C. C.	Ž.		i	bətisiV	
보험됐습니다. 항상 2010년 1일 - 1911년 1							1 1 1 1 1 1 1 1 1 1 1	100 to 14 1.0 0 2.0	Distriction		-	i	10	
등록취기 기존되지겠다고 하고 그는데	Lowest						Lowest CT Provided	Disinfectant	Lowest Residual			i	Staffed	
]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	574	X 1				1,119,243,44	ti Prografish say.		(A)		į ·	Plant	1.0
		Soo(<u> </u>	0		CT Calcul		. F		i '	Days	
	1 1/2 3 2 7 8 7 1	e de partie				our-Log	H emonstrate F	Tor UV Dose, to I	CT Calculations,		-			
Chlorine Dioxide	nlorine (Chlora	D bənidm	Col	orine	Free Chl					oitudirtsiQ n	i bənintained i	ctant Resid	olnisiO l	Type of
							_	:(:	Other (Describe			Radiation		
Combined Chlorine (Chloramines)	Sone	о [] с	əbixoide	Chlorine D		hlorine) 2314 🔲		* :lsvo	maA\noitsiv	ritasını Virus Inactir	I-mo3 gniv	of Achie	Means
									November-04		По твэ У/И			
														ليحت
					1#	llaw ,e	Ocala Oak	Plant Name:		3421560	r:	ədmuM noi	dentificat	PI SMd

DEP Form Form 62-555,900(3)Attemate

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



I. General Information	for the Month/Year of:	November-04						
A. Public Water System	(PWS) Information							
PWS Name:	Ocala Oaks, well #2		· · · · · · · · · · · · · · · · · · ·		PWS Identif	ication Numb	er: 342150	60
	X Community	Non-Transient Non-Com	nmunity	Transi	ent Non-Commu	inity	Consecuti	ve
	nnections at End of Month:	598		Total Po	pulation Served	at End of Mor	nth: 2093	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath			Contact	Person's Title:	Area Manag		
Contact Person's Mailir				City:	Ocala	State:	FL Zip Co	de: 34470
Contact Person's Telepl				Contact	Person Person's	Fax Number:	(352) 7	732-3213
Contact Person's E-Mai		aquaamerica.com						
B. Water Treatment Pla	nt Information							
	Ocala Oaks, well #2				Plant Teleph	one Number:	(352) 7	732-6027
	3900 N.E. 20th Ave			City:	Ocala	State:	FL Zip Co	de: 34479
Type of Water Treated			urchased Finished W	ater				
	ay Operating Capacity of Plant, gallo	ns per day:	183,000					
	osection 62-699.310(4), F.A.C.):	V		Plant Cla	ass (per subsection	on 62-699.310)(4), F.A.C.) C	
Licensed Operators	Name		License Class	Lice	ense Number		Day(s)/Shift(s)	Worked
Lead/Chief Operator:	Mark March		С		8287		6 Days per v	week
Other Operators:	Barry Coher		C		8253		6 Days per v	week
A 1								
1.29								
The second of th								
				<u> </u>				
II. Consideration I and a	(0): 00							
II. Certification by Lead	Chief Operator							
I, the undersigned water information provided in	treatment plant operator licensed i	n Florida, am the lead	chief operator of the	he water t	reatment plant	identified in	Part I of this repor	rt. I certify that the
International Standard 66	this report is true and accurate to t	ne desi of my knowled	ige. I ceruiy mai a	n armking	g water treatme	nt chemicais	used at thispiant of	conform to NSF
memanonai Standard ot	or other applicable standards refe	erenced in subsection (52-555.320(3), F.A	.C. I also	certify that the	tollowing ac	dditional operatior	ns records for this
plant were prepared each	day that a licensed operator staffe	ed or visited this plant	during the month in	ndicated a	ibove: (1) recor	ds of amoun	ts of chemicals us	ed and chemical feed
rates; and (2) if applicable	le, appropriate treatment process p	erformance records. F	Futhermore, I agree	to provid	e these addition	nal operation	is records to the PV	WS owner so the PWS
owner can retain them, to	ogether with copies of this report,	at a convenient locatio	n for at least ten ye	ars.				
		Mark March				C8287		
Signature and Date		Printed or Typed Name	e			License Nun	nber	

											000,4			umixs\
											<u>L9</u> t		- 1 -	Average
											14,000		11.	Total
					<u> </u>							24 hrs		31
											1,000	24 hrs		30
	1.1				l	<u></u>			I		0	24 hrs	X	56
									I		0	24 hrs	X	87
											0	24 hrs		LZ
	1.2								I		0	24 hrs	_X	97
	I								L.f		000,1	24 hrs	X	72
											0	24 hrs		74
	I								I		0	24 hrs	X	23
	ī								ī		0	24 hrs	X	77
											0	24 hrs	†	17
				l	·	1					0	24 hrs	1	70
	1			_		1			1.1		0	24 hrs	X	61
	1.1								I		0	24 hrs	X	81
	 					· -					4,000	SJŲ ÞZ	+	41
	2.1								1.1		000,ε	St pre	X	91
	1.1		 			—			<u> </u>		000,1	24 hrs	X	SI
	 		,								0	24 hrs	 '``	νI
	2.1			 					<u> </u>		0	24 hrs	X	EI
	C 1				-	 					000,1	St pre	<u> </u>	15
	2.1			 		 		f	1.1		0	24 hrs	X	11
	6.0	-	 	 -	}	 			 	 	1,000	S4 pts	$\frac{\lambda}{x}$	10
	1 00								1.1		0	5¢ pt.s	X	6
	2.1					 			 		0	24 hrs	X	8
	61		 			 -			 		0	24 hrs	<u> </u>	L
	 		 			-					0	24 hrs		9
	7:1				 				1.1		0	Std AS	 	
	2.1					\vdash			7.1			24 hrs	X	ç
·	1				ļ	 			1.2		0	24 hrs	X	b
	2.1		ļ			<u> </u>			<u> </u>		0		X	3
											1,000	24 hrs	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
	1.2				2120021144	<u> </u>	9		- αθινώνου ν	nd9 'ame	1,000	24 hrs	X	I
Emergency or Abnormal Operating Conditions. Repair of Mamfenance Work that Involves Taking Water System Components Out of Operation	Disinfectant Concentration at Remote Point in Point in Distribution System, mg/L	Minimum Mequired, mW sec/cm2	Lowest	Minimum CT Required Reguired	pH of Water, if Applicable	Temp. Valer, Water,	Before or at First Customer During Peak Flow, mg-min/L	Contact Time (T) at C Measurement Point During Peak Flow, Peak Flow,	Disinfectant Concentration (C) Before or at First Customer During Peak	Peak Flow Rate, gpd	Met Quanity of Finished Water Water Produced, gal	Hours Plant in Operation	Visited by Operator (Place ("X")	Day of The Month
	Lowest Residual	380	cable*	iiqq∧ 1i ,noii	Virus Inactiva	go-ino			CT Calculations,	MAGE H			Days Plant Staffed	
mines) Chlorine Dioxide	lorine (Chlora	Deined Cl	Col	ənine	Free Chlo				n System:	oitudirteiQ r	al Maintained in	tant Residu	Disinfec	Type of
Combined Chlorine (Chloramines)	ouoz	0 🗍	əbixoi	Съјогіпе D		plorine	Pree C	:(:	November-04 oval: * Other (Describe		vitoenl zuriV go	or the Mont Jing Four-L t Radiation	zoidoA To	Means
					7,1	y mell #	Ocala Oak	Plant Name:		3421560		ou Mumber		

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



See page 4 for instructions										
I. General Information	for the Month/Year of:	December-04								
A. Public Water System	n (PWS) Information									
PWS Name:	Ocala Oaks, well #1					PWS Identifi	cation Number			
	Community	Non-Transient Non-Com	munity [Non-Commu		Consecu		
Number of Service Cor	nnections at End of Month:	598			Total Popul	lation Served a	at End of Mont	h: 2093	<u> </u>	
	Aqua Utilities Florida							. ,,		
Contact Person:	Brian Heath				Contact Per		Area Manage			
Contact Person's Mailir					City:	Ocala			Code: 34	
Contact Person's Telepl		732-6027			Contact Per	rson Person's I	ax Number:	(352	732-321	3
Contact Person's E-Mai		ath@aquaamerica.com		_						
B. Water Treatment Pla	nt Information									
	Ocala Oaks, well #1					Plant Teleph) 732-602	
	3900 N.E. 20th Ave			_	City:	Ocala	State: F	L Zip (Code: 34	1479
Type of Water Treated			irchased Finishe	d Wa	ter					
	Day Operating Capacity of Plant,		183,000		I		(0.000.010/	1) 77 4 6)		
	bsection 62-699.310(4), F.A.C.)						on 62-699.310(C	
Licensed Operators	Nai		License Cla	SS		e Number		Day(s)/Shift(lega tit i Me
Lead/Chief Operator:	Mark !		C			3287		6 Days pe		
Other Operators:	Barry (Cohen	С		8	3253		6 Days pe	r week	
8 3 3 3 3 3										
							ļ			
							<u> </u>			
	*									
			l							
II. Certification by Lead	Chief Operator									
	·			0.1					4 1	416.41.41.4
I, the undersigned water	treatment plant operator licer	ised in Florida, am the lead/	chief operator	of th	e water trea	atment plant	identified in P	art I of this rep	ort. Tee	rilly that the
information provided in	this report is true and accurat	e to the best of my knowled	lge. I certify th	at all	l drinking v	vater treatme	nt chemicals u	used at thisplan	it conform	n to NSF
International Standard 6	0 or other applicable standard	ls referenced in subsection 6	52-555.320(3),	F.A.	C. I also ce	ertify that the	following ad	ditional operati	ions reco	rds for this
plant were prepared each	day that a licensed operator	staffed or visited this plant	during the mor	nth in	dicated abo	ove: (1) recor	ds of amounts	s of chemicals	used and	chemical feed
rates: and (2) if applicab	le, appropriate treatment prod	cess performance records. F	Futhermore, I a	gree	to provide t	these addition	nal operations	records to the	PWS ow	ner so the PWS
	ogether with copies of this re						•			
van roum mom, t	ogenie. With copies of this te	,, a voii viii viii lovatio	131 00 100001 00	, 0						
		Mark March					C8287			
Signature and Date		Printed or Typed Nam	e			_	License Num	ber		

PWS I	dentifica	tion Numb	er:	3421560		Plant Name:	Ocala Oal	s, well	#1					
III. Da	ily Data	for the Mor	nth/Year of:		December-04									
			Log Virus Inacti	iviation/Rem			Free (Chlorin	e T	Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiatio			Other (Describe	»)·		Cimorini	ъ Ц	Cinorine	Dioxide	LJ '	32011c	Combined Chlorine (Chloramines)
			lual Maintained	in Distributi		~)-			Free Chl	larina		makinad C	hlaria a (Chlar	ramines) Chlorine Dioxide
-71-0		T TOTAL	T T T T T T T T T T T T T T T T T T T	III DISTIBULI	CT Calculations	or IIV Doce to	Domonot-nto l	Four Los				moined C	hlorine (Chlor	<u> </u>
1	Days]		Ci Calculations			TOUI-LAS	VII US IIIacus	анон, и Афр		Dose		
	Plant	5					Lowest CT			752.35	1 1 2 2 4 4 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	Duse	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	1			- 1 - Asp.		Lowest Residual	
	ог	1	· ·	a grif	Disinfectant	Contact Time	Before or	le se ci		i ersenti		1445	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	The Company of the Co	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	7	Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
Month	"X")	Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
1	X	24 hrs	168,000	Kate, gpu	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	šec/cm2	System, mg/L	Water System Components Out of Operation
2	X	24 hrs	175,000	-	1.2			 		 	}		1.1	
3	Х	24 hrs	186,000		1.2		 			<u> </u>	 		1.2	
4	Х	24 hrs	208,000		1.4		 	 		 	 	<u> </u>	1.1	
5		24 hrs	209,000			· • · · · · · · · · · · · · · · · · · ·	 	 					1.1	
6	X	24 hrs	193,000		1			1				f	1.1	
7	X	24 hrs	221,000		0.9			1					1	
8	X	24 hrs	211,000		11								1	
9	X	24 hrs	168,000		1.1								1	
10	X	24 hrs	111,000		1.1								0.8	
11 12	X	24 hrs	210,000	ļ <u>.</u>	1.1					<u> </u>			ı	
13	X	24 hrs 24 hrs	210,000 131,000		1.2									
14	X	24 hrs	172,000	<u> </u>	1.2	•		 		<u></u>	<u> </u>		1	
15	X	24 hrs	163,000	<u> </u>	1.4			 					1.2	
16	X	24 hrs	187,000		1.4			 					1.2	
17	X	24 hrs	159,000		1.4								1.2	
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 25	X	24 hrs	231,000		1.2								1	
26		24 hrs 24 hrs	163,000		1.5								1.2	
27	-x	24 hrs	162,000 176,000		10		-						, ,	<u> </u>
28	$\frac{\lambda}{X}$	24 hrs	118,000		1.8		ļ -						1.2	
29	X	24 hrs	156,000		1.8						ļ		1.4	
30	X	24 hrs	206,000		1.6								1.2	
31	Х	24 hrs	191,000		1.8								1.2	
Total		54	5,517,000					L			L		1.2	
Average			177.068											

231,000

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



I. General Information	for the Month/Year of:	December-04									
A. Public Water System	n (PWS) Information					7					
PWS Name:	Ocala Oaks, well #2				PWS Identific	cation Number:	3421560				
PWS Type:	X Community	Non-Transient Non-Com	munity	Transier	nt Non-Commun	nity	Consecutive				
	nnections at End of Month:	598			ulation Served a		2093				
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Brian Heath			Contact Pe	erson's Title:	Area Manager	- Florida				
Contact Person's Mailir				City:	Ocala	State: FI	L Zip Code: 34470				
Contact Person's Telepl		2) 732-6027		Contact Po	erson Person's F	ax Number:	(352) 732-3213				
Contact Person's E-Ma		eath@aquaamerica.com									
B. Water Treatment Pla	nt Information										
	Ocala Oaks, well #2				Plant Telepho	ne Number:	(352) 732-6027				
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State: FI	Zip Code: 34479	· · · · · · · · · · · · · · · · · · ·			
Type of Water Treated			rchased Finished W	ater							
Permitted Maximum D	ay Operating Capacity of Plan	t, gallons per day:	183,000								
	osection 62-699.310(4), F.A.C			Plant Clas	s (per subsectio	n 62-699.310(4), F.A.C.) C				
Licensed Operators	N	ame	License Class	Licen	se Number		Day(s)/Shift(s) Worked				
Lead/Chief Operator:	Mark Mark	March	С		8287		6 Days per week				
Other Operators:	Barry	Cohen	С		8253		6 Days per week				
	······································										
1 198 8.51											
II Coutification by I and				···							
II. Certification by Lead											
I, the undersigned water	treatment plant operator lice	ensed in Florida, am the lead/	chief operator of t	he water tre	atment plant i	dentified in Pa	art I of this report. I certify the	hat the			
information provided in	this report is true and accura	te to the best of my knowled	ge. I certify that a	ll drinking v	water treatmen	t chemicals us	sed at thisplant conform to N	SF			
International Standard 60	or other applicable standar	ds referenced in subsection 6	(2-555 320(3) F A	C Lalso c	ertify that the	following add	itional operations records for	r this			
plant were prepared each	day that a licensed operator	staffed or visited this plant of	during the month i	ndicated ab	orary that the	la of amounta	of shaminals used and sham	i uns ioni fand			
rates: and (2) if annlicable	a appropriate treatment pro	ass performance records. E	auring the month i	nuicaied au	dve. (1) fecolo	is of afficults	of chemicals used and chem	AL DWG			
owner can rate in them to	e, appropriate treatment pro	cess performance records. F	utnermore, i agree	to provide	these addition	al operations r	records to the PWS owner so	the PWS			
owner can retain them, to	ogether with copies of this re	eport, at a convenient location	n for at least ten ye	ears.							
		Mark Manah				C0207					
Signature and Date		Mark March Printed or Typed Name			_	C8287					
D mine Wild I/Mil		rinica or Typea Name	-			License Numb	er				

PWST	dentraca	tion Numb	er:	3421560		Plant Name:	Ocala Oal	s, well	#2					· · · · · · · · · · · · · · · · · · ·	TAILK
III Da	ily Data	for the Mo	nth Year of:												
Maana	of Achie	TOT THE MIO	nui rear on		December-04										
Vicalis	OI ACIII	eving rour	Log Virus Inacti	viation/Rem			Free	Chlorin	ie	Chlorine	Dioxide		Ozone	Combined Chlori	ne (Chloramines)
		et Radiatio			Other (Describ	e):	_							comonica emon	iie (cinoralinies)
Type o	I Disinle	ectant Resid	dual Maintained						Free Chi	lorine		ombined (Chlorine (Chlor	raminec)	Chlorine Discill
1	l		中电线操作员	13 54.00	CT Calculations	, or UV Dose, to	Demonstrate	Four-Log	Virus Inactiv	vation if App	licable*	omonied C	I (Cino		Chlorine Dioxide
1	Days			4.4		CT Calcu	lations	100	2.00		UV	Dose			
	Plant						Lowest CT	74	133	5-4	\$2004 A. A.	1		14.7	
1	Staffed				Lowest Residual	Disinfectant	Provided						Lowest Residual	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
1	or Visited				Disinfectant	Contact Time	Before or						Disinfectant		
ŀ	by		Net Quanity		Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
Day of	Operator	Hours	of Finished		(C) Before or at	Measurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote		
the	(Place	Plant in	Water	Peak Flow	First Customer During Peak	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abno	rmal Operating Conditions;
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenand	e Work that Involves Taking
1	X	24 hrs	5,000	тако, вра	I low, mgr.	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Con	nponents Out of Operation
2		24 hrs	5,000		· · · · · ·				ļ		ļ		1.2		
3	X	24 hrs	6,000		1			ļ							
4		24 hrs	6,000					<u> </u>			ļ		1.1		
5		24 hrs	0									ļ			
6	X	24 hrs	0		1.2										
7		24 hrs	0										1		
8	X	24 hrs	0		1.4										
9		24 hrs	0										1		
10	X	24 hrs	0		1.2						<u> </u>				
11		24 hrs	00										1	_	
12		24 hrs	1,000												
13	X	24 hrs	0		1.1								1.2		·
14		24 hrs	0										1.2		
15	X	24 hrs	0		1.2								1.1		
16 17	- V	24 hrs	1,000												
18	_ X	24 hrs	0		1.4								1		
19	+	24 hrs	0										• • •	 	
20	${x}$	24 hrs	1,000												
21	-^+	24 hrs 24 hrs	1,000										1.2		
22	\mathbf{x}	24 hrs	1,000												
23		24 hrs	1,500		1.2								1.1		
24	\mathbf{x}	24 hrs	0												
25	X	24 hrs	0		1.2								1		
26		24 hrs	0		1.2								1		
27	X	24 hrs	0												
28		24 hrs	0		1.1								1		
29		24 hrs	0												
30	X	24 hrs	0		1.1							T			
31		24 hrs	1,000		1.1								1		
otal	44.7	1.00	31,000	<u>-</u>		<u></u>									
verage	1975		1,000												

6,000

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



I. General Information	for the Month/Year of:	January-05							
A. Public Water Systen	n (PWS) Information								
PWS Name:	Ocala Oaks, well #1				PWS Identif	ication Numb	er:	3421560	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transie	nt Non-Commu			Consecutive	
	nnections at End of Month:	598		Total Pop	ulation Served	at End of Mor	nth:	2093	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact P	erson's Title:	Area Manag	ger - Florid	a	
Contact Person's Mailin				City:	Leesburg	State:	FL	Zip Code:	34749
Contact Person's Telep	hone Number: (352) 787-	-0980		Contact P	erson Person's	Fax Number:		(352) 787-6	333
Contact Person's E-Ma		gaquaamerica.com							
B. Water Treatment Pla	nt Information								
Plant Name:	Ocala Oaks, well #1				Plant Teleph	none Number:		(352) 787-0	980
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State:	FL	Zip Code:	34479
Type of Water Treated			rchased Finished Wa	ater					
	Day Operating Capacity of Plant, gallo	ons per day:	183,000						
	bsection 62-699.310(4), F.A.C.):	V			ss (per subsection	on 62-699.310			
Licensed Operators	Name		License Class	Licer	ise Number		Day(s)/Shift(s) World	ked
Lead/Chief Operator:	Mark March	1	С		8287	6 Days			
Other Operators:									
					٠				
		<u></u>	\						
	7.								
				<u> </u>					
II. Certification by Lead	Chief Operator								
I, the undersigned water information provided in International Standard 60 plant were prepared each rates; and (2) if applicable owner can retain them, to	treatment plant operator licensed this report is true and accurate to the control of the control	the best of my knowled be renced in subsection 6 and or visited this plant operformance records. Fat a convenient location Mark March	ge. I certify that al 62-555.320(3), F.A. during the month in futhermore, I agree in for at least ten ye	Il drinking .C. I also on dicated at to provide	water treatme certify that the pove: (1) recor	nt chemicals following a ds of amoun	used at the dditional of ts of chen	nisplant confo operations re- nicals used ar	orm to NSF cords for this nd chemical feed
Signature and Date		Printed or Typed Name	2			License Nur	nber		

											231,000		w	umixaM
											614,021	Section & London		Average
											4,663,000	Para da de la composição de la composição de la composição de la composição de la composição de la composição	A Superior	Total
	7.1							-	τI		121,000	24 hrs	X	31
											153,000	24 hrs		30
			***************************************						2.1		152,000	24 hrs	X	67
	I								ÞΙ		231,000	S4 pts	X	87
	2.1								Þ.I		000,821	S4 hrs	X	LT
	1.2	***							9.1		130,000	24 hrs	X	97
	17			· · · · · · · · · · · · · · · · · · ·				<u> </u>	9°I		138,000	24 hrs	X	57
	2.1								Þ.I		131,000	24 hrs	X	74
											000'991	S14 h/S		53
	<i>t</i> .[9·I		000'991	24 hrs	X	77
	2.1								9 I		104,000	S4 pt.s	X	17
	1.2								9.1		000,881	SJ4 h/S	X	07
	2.1								ÞΊ		115,000	24 hrs	X	61
	I			 					ÞΊ		000'9£1	24 hrs	X	81
	<u>-</u>										148,000	24 hrs	- ^^-	<i>L</i> 1
	7.1								9.1		148,000	24 hrs	X	91
	4.1				-				8.1		000°76	24 hrs	X	Şī
	2.1								9 1		132,000	S14 hrs	X	ΙΨ
	b.1								⊅ .1		130,000	say 42	X	£1 -
	7.1								7 1		139,000	24 hrs	X	15
	1.2								9 I		000,841	S4 pts	X	: 11
	ÞΙ				•				91		000,821	24 hrs	X	01
											000'991	24 hrs		6
	2.1			<u> </u>					8.1		000'\$91	say þ.z	X	8
	ψI								8.1		000'061	24 hrs	X	L
	1.2		<u> </u>					<u> </u>	9.1		203,000	24 hrs	X	9
	2.1		<u> </u>						8.1		000,071	24 hrs	X	ς
	t I								91		210,000	24 hrs	X	t
	7.1								8.I		146,000	24 hrs	X	3
	S.I								8.1		000'911	24 hrs	X	7
											000'161	24 hrs		1
Water System Components Out of Operation	System; mg/L	zwo/oos	zmɔ/ɔəs	J\nim-gm	Applicable	ာ	Jvum-gm	səjnuru	Ј∕вш, мо⊡	Rate, gpd	Produced, gal	Operation	("X.	изпоМ
Repair or Maintenance Work that Involves Taking	nonudrusid	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эų
		Reduired,	UV Dose,	IJ	Jo Hq	u. Jo	gunu ⊱	gnruG inio4 =	Fust Customer	-	of Finished	SmoH	Operator	Day of
	at Remote	UV Dose	Operating	muminiM	123	Temp.	Customer	Measurement	(C) Before or at		Net Quantry	Francisco de la colo	ρλ	
	Concentration	Minimum	Lowest				1211 ⁴ 18	O18 (T)	Concentration		1 기록시 제기가	13 44 (3 4 5)	beited	
	THE POST OF THE PARTY OF THE PA						Before or	Contact Time	Disinfectant			Parkor d	10	
· · · · · · · · · · · · · · · · · · ·	Disinfectant	開新の対		g area			3	Disinfectant		W.			Staffed	
	Residual					10 10 10 10 10 10 10 10 10 10 10 10 10 1	Provided	inetolaisi(Lowest Residual	14			10.00	
	Lowest		1971 <u>-18</u> - 1			¥2578	Lowest CT	77年高級	100 A 100 A			1	tasl9	-
		980(AN D	10 1 to 1 to	Section 1			CT Calcul		44			Days	
	High English		cable*	ilqqA li ,nom	Virus Inactiv	go.l-mo	т элвизиоптэ	or UV Dose, to D	CT Calculations,					
amines) Chlorine Dioxide	hlorine (Chlora	Denide			Free Chl					n Distributio	i bənisinisM let	ctant Residi	ofnisi(I)	Lype of
akinaid aailalii (aaila	1107		<u>~_</u>	<u> </u>				:6:	Other (Describe			rt Radiation		
(assumptions) annionis parionis														
Combined Chlorine (Chloramines)	Juoz(<i>,</i>	ahivoit	Chloring D		- HOLL	7 0001	l				or the Mon		
									20-yrennel		10 100 (1)	ao N adt 10	tete(Lyl	ied ur
					T 4	2' MCII	Ocala Oak	Plant Name:		3451260		ion Number	ายอนเบเรเ	LWSIC
				***	1.7	Henry	400 01000	Dlont Mone.	L	0731072		1		, Sind

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



See page 4 for instructions

1. General Information for the Month/Year of:

January-05

1. General information	for the Month Teal of.				
A. Public Water System	n (PWS) Information				
PWS Name:	Ocala Oaks, well #2		PWS Identif	ication Number:	3421560
PWS Type:	X Community Non-Transient No	on-Community	Transient Non-Commu	nity	Consecutive
Number of Service Cor	nnections 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 - Flo	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's I	Fax Number:	(352) 787-6333
Contact Person's E-Ma	il Address: <u>beheath@aquaamerica.co</u>	<u>om</u>			
B. Water Treatment Pla	nt Information				
Plant Name:	Ocala Oaks, well #2		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		Purchased Finished Wa	ater		
	Day Operating Capacity of Plant, gallons per day:	183,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da	ry(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287		6 Days per week
Other Operators:					
100 miles (
事/学					
7 . 17 40 4	· · · · · · · · · · · · · · · · · · ·				
	,		<u> </u>	l	
II. Certification by Lead	Chief Operator				
		<u> </u>			
	treatment plant operator licensed in Florida, am th				
information provided in	this report is true and accurate to the best of my kr	nowledge. I certify that al	ll drinking water treatmen	nt chemicals used a	at thisplant conform to NSF
	or other applicable standards referenced in subse				
	day that a licensed operator staffed or visited this		•	_	•
	le, appropriate treatment process performance reco				
	ogether with copies of this report, at a convenient l			iai operations reco	ius to the i ws owner so the i ws
owner can retain them, to	ogether with copies of this report, at a convenient i	location for at least tell ye	ars.		
	Mark March			C8287	
Signature and Date	Printed or Type	d Name		License Number	
-o. a.a. vare	1 Timed of Type	a rame		Electise Number	

											22,000	the Matter	u	mmixsM
											<i>LL</i> 9'I		1419	эдвтэчА
											000,22	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11.5	Total
	7.1								2.1		0	24 hrs	X	31
											0	24 hrs		30
							-				0	24 hrs		67
	2.1								Þ. I		0	24 hrs	X	87
											000,22	24 hrs		LZ
	b .1								1		000'17	S4 hrs	X	97
											0	24 hrs		52
	2.1								ZI		0	24 hrs	X	74
		-				-					ů ,	24 hrs	 ^	52
											0	24 hrs	 	77
	7.1								II		0	24 hrs	X	17
	ζl								11		0	24 hrs	^	07
	,								7'1		0	24 hrs	 	
	I								2.1		·	24 hrs	X	61
									C.,		0	24 hrs	17	81
	€.1								€.1		0		X	LI
											0	S4 pts	 	91
									1.77		0	SJU 77	\ \ \	SI.
	2.1								ÞΊ		0	S14 42	X	νl
											1,000	S4 pts	ļ	ει
	2.1								1.2		0	24 hrs	X	15
											0	24 hrs	ļ	- 11
	I								t I		0	S1d h2	X	01
								· · · · · · · · · · · · · · · · · ·			7,000	24 hrs		6
											000,2	S4 Pts		8
	1.2								1.3		2,000	S14 P.S	X	L
											000'1	24 hrs		9
	7.1					ļ			1.2		0	24 hrs	X	ς
											900\$	24 hrs		ħ
	1.2								1		9005	24 hrs	X	3
											0	24 hrs		7
					11				-01	10 (0	24 hrs	,	I
Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J\nim-gm	Applicable	Э	J\nim-3m	sənuim	J\gm ,woFI	Rate, gpd	Produced, gal	Operation	("X"	thnoM
Repair or Maintenance Work that Involves Taking	noitudinteiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni mel9	(Place	әці
Emergency or Abnormal Operating Conditions;	ni mioq	Required,	UV Dose,	TO	lo Hq	ìo	gnrma	garmG mio9	First Customer		bədsini To	Rours	Орегасог	Pay of
	at Remote	UV Dose	BnitsnaqO	muminiM		Temp.	Customer	Measurement	(C) Before or at		Net Quanity		рλ	
	Concentration	muminiM	Lowest			ŀ	at First	O ts (T)	Concentration				batisiV	
	Disinfectant			1		[]	Defore or	Contact Time	Disinfectant				10	
	Residual		-				Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest						TO rest CT						Plant	
		əsoc	I AN		<u></u>			CT Calcul					Days	
			cable*	ilqqA ii ,noim	Virus Inactiva	go.I-mo	Gmonstrate F	or UV Dose, to I						
amines) Chlorine Dioxide	hlorine (Chlor	O bənidm	62 [ərinc	Free Chlo					oitudirteiQ n	i bənisinisM lei	tant Residi	of Disinfe	Type of
								:(:	Other (Describe			r Radiation	lltraviole) 🔲
Combined Chlorine (Chloramines))sone	\Box	əbixoi	Chlorine D		hlorine	D Free C		* :lsvo	wiation/Rem	itos al Inacti	I-nuo gniv	of Achie	Means
									20-Yisunst		η, Деяг. оξ:			
														
					7#	e' mell	Ocala Oak	Plant Name:		3421560	::	on Numbe	lenți ficat	PI SMa

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

DEP Form Form 525.900(3)Alternate



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 #1 PWS Identification Number: 342	21560
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Cons	cutive
Number of Service Connections at End of Month: 629 Total Population Served at End of Month: 220)2
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida	
	Code: 34749
	2) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	
B. Water Treatment Plant Information	
	2) 787-0980
	Code: 34479
Type of Water Treated by Plant: X Raw Ground Water 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.)	С
	t(s) Worked
Lead/Chief Operator: Mark March C 8287 6 Days p	er week
Other Operators:	
II. Certification by Lead/Chief Operator	
	mort Loortify that the
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 reinformation provided in this paper to the best of the best of the lead of th	
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 thispla	
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional opera	
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	
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the	e 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	

Page 1

PWS I	dentifica	tion Numbe	er:	3421560		Plant Name:	Ocala Oak	s, well	#1						
	iland Davier	Con the N. L.	41-72		Esh 05										
			th/Year of:		February-05			Chlorin	. 1	011 : 1	n: :1			Combined Chle	orine (Chloramines)
			Log Virus Inacti	viation/Rem			Free C	спюнп	е 📙	Chlorine l	Dioxide		Ozone	Combined Cino	mile (Cinoramnes)
		et Radiation		لـا	Other (Describe	e):			T						T
Type o	t Disinte	ctant Resid	ual Maintained	in Distribution					Free Chl				hlorine (Chloi	amines)	Chlorine Dioxide
	1] ·			, or UV Dose, to		Four-Log	Virus Inactiv	ation, if App		นทระบดเล	表 1888歲下V自		
- 1 - 1 - 1	Days			<u> </u>	and the second	CT Calcu		W L.	13 3 S 11 H H	14	UV	Dose			
	Plant						Lowest CT				1.0	1.12	Lowest		
	Staffed	%			Lowest Residual	: Disinfectant	Provided		4				Residual		
	or		1		Disinfectant	Contact Time	Before or		44			1	Disinfectant		
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	7.20	
Day of	Operator	Hours	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	11.0	Minimum	Operating		at Remote		i O Cdat
the	Operator (Place	Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW:	Point in Distribution		bnormal Operating Conditions ance Work that Involves Taki
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C VVaici,	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	The Contract of the Contract o	Components Out of Operation
1	X	24 hrs	122,000	Tanto, Spa	1.4	Inmates	ing mile	<u> </u>	rippiicable	IIIg IIIIIDE	300/CHIE	SCO CHILL.	1.2	- water bystein C	omponents out of operation
2	X	24 hrs	135,000		1.3		1		 		<u> </u>	-	1.2	· · · · · · · · · · · · · · · · · · ·	
3	X	24 hrs	132,000		1.4		1	\vdash	 	 	 		1.4		
4	X	24 hrs	152,000		1.6	1							1.2		
5	X	24 hrs	149,000		1.4	 				†			1.2		
6		24 hrs	149,000				 	1			<u> </u>		- 10-	-	
7	X	24 hrs	147,000		1.2	 		 		 			1.2	<u> </u>	
8	Х	24 hrs	134,000		1,4					<u> </u>			1		
9	Х	24 hrs	141,000		1.6			<u> </u>					1.2		
10	X	24 hrs	163,000		1.4								1.2		
11	X	24 hrs	133,000		1.6		i						1.2		
12	X	24 hrs	174,000		1.4]		1.2		
13		24 hrs	175,000					l							
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				ļ				1.2		
17	X	24 hrs	167,000		1.2			<u> </u>					1.2		
18	Х	24 hrs	225,000		1.4		ļ						1.2	ļ	
19	X	24 hrs	247,000		1.3			<u> </u>					1.2	<u></u>	
20		24 hrs	247,000				ļ	ļ			_				
21	X	24 hrs	1,000		1	ļ	ļ	<u> </u>		ļ	ļ		0.8	 	
22	X	24 hrs	0	ļ	1.6		ļ	<u> </u>		ļ			1.2		
23	X	24 hrs	118,000		1.6	 	 	 		-	 	-	1	 	
24	X	24 hrs	102,000		1.2	 	ļ	ļ	ļ	ļ	ļ			 	
25	X X	24 hrs	126,000		1.4	 	ļ — —	-			 	-	1.2	<u> </u>	
27		24 hrs 24 hrs	152,000		1.6			-			 		1.4	 	
28	X	24 nrs 24 hrs	152,000 110,000		1.4		<u> </u>			-	 		1.2	_	
29	_^	24 hrs	110,000	-	1.4	 	1		 	-	 		1.4	 	
30		24 hrs				 	 	 		 	 	ł		 	
31		24 hrs					 	 	 		1				
Total		24 1113	4,062,000		l	1			I			L			
Average		2- 2-	145.071												
Maximu		111111	247,000												

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



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 3421560 PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 2202 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Leesburg State: Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person 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 Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water 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: C Mark March 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 thisplant 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. Futhermore, 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.

DEP Form 62-555 900(3)Alternate

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

											124,000			minixsM
											15,386	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Average
								· ·			346,800		e a Tajor Magas	Total
	<u> </u>											24 hrs		18
						<u> </u>						24 hrs		30
												S14 hz		56
	1.2								91		0	24 hrs	X	- 87
							· · · · · · · · · · · · · · · · · · ·				0	24 hrs		LZ
	.]										0	24 hrs	1	97
	I								tπ		0	24 hrs	X	52
	Î										000,1	24 hrs	1	74
	7.1								9.1		0	SJ4 PLS	X	23
	2.1								t'I		140,000	Sty pz	X	77
	1.1								7.1		154,000	24 hrs	X	17
											009't1	24 hrs	 ``	70
											009'†1	24 hrs	 	61
	7.1			· · · · · · · · · · · · · · · · · · ·					t I		009'†1	24 hrs	X	81
				l	1	t	<u> </u>		-		2,500	24 hrs	 _	LI
	7.1			 					1.2		005'7	24 hrs	$\frac{1}{x}$	91
	1										000,1	SJU PZ		SI
	1			· · · · · · · · · · · · · · · · · · ·					£'I		0	24 hrs	X	. bl
	<u> </u>										2,000	24 hrs	 	εī
					<u> </u>						0	24 hrs	 	71
	1.2								7.1		0	24 hrs	X	11
											0	Sy pre	1 A	01
	7.1								Ĩ		0	24 hrs	X	6
					<u> </u>				<u>-</u>		0	24 PLS	 ^ _	8
	1						-		1.2		0	24 hrs	X	L
	<u> </u>								<u> </u>		0	24 hrs	<u> </u>	9
											0	24 hrs	 	
	⊅` I								1.2		0	24 hrs		ς
	 								<u> </u>		0	24 hrs	X	7
	7.1								2.1		0	24 hrs	\	·£
	2.1				-				7.1		0	24 hrs	X	7
Water System Components Out of Operation	System, mg/L	zmɔ/ɔəs	гес/сшу	J/nim-gm	Applicable	3	J/nim-9m	səmuim	Flow, mg/L	Rate, gpd	Produced, gal	Operation	X	I
Repair or Maintenance Work that Involves Taking	noituditizia	Mu	-Mm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	Month
Emergency or Abnormal Operating Conditions,	ni mioq	Redured,	UV Dose,	CI	lo Hq	30	During	Point During	First Customer	[7.4440]	behsinis Jo	smoH ai taola	Operator	TO VBC
	at Remote	NA Doze	Operating	muminiM	. T	Temp	Customer	Measurement	(C) Before or at		Net Quantity	11	ρλ	30 110(1
	Concentration	muminiM	Lowest				terif ts	O 16 (T)	Сопсепиацоп		, J. K		Visited	
	Disinfectant				3		Вегоге ог	Contact Time	Disinfectant				10	
	Residual				r si		Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest						Lowest CT						Plant	
		əsoc	IAN			ابا	ations	CT Calcul					Days	
	} · ·			IqqA ii ,nome	Virus Inactiv	go.I-no			CT Calculations,					
Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Timid I III	1107 . 1			<u> </u>	TIO 3			•(•		., ., ., <u>.</u>				
(communicatio) annionica parionica		, _[]	anivor	a authoure				.(•	Other (Describe	<u> </u>		r Badiation		
Combined Chlorine (Chloramines)	Sone	<u>ا</u>	- abixoi(Chlorine D		hlorine) 9914			m 9 N / noitsiv	ritoanl auriV go.			
									February-05		:lo as2Y'di	or the Mon	Lenst VI	III. Dai
								'Allma' arm: -		000:-:		201110		
III. Daily Data for the Month Year of: Rebruary-05 Rebruary-05														

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

DEP Form Form 62-555,900(3)Alternate

Page 2



I. General Information	for the Month/Year of:	March-05			•									
A. Public Water Systen	n (PWS) Information													
PWS Name:	Ocala Oaks, well #1				PWS Identifi	cation Number:	3421560							
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient	Non-Commu	nity	Consecutive							
Number of Service Cor	nnections at End of Month:	629		Total Popul	lation Served a	at End of Month:	2202							
PWS Owner:	Aqua Utilities Florida													
Contact Person:	Brian Heath			Contact Per	rson's Title:	Area Manager -	Florida							
Contact Person's Mailin				City:	Leesburg	State: FL	Zip Code: 34749							
Contact Person's Telep				Contact Per	rson Person's F	ax Number:	(352) 787-6333							
Contact Person's E-Ma	il Address: beheath(@aquaamerica.com												
B. Water Treatment Pla	nt Information													
Plant Name:	Ocala Oaks, well #1				Plant Telepho	one Number:	(352) 787-0980							
Plant Address:	3900 N.E. 20th Ave			City:	Ocala	State: FL	Zip Code: 34479							
Type of Water Treated			rchased Finished Wa	ater										
		ons 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 Marc	h	С	8	287	6 Days per week								
Other Operators:														
4 19.1														
				<u> </u>										
II Cantification by Land	VCL: CO													
II. Certification by Leac	Chief Operator													
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/o	chief operator of th	ne water trea	tment plant i	dentified in Par	t I of this report. I certify that the							
information provided in	this report is true and accurate to	the best of my knowleds	ge. I certify that al	l drinking w	ater treatmer	nt chemicals use	ed at thisplant conform to NSF							
	0 or other applicable standards ref													
							of chemicals used and chemical feed							
							ecords to the PWS owner so the PW							
					nese addition	iai operations re	colds to the F w 5 owner so the F w							
owner can retain ment, to	ogether with copies of this report,	at a convenient location	i for at least ten ye	ars.										
		Mark March				C8287								
Signature and Date		Printed or Typed Name			-	License Number	T.							
o.g.maire and Date		Tranco or Typeu Name	•			LICEUSE INUITIDE	1							

											755,000		π	mmix _B M
											908,741		e e ele.	Average
											4,582,000			IstoT
	1.2								8.1		177,000	24 hrs	X	15
	1 1					<u> </u>			9.1		000,871	24 hrs	X	30
	2.1								t'I		185,000	24 hrs	X	57
	7.1								8.1		130,000	24 hrs	X	87
						<u> </u>					138,000	24 hrs	<u> </u>	1.7
	1.2					<u> </u>			9.1		137,000	24 hrs	X	97
	1								7 1		154,000	S4 hrs	X	72
	7.1								S.1		143,000	24 hrs	X	74
	7.1								t'I		125,000	24 hrs	X	73
	I								1.2	1	141,000	24 hrs	X	77
	7.1								J.4		000'901	24 hrs	X	7.1
							}		1.2		140,000	24 hrs	X	70
											000'041	24 hrs		61
	2.1								I		170,000	S4 pts	X	81
	1.4								91		136,000	S4 PLS	X	LI
	7.1								ÞΊ		138,000	5¢ prs	X	91
	2.1								91		000,721	24 hrs	X	SI
	7.1				· · · · · · · · · · · · · · · · · · ·				14		175,000	S4 pts	X	ÞΙ
11000	I								p.I		000'981	24 hrs	X	εī
						· ·					000'041	S14 PZ	1	71
	1.2								p.I		000,071	St hrs	X	II
	Ī			<u> </u>					2.1		158,000	24 hrs	X	01
	1								† T		124,000	SJŲ þZ	X	6
	7.1	<u> </u>				†			1.4		141,000	S# hrs	X	8
	7.1								91		000,021	S4 pts	X	L
	2.1					-			1.4		134,000	24 hrs	X	9
									<u> </u>		000,881	S4 hrs	A	ç
	2.1								£.1		000,891	24 hrs	X	<i>v</i>
1,	1								t I		000,011	S4 hrs	$\frac{\lambda}{X}$	ε
	71		·						91		000,08	24 hrs	X	7
	2.1			<u> </u>					7.1		555,000	24 hrs	X	I
Water System Components Out of Operation	System, mg/L.	sec/cm2	zwo/oos	J\nim-gm	Applicable	- o	J/nim-gm	səmuim	J\gm,wo⊡	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	nonudinsid	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water Produced gel	Plant in	(Place	
Emergency or Abnormal Operating Conditions,	ni tnioT	Required,	UV Dose,	TO	io Hq	jo 	During	Point During	First Customer	mold Mood	of Finished	SmoH	Орегатог	Day of
	at Remote	DA Dose	Operating	muminiM	3-11-] cub	Customer	Measurement	(C) Before or at		Net Quanity	SHOH	py	130 vect
	Сопсепияноп	Minimum	Lowest	6		1	terist is	(T) at C	Concentration (Concentration		itimentO teld	při ku tra		
	Disinfectant					A	Defore or	Contact Time	Disinfectant				70 botiziV	İ
	Residual			数季 的是		¥-6√.	Provided	Disinfectant	Lowest Residual	9 je - 11 - 4		pringram in a	Staffed	
	Lowest			Vadroe ja k	No company	4.4.4	Lowest CT					g, North	Plant	
	域系统的 系统	000	7.10	NATA NATADA		150 to 200	Carried Transport	marma ra		eritar a to			Days	
	Augusta de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición del composición de la composición del composición de la compos	930(AN E	wids the suppr	Anomales at A	Sort mo	20.00	CT Calcul	STIONNING TO			1 44 1 1 1		
	Ing Landson	lo parrier				- I-mo	a sterionom9(Tot and VII 10	CT Calculations,	onnource	I DOMINIUM	DICONT ATT		
Chlorines) Chlorine Dioxide	nlorine (Chlora	D banider	ر ب	aniac	Free Chl					oitudiatsiO n	i bənintained İsu			
								:(Other (Describe			roitaibaA t		
Combined Chlorine (Chloramines)	əuoz	Э 📗	əbixoi	Chlorine D		hlorine	O abrid		* :lavo	viation/Remo	itoanl suriV go.			
								-	Магсһ-05		th/Year of:	or the Mon	ly Data f	III. Dai
					1#	s, well a	Ocala Oak	Plant Name:		3421560	1.	ədmuM noi	lenti ficat	PLSMd

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



See page 4 for instructions

I. General Information	for the Month/Year of:	March-05								
A. Public Water System	n (PWS) Information	<u></u>								
PWS Name:	Ocala Oaks, well #2				PWS Identifi	cation Number	r: 3421560			
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient	Non-Commu	nity	Consecutive			
	nnections at End of Month:	629		Total Popul	lation Served a	t End of Mont	h: 2202			
PWS Owner:	Aqua Utilities Florida			.4						
Contact Person:	Brian Heath			Contact Per	rson's Title:	Area Manage	er - Florida			
Contact Person's Mailir				City:	Leesburg	State: F	FL Zip Code:	34749		
Contact Person's Telepl				Contact Per	rson Person's F	ax Number:	(352) 787-6	333		
Contact Person's E-Mai		aquaamerica.com								
B. Water Treatment Pla	nt Information									
	Ocala Oaks, well #2				Plant Telepho	one Number:	(352) 787-0	980		
	3900 N.E. 20th Ave			City:	Ocala	State: F	L Zip Code:	34479		
Type of Water Treated			rchased Finished Wa	iter						
	ay Operating Capacity of Plant, gallo	ns per day:	183,000	•						
	osection 62-699.310(4), F.A.C.):	V				n 62-699.310(
Licensed Operators	Name		License Class	Licens	e Number	Day(s)/Shift(s) Worked				
Lead/Chief Operator:	Mark March	<u></u>	С	8	287		6 Days per week			
Other Operators:										
		46								
			W							
				<u> </u>						
				ļ				_		
	<u>-</u>			l						
II. Certification by Lead	Chief Operator									
	·	n Florida am the lead/	shipf approximation of the	a watan tua	storant plant :	dontified in D	Part Lafthia ranget L	partify that the		
	treatment plant operator licensed									
	this report is true and accurate to t									
	or other applicable standards ref									
	day that a licensed operator staff									
	le, appropriate treatment process p				hese addition	al operations	records to the PWS of	wner so the PWS		
owner can retain them, to	ogether with copies of this report,	at a convenient location	n for at least ten ye	ars.						
						~~~				
Signature and Date		Mark March			_	C8287				
orgnature and Date		Printed or Typed Name				License Num	ber			

Page 1

											<b>7</b> 61		A	Average
											000'9	- <del>121</del> , pro 1 - 1 - 1 - 1	11.15	Total
											1,000	24 hrs		: 18 .
	I								7.1		0	24 hrs	X	30
											0	24 hrs		67
	2.1								I		0	24 hrs	X	82
											0	24 hrs		LZ
											0	24 hrs		97
	ī								þ.I		0	24 hrs	X	52
											0	24 hrs		74
	7.1								7.1		0	24 hrs	X	23
											0	24 hrs		77
	7.1								I		0	24 hrs	X	17
											0	24 hrs		70
											0	54 pts		61
	2.1								1.4		0	24 hrs	X	81
					i						0	24 hrs		LI
	1								1.2		0	24 hrs	X	.91
	· ·										000,1	24 hrs		۶ı
	7.1								p.1		0	SJ4 PZ	X	ÞI
											0	24 hrs	1	£1
	1				,				7.1		0	24 hrs	X	12
	<u> </u>					<del></del>					0	24 hrs	<del>                                     </del>	11
	1					-			7.1		0	24 hrs	X	10
	· · · · · · · · · · · · · · · · · · ·								<u> </u>		005,1	24 hrs	1	6
	2.1								p.I		1,500	24 hrs	X	8
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	1		····		· · · · · · · · · · · · · · · · · · ·				£.1		000,1	St hrs	X	L
	· · · · · · · · · · · · · · · · · · ·						<u> </u>				0	24 hrs		9
								*			0	24 hrs	1	Ş
											0	24 hrs	<del>                                     </del>	<b>b</b>
	I					<b></b>			ψŢ		0	24 hrs	X	ε
	1								V 1		0	24 hrs		. Z
	<del></del>								7.1		0	24 hrs	X	I
Water System Components Out of Operation	System, mg/L	Zmɔ/ɔəs	zmɔ/ɔəs		Applicable	Э	J\nim-gm	sənnim	Tow, mg√L	Rate, gpd	Produced, gal	Operation	("X"	Мопф
Repair or Maintenance Work that Involves Taking	noitudintsid	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water Produced gel	Plant in	93ce /"Y"	тусовтр
Emergency or Abnormal Operating Conditions,	ni tnioq	Required,	UV Dose,	CT	lo Hq	JO JO	Burnd	Point During	First Customer	Dook Elony	bənzini To	stuoH gi tagla	Totstator	
ionaithra Danitara Olaman 11	at Remote	UV Dose	Operating	muminiM	3-11-	Lemp	Customer	Measurement	(C) Before or at		Net Quanity	53.1.0 _[1]	ру	30 1100
	Concentration	muminiM	Lowest	"	,		at First	Ois (T)	Concentration				botisiV	
	Disinfectant	,,	•				Defore or	Contact Time	Disinfectant				10 OL	
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	Residual		6.				Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest						Lowest CT		• • • • •				Plant	1
		2500	I AN		L		l	CT Calcul					Days	
				iddy n 'noni	A ILINCILA	Sort-mo		or UV Dose, to D	'SUCRISHOUS'				"	
ADDICT OFFICE OF THE CONTROL	I	L parrerr				7 7 2.10	T ctortororad	T or asoft Willian		annoi neici u	I DOMEDINIDIAL INC	Dicasi arma	L	0.2461
Chlorine Dioxide	riorine (Chlors	D banidm		agine	Free Chlo			<del>,</del>			i bənisinisM lsı			
								. :(:	Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	)zone	э 📙	obixoi	Chlorine D	;	hlorine	O əərA		* :lsvc	viation/Rem	og Virus Inacti			
									March-05		до звэУ/ф	or the Mon	I sig d	III. Dai
									<del></del>					
					7#	s' well	Ocala Oaks	Plant Name:		3421560	:.	on Numbe	teptificat	r SMa

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

DEP Form Form 62-555.900(3)Alternate



1. General Information t	for the Month/Year of: April-05							
A. Public Water System	(PWS) Information							
PWS Name:	Ocala Oaks, well #1		PWS Identifi	cation Number: 3421560				
	X Community Non-Transient Non-Co	mmunity	Transient Non-Commun	nity Consecutive				
Number of Service Con	nections at End of Month: 629	•	Total Population Served a	at End of Month: 2202				
PWS Owner:	Aqua Utilities Florida		<u> </u>					
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida				
Contact Person's Mailin			City: Leesburg	State: FL Zip Code: 34749				
Contact Person's Teleph			Contact Person Person's F	Fax Number: (352) 787-6333				
Contact Person's E-Mai	l Address: <u>beheath@aquaamerica.com</u>							
B. Water Treatment Pla	nt Information							
Plant Name:	Ocala Oaks, well #1		Plant Telepho	one Number: (352) 787-0980				
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479				
Type of Water Treated		Purchased Finished W	ater					
	ay Operating Capacity of Plant, gallons per day:	183,000						
	osection 62-699.310(4), F.A.C.): V		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:	Bob Maxon	С	2810	6 Days per week				
II. Certification by Lead	Chief Operator							
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	d/chief operator of t	he water treatment plant i	dentified in Part I of this report. I certify that the				
	this report is true and accurate to the best of my knowle							
	or other applicable standards referenced in subsection							
	day that a licensed operator staffed or visited this plan							
	e, appropriate treatment process performance records.			ial operations records to the PWS owner so the PWS				
owner can retain them, to	ogether with copies of this report, at a convenient locati	on for at least ten ye	ears.					
				G000#				
0' ' ' ' ' ' '	Mark March		<del> </del>	<u>C8287</u>				
Signature and Date	Printed or Typed Nan	ne		License Number				

PWS I	dentifica	tion Numbe	er:	3421560		Plant Name:	Ocala Oal	ks, well	#1							
III. Da	ily Data	for the Mor	nth 'Year of:		April-05											
			Log Virus Inacti	iviation/Rem			Free	Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chl	orine (Chloramine	es)
		et Radiation			Other (Describe	e):	لـــا									• /
			ual Maintained	in Distribution		<del>-).</del>			Free Ch	lorine	TC	mbined C	hlorine (Chlor	ramines)	Chlorine I	Dioxide
17,0	1.5		1			, or UV Dose, to	Demonstrate	Four-Los				Mionica C	Inorme (emo	Tarimics)		Noxido
	Days			AW	TV-7	CT Calcu	dations	1001-120		auou, ii App		Dose 🐇				
	Plant				CONTRACTOR OF THE	Same Same	Lowest CT	1	Agr- V	70 50 6		1.7			4274	
	Staffed				Lowest Residual	Disinfectant	Provided					1. 1987	Lowest Residual		144 E. C.	
	or				Disinfectant	Contact Time	Before or					4.5	Disinfectant		fact register in the second	
	Visited	i .			Concentration	(T) at C	at First				Lowest	Minimum	Concentration		VAN F	
1	by	}	Net Quanity	2	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	そんり かいし せきぎきか	at Remote		241.3	A WOLL
Day of	Operator	Hours	of Finished	ű	First Customer	Point During	During	of	∴ pH of	Cr"	UV Dose,	Required,	Point in		bnormal Operating Co	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		nance Work that Invol-	Acres 64 Comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comme
Month 1	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System (	Components Out of O	peration :
2	X	24 hrs 24 hrs	112,000		1.4	<u> </u>	<del> </del>	<del> </del>	ļ	ļ			1			
3	_^	24 hrs	173,000	<b>-</b>	1.6	<del></del>	ļ	-	ļ	ļ	<u> </u>		1.2			
4	Х	24 hrs	151,000		1.4	<u> </u>	<del> </del>							ļ <u>-</u>		
5	X	24 hrs	173,000		1.6	<del></del>	<del> </del>	<del> </del>			<del> </del>		1.2			
6	X	24 hrs	188,000		1.6		<del> </del>	<del> </del>	ļ	<del> </del>	<del> </del>		1.2	<u> </u>		
7	X	24 hrs	72,000		1.4	<u> </u>	<del> </del>	+-					1.2			
8	X	24 hrs	164,000		1.8		ļ	1	<del> </del>	<del> </del>	<del> </del>		1.2		·	
9	X	24 hrs	170,000	-	1.6		<del> </del>	<del>                                     </del>	<u> </u>				1.4	<del></del>	***************************************	
10		24 hrs	170,000	·				1			<del> </del>		• • •			
11	Х	24 hrs	184,000		1.4		<del> </del>	1					ī			
12	Х	24 hrs	141,000		1.6								1.2	<del></del>		
13	X	24 hrs	168,000		1.4								1.2			
14	X	24 hrs	193,000		1.6			1					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					ļ								
18	X	24 hrs	164,000		1.4			<u> </u>					i			
19	X	24 hrs	213,000		1.8								I			
20	X	24 hrs	179,000		1.6	·		<del>                                     </del>		<u> </u>			1.4			
21	X	24 hrs 24 hrs	241,000		1.6			<b></b>			<b> </b>	<b></b>	1.2	ļ		
23	$\frac{x}{x}$	24 hrs	149,000 171,000		1.4			<u> </u>			<u> </u>		1.2	<b> </b>		
24	^	24 hrs	171,000	<u> </u>	1.4		<del> </del>	-	<del> </del>			<del>                                     </del>	1.2			
25	X	24 hrs	189,000		1.6		<del> </del>	<del> </del>			<del> </del>		1.2			
26	X	24 hrs	130,000		1.4			<u> </u>					1.2			
27	X	24 hrs	134,000		1.6	<del>_</del>	<del>                                     </del>	<del> </del>		-	<del> </del>		1.4			
.28	X	24 hrs	145,000		1.4	<del></del>	<del></del>	<del> </del>				<del>                                     </del>	1.2	<del> </del>		
29	X	24 hrs	147,000		1.4			1			<del>                                     </del>		1.2			
30	Х	24 hrs	194,000		1.4			<b> </b>		1			1.2			
31		24 hrs					<del></del>	<del> </del>		1						
Total			5,018,000			<u> </u>	<del></del>	·				<del></del>	·			
Average	134 1	11 / /1	167,267													
Maximu			241,000													

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



I. General Information	for the Month/Year of:	April-05			· · · · · · · · · · · · · · · · · · ·				
A. Public Water System	n (PWS) Information								
PWS Name:	Ocala Oaks, well #2			PW	S Identification Nu	ımber:	3421560		
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non			Consecutive		
Number of Service Cor	nnections 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 Ma	anager - Flori	da		
Contact Person's Mailir				City: Lee:	sburg State:	FL	Zip Code: 3	4749	
Contact Person's Telepl			_	Contact Person I	Person's Fax Numb	er:	(352) 787-633	3	
Contact Person's E-Mai		@aquaamerica.com							
B. Water Treatment Pla	nt Information								
Plant Name:	Ocala Oaks, well #2			Plan	t Telephone Num	ber:	(352) 787-098	30	
Plant Address:	3900 N.E. 20th Ave			City: Oca		FL	Zip Code: 3	4479	
Type of Water Treated			rchased Finished Wa	ater			·		
	bay Operating Capacity of Plant, gall	ons per day:	183,000						
	osection 62-699.310(4), F.A.C.):	V			subsection 62-699				
Licensed Operators	Name		License Class	License Nur	License Number Day(s)/Shift(s) Worked				
Lead/Chief Operator:	Mark Marc	h	С	8287		6	Days per week		
Other Operators:	Box Maxor	1	С	2810		6	Days per week		
				<u> </u>					
II. Certification by Lead	(Chief Operator								
	" " " " " " " " " " " " " " " " " " " "								
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of th	ne water treatmer	nt plant identified	l in Part I of	this report. I ce	rtify that the	
information provided in	this report is true and accurate to	the best of my knowled	ge. I certify that al	l drinking water	treatment chemic	cals used at t	thisplant conform	n to NSF	
International Standard 60	or other applicable standards ref	ferenced in subsection 6	62-555.320(3), F.A.	C Lalso certify	that the following	g additional	operations reco	rds for this	
plant were prepared each	day that a licensed operator staff	ed or visited this plant of	during the month is	ndicated above: (	1) records of am	ounts of che	micals used and	chemical feed	
	le, appropriate treatment process								
					additional opera	tions records	s to the P w 3 ow	Her so the r w s	
owner can retain them, to	ogether with copies of this report,	at a convenient location	n for at least ten ye	ars.					
		Mark March			C8287				
Signature and Date		Printed or Typed Name	<b>.</b>		License	Number			
- 0		Timed of Typed Name	~		License	rumoci			

PWS Id	eptificat	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#2					
III. Dai	y Data f	for the Mon	th'Year of:		April-05	. ,		<u> </u>						
			.og Virus Inacti				Free (	Chlorine	e 🗍	Chlorine I	Dioxide		)zone	Combined Chlorine (Chloramines)
l 🗌 t	Htraviol	et Radiation	1		Other (Describe	e):	_					_		
Type of	Disinfe	ctant Residu	ual Maintained i	in Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations.	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	licable*			
	Days		*,		18 44 - New 1949	CT Calcu	lations		교육 기가 기가		UV	Dose 🙏		
	Plant			1		**************************************	Lowest CT	14.3					Lowest	
	Staffed			1	Lowest Residual	Disinfectant	Provided		77				Residual	PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCI
	or			l	Disinfectant	Contact Time	Before or						Disinfectant	
	Visited by		Net Quanity	1	Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	2,600		1.4								1.2	
2		24 hrs	2,600											
3		24 hrs	2,700					İ						# Physical III
4	X	24 hrs	0	ļ	1.4								1	1-1
5	37	24 hrs	0	-										
7	X	24 hrs	21,000		1.3								1	
8	X	24 hrs 24 hrs	21,000		1.2								1	
9		24 hrs	0		1.2		ļ						1	
10		24 hrs	1,000	<del> </del>				<del> </del>						
11	Х	24 hrs	8,000		1.4	<del></del>		<del> </del>					1	
12		24 hrs	8,000	<u> </u>										
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			<u> </u>		ļ						
18	X	24 hrs	37,000		1.2			ļ				<u> </u>	<u> </u>	
19		24 hrs	38,000	ļ				<b>├</b>			ļ		1	
20	X	24 hrs	40,000 40,000	-	1.4			}					1	
22	X	24 hrs 24 hrs	11,000	-	1.2		<del>                                     </del>	<del> </del>		-		-	1.2	
23		24 hrs	11,000	<del>                                     </del>	1.2			<del> </del>				<del> </del>	1.2	
24		24 hrs	11,000				· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del>                                     </del>	<del></del>	1		
25	X	24 hrs	1,000		1			· · · · · · ·					1.2	
26		24 hrs	1,000					<u> </u>						
27	X	24 hrs	1,000		1.2								11	
28	X	24 hrs	2,000		1.2						ļ		1	
29	X	24 hrs	0		1.4				ļ			<u> </u>	1.2	
30		24 hrs	0					<b> </b>				ļ <u>.</u>		
31		24 hrs	2/10 000		<u> </u>			<u> </u>	L	L	<u> </u>	L	l	
Total Average	ry in the	200	298,900 9,963	4										
INVERAGE	2 1 1 2 1	43.5	7,703	1										

40,000

Maximum

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



See page 4 for instructions I. General Information for the Month Year of: May-05 A. Public Water System (PWS) Information 3421560 PWS Name: Ocala Oaks, well #1 PWS Identification Number: PWS Type: X Community Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 2202 629 Total Population Served at End of Month: 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 Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #1 Plant Telephone Number: (352) 787-0980 3900 N.E. 20th Ave Plant Address: City: Ocala State: FL Zip Code: 34479 X Raw Ground Water Type of Water Treated by Plant: 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.): Day(s)/Shift(s) Worked **Licensed Operators** Name License Class License Number Lead/Chief Operator: 6 Days per week Mark March C 8287 6 Days per week Other Operators: Bob Maxon C 2810 6 Days per week 7251 Paul Thompson Α 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 thisplant 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. Futhermore, 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 License Number Signature and Date Printed or Typed Name

Page 1

											454,000		u	maxeM
											186,613			Average
											000,287,2		1.15	Total
	7.1								<b>1</b> 7		139,000	24 hrs	X	ΙE
	I								7.1		000'691	24 hrs	X	30
				L		<u> </u>					153,000	24 hrs		56
	I								í		153,000	24 hrs	X	87
	I								7.1		000,ET <u>2</u>	24 hrs	X	LZ
	8.0								I		242,000	24 hrs	X	97
	Ĭ .								7.1		000,031	24 hrs	X	57
	I								l		230,000	24 hrs	X	74
	8.0					ļ	<u> </u>		I		131,000	24 hrs	X	23
										<u></u>	219,000	24 hrs		77
	1.2								tΊ	l	218,000	24 hrs	X	71
	I					<u></u>			9.1		181,000	24 hrs	X	. 70
	71								91		253,000	24 hrs	X	61
	l								ψĺ		000,022	24 hrs	X	81
	7.1								91		000°SLI	24 hrs	X	LI
	7.1								tΊ		162,000	24 hrs	X	91
			<u> </u>			<u> </u>					162,000	s.ių 77		- SI
	þ'l								91		000,291	24 hrs	X	14
	7.1								p.I		000,212	S14 PZ	X	13
	7.1								91		217,000	24 hrs	X	17
	1					L	<u> </u>		t'ī		118,000	24 hrs	X	: 11
	7.1								9 1		218,000	24 hrs	X	01
	1.2				1				9.1		148,000	24 hrs	X	6
	7.1								ÞΊ		202,000	24 hrs	X	8
	<u> </u>					<u> </u>	<u> </u>				123,000	24 hrs	_	L
	7.1			<u> </u>					91		125,000	24 hrs	X	9
	I					Ĺ			91		138,000	24 hrs	X	ç
	1.2	<u> </u>							91		104'000	24 hrs	X	7
	I	l				<u> </u>			1.2		424,000	24 hrs	X	ε.
	8.0								I		1,000	S4 brs	X	5.5
						ļ					000,491	24 hrs		I
Water System Components Out of Operation	System, mg/L	Zmɔ/əs	Sec/cm2	J\nim-gm	Applicable	. Э	J/mm-gm	sənnim	J\gm ,wo⊡	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	nonudrasiQ	Wm	-Wm	Required,	Nater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni tns19	(Place	əqı
Emergency or Abnormal Operating Conditions;	ni inio4	Required,	UV Dose,	CT	To Hq	јо	gurinG	gnind miod	First Customer	ř.	bodzini To	smoH	Operator	Day of
	Concentration at Remote	UV Dose	gninga	muminiM		Temp.	Customer	Measurement	(C) Before or at		Vet Quanity	ļ.	þλ	
	Disinfectant	minim	Lowest	MEN A TOTAL SECTION		1	st First	Olfa (T)	Concentration				10 bətisiV	
♥ 보면 2000년 - 1일 전 2000년 2월 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일	Residual						Provided ro store or	Disinfectant Contact Time	Lowest Residual Disinfectant				1 1 1	
	Towest	137		action of			Lowest CT		lending disputed			l	Plant Staffed	9.1
[기존원리 교육자기호환 :			1-222	143 A 4 A	MEAN - NO Philipping	<u> </u>	1.00				1		Days	
		7.7	Ι ΛΩ [*	ALCOHOL ST.		9ort mo			foresperious to	After As I		1.		
	I among among	DO DOMINI					A stertionoms(	T of word VII no	CT Calculations,	opportugies :	l naumunt:	DDICON NEWS		10.04(:
Chlorine Dioxide	hlorine (Chlors	D banidm	ريا	ənine	Free Chlo	X.		. ,		oitudirtzi([ n	ii bənistnisM lsı			
		_							Other (Describe			Radiation		
Combined Chlorine (Chloramines)	auoz(	) <u> </u>	hoxide	Chlorine D		hlorine	O eard X		* :lsvc	viation/Remo	ritoanl suriV go.			
									20-yeM		h Near of:	or the Mont	ly Data f	III. Dail
									·····					
					1.4	t Həm 's	Ocala Oaks	Plant Name:	I	0951745	:.	iou Mumber	entificat	DESMA

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



See page 4 for instructions

I. General Information	for the Month/Year of: May-05			
A. Public Water System	(PWS) Information			
	Ocala Oaks, well #2		PWS Identific	cation Number: 3421560
	☐ Non-Transient Non-Com	munity	Transient Non-Commur	ity Consecutive
Number of Service Cor	nections at End of Month: 629		Total Population Served a	t End of Month: 2202
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir			City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telepl	none Number: (352) 787-0980		Contact Person Person's F	ax Number: (352) 787-6333
Contact Person's E-Mai		,		
B. Water Treatment Pla				
	Ocala Oaks, well #2		Plant Telepho	one Number: (352) 787-0980
	3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated		rchased Finished Wa	ater	
	bay Operating Capacity of Plant, gallons per day:	183,000		
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	6 Days per week
Other Operators:	Box Maxon	C	2810	6 Days per week
	Paul Thompson	A	7251	6 Days per week
	4447			
A 44 1 1 1				
II. Certification by Lead	Chief Operator			
	·			
	treatment plant operator licensed in Florida, am the lead/			
	this report is true and accurate to the best of my knowled			
	0 or other applicable standards referenced in subsection 6			
plant were prepared each	n day that a licensed operator staffed or visited this plant of	during the month in	ndicated above: (1) record	ls of amounts of chemicals used and chemical feed
	le, appropriate treatment process performance records. F			
	ogether with copies of this report, at a convenient location			.,,
,	1			
	Mark March			C8287
Signature and Date	Printed or Typed Name	2		License Number

DEP Form 62-555 900(3)Alternate Page 1

											110,000	37 ×	α	umixeM
											16,613			Average
											000,212	All Sections		Total
	1.2								<b>⊅</b> `I		0	24 hrs	X	18
	7.1			7					I		000'011	24 hrs	X	30
											000°LE	24 hrs		67
											37,000	SJŲ þZ		87
	1.2								7.1		37,000	S.t pr.s	X	LT
	1.2						*		Ī		2,000	St pre	X	97
	<u> </u>										12,000	24 hrs		SZ
	ı								I		000'51	24 hrs	X	74
	7.1			<b></b>					ÞΊ		0	sad 42	X	73
	<u> </u>		ļ						<u> </u>		0	24 hrs	†	77
	2.1	ļ							⊅.I		0	24 hrs	X	17
	2.1								<b>₽.I</b>		0	24 hrs	X	07
	CI										0	24 hrs	1	61
	2.1				<del></del>				Ī		0	SJŲ þZ	X	81
	1								7.1		0	24 hrs	X	. 41
	2.1		<del> </del>						2.1		0	S.I4 P.Z	X	91
									<u> </u>		007,8	24 hz	A	SI
			·								007,8	24 hrs		· þ1
	7.1	<del> </del>	ļ <u></u>		***				þ. I	.,	009,8	24 hrs	X	εī
	1	<del></del>	<b></b>						2.1		0	Std hrs	X	71
	<u> </u>		ļ							-	000°L	St pre	<del>                                     </del>	11
	2.1		<del> </del>						I		000,7	24 hrs	X	10
	4.1	<u> </u>	· · · · · · · · · · · · · · · · · · ·						7.1		2,000	S.JŲ þZ	X	6
	· · · · · · · · · · · · · · · · · · ·	<u> </u>									000'9	S4 hrs	<del>  - '`-</del>	8
	<del></del>										000'9	24 hrs		L
	I	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>					7.1		000'9	St prz	X	-9
	•										0	24 hrs		S
	ī								7.1		0	24 hrs	X	ħ
	·····	<del></del>									101,000	SJŲ þZ	<del>                                     </del>	ε
	1						<del></del>		Ī		101,000	St pls	Х	7
		<del></del>									0	24 hrs	<u> </u>	: I
Water System Components Out of Operation	System, mg/L	200/29S	zwo/oes	7/uim-9m	Applicable	:c2	:7/viw-8w	səmunu	J\gm ,woFl	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair of Maintenance Work that Involves Taking	Distribution	Мш	-Wm	Required,	Water, if	Waler,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эцт
THE POLICE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	Point in	Required,	UV Dose,	TO	jo Hq	Jo	gaima	Point During	First Customer		of Finished	SmoH	Орегатог	
	at Remote	UV Dose	Operating	mminiM		Temp	Customer	Measurement	(C) Before or at		Net Quanty		ρλ	
	Concentration	mumminiM	Lowest			数一位	ignil is	O1s(T)	Сопсепизацоп		1 1 1 1 1 1 1 1 1		Visited	
	Disinfectant			19 to 1. 19 to 1.			Before or	Contact Time	Disinfectant		1,000	Service of Arms	10	
	Residual					<b>3</b>	Provided	Disinfectant	Lowest Residual	1.00	Alberta fr		Staffed	10.00
						集 : -			forting t		MATERIAL TRE		Plant	
	Lowest	***(**********************************	7 (19 Aug. 1) 1 (19 Aug. 1)		1000	境。	Lowest CT						Days	
	<b>第三(1945)</b> (3)	əso	I W D			潮。	znoits	CI Calcul		Village Section			3,re()	
		9.79	cable	ilqqA ii ,noiit	Virus Inactiva	god-no	Figurate F	or UV Dose, to D						4.4
unines) Chlorine Dioxide	norine (Chlora	D bənidr	COI	ərine	Free Chlo	X			n System:	oitudintion	ı bənistnisM lsı	ctant Residu	Disinfe	Type of
								:(	Other (Describe			t Radiation	lltraviole	J
Combined Chlorine (Chloramines)	- puoz	$\Box$	әріхоц	Chlorine D		ріоппе	X Free C	1	* :lbv(	viation/Remo	og Virus Inacti			
(51-7-1-0)		<u>~ Ц.</u>	1		Ш		_ <u> </u>	·	20-yeM			or the Mont		
									30 N					
					7+	HOM 'S	Ocaia Oaka	Plant Name:		3421560		ion Number	eguicau	PLSMa

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

PEP Form Form 62-555.900(3)Alternate

Page 2



See page 4 for instructions	s								
I. General Information	for the Month/Year of: June-05								
A. Public Water System									
PWS Name:	Ocala Oaks, well #1		PWS Identifi	cation Number:	3421560				
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commun	nity	Consecutive				
	nnections 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 - Fl	orida				
Contact Person's Maili	ng Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749				
Contact Person's Telep	ohone Number: (352) 787-0980		Contact Person Person's F	ax Number:	(352) 787-6333				
Contact Person's E-Ma	nil Address: beheath@aquaamerica.com								
B. Water Treatment Pla	ant Information								
Plant Name:	Ocala Oaks, well #1		Plant Telepho	one Number:	(352) 787-0980				
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479				
Type of Water Treated		rchased Finished W	ater						
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	183,000							
	ubsection 62-699.310(4), F.A.C.):		Plant Class (per subsection						
Licensed Operators	Name	License Class	License Number	D	ay(s)/Shift(s) Worked				
Lead/Chief Operator:	Mark March	C	8287		6 Days per week				
Other Operators:	Bob Maxon	С	2810		6 Days per week				
Eng.	Paul Thompson	Α	7251		6 Days per week				
		· · · · · · · · · · · · · · · · · · ·							
			<u> </u>						
II. Cariffania I. I.a.	LCL: CO								
II. Certification by Lea									
I, the undersigned water	r treatment plant operator licensed in Florida, am the lead/o	chief operator of t	the water treatment plant i	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	ge. I certify that a	all drinking water treatmen	nt chemicals used	at thisplant conform to NSF				
International Standard 6	60 or other applicable standards referenced in subsection 6	2-555.320(3), F.A	.C. I also certify that the	following additio	onal operations records for the	iis			
nlant were prepared eac	ch day that a licensed operator staffed or visited this plant of	during the month	indicated above: (1) recor	ds of amounts of	chemicals used and chemical	l feed			
rates: and (2) if annlical	ble, appropriate treatment process performance records. Fi	uthermore I sore	to provide these addition	nal operations reco	ords to the PWS owner so the	e PWS			
				iai operations rece	state the rate owner so the				
owner can retain them,	together with copies of this report, at a convenient location	i ioi ai ieasi ieii y	cais.						
	Mark March			C8287					
Signature and Date	Printed or Typed Name			License Number	,				
organical and Date	Timed of Typed Name	•							

PWS I	dentificat	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#1							
III. Da	ily Data	for the Mon	th Year of:		June-05	<del></del>							· ·			_
			Log Virus Inacti	viation/Rem			X Free (	Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chlorin	ne (Chloramin	es)
		et Radiation			Other (Describe	e):	_								`	,
Type o	f Disinfe	ctant Resid	ual Maintained i	in Distributio	on System:		*****	Х	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines)	Chlorine l	Dioxide
				1.75%		, or UV Dose, to 1		our-Log	Virus Inactiv	ation, if App	licable*	×	<b>3</b> 52	ATT TO THE	7	
	Days					CT Calcu	lations				· UV	Dose	\$7.47. \$4.3.	ayt in a circle		
	Plant	·			NOT 1995.3		Lowest CT				77.		Lowest			
	Staffed		1		Lowest Residual	Disinfectant	Provided						Residual		1985 W	
	. or Visited				Disinfectant	Contact Time	Before or	- 4					Disinfectant			
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Tamm		Minimum	Lowest	Minimum UV Dose	Concentration			
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	CT	Operating UV Dose,	Required,	⇒at Remote Point in	Emergency or Abnor	rmal Operating C	'onditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenanc		
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Com		
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	ļ	1.4								1.2			
5	- V	24 hrs	172,000													
7	X	24 hrs 24 hrs	137,000		1.4		<del> </del>		ļ				1	ļ		
8	X	24 hrs 24 hrs	206,000 168,000	ļ <u>.</u>	1.6		<del>                                     </del>	ļ				ļ	1.2			
9	X	24 hrs	130,000		1.4				<u> </u>	<del></del>			1.2	ļ	<del></del>	
10	X	24 hrs	108,000		1.4			-					1.2			
11	X	24 hrs	137,000		1.2			<del></del>					1.2	<del></del>		
12		24 hrs	137,000	<u> </u>	1.2				<u> </u>		<del>                                     </del>		· · · · · ·			
13	Х	24 hrs	121,000		1.4								1.2		· · · · · · · · · · · · · · · · · · ·	
14	Х	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	ļ		
18 ~ 19	X	24 hrs 24 hrs	150,000 150,000		1.6		<del> </del>	<b></b>		ļ			1.4			
20	X	24 hrs	140,000		1.4		<del> </del>	<del>                                     </del>		<b></b>		<del>                                     </del>	1.2			
21	X	24 hrs	139,000		1.4		<del> </del>			<del> </del>			1.2			
22	X	24 hrs	181,000		1.6		<del>                                     </del>			<b></b>	<b></b>	<del>                                     </del>	1.2			
23	X	24 hrs	102,000		1.4		<del>                                     </del>				<del> </del>	1	1.2	<u> </u>		
24	X	24 hrs	126,000		1.6							<del> </del>	1.4			
25	Х	24 hrs	184,500		1.4								1.2			
26		24 hrs	184,500									<b></b>				
27	X	24 hrs	131,000		1.7								l		*****	
28	X	24 hrs	136,000		1.4								1.2			
29	X	24 hrs	103,000		1.2							<u> </u>	11			
30	X	24 hrs	166,000	ļ <u>.</u>	1.4					<u> </u>	<b>\</b>	ļ	11		<del></del>	
Total	<u> </u>	24 hrs	4 300 000			<u> </u>	<u> </u>	L	L	L	L	L	l	L		
Average	<u></u>		4,399,000													

206,000

Maximum

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



See page 4 for instructions

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2

PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive

	o cara o ares, were what		pi wa iuchi	meanon Number	. 3421300
PWS Type:	▼ Community Non-Transient Non-Com	nmunity	Transient Non-Comn	iunity	Consecutive
	onnections at End of Month: 629		Total Population Serve	d at End of Month	1: 2202
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	- Florida
Contact Person's Maili			City: Leesburg	State: F	L Zip Code: 34749
Contact Person's Telep			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Ma					
B. Water Treatment Pla	ant Information				
Plant Name:	Ocala Oaks, well #2		Plant Teler	ohone Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: F	
Type of Water Treated	d by Plant: X Raw Ground Water Pu	urchased Finished W			
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	183,000			
	ubsection 62-699.310(4), F.A.C.):		Plant Class (per subsec	tion 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	С	8287		6 Days per week
Other Operators:	Box Maxon	С	2810		6 Days per week
	Paul Thompson	A	7251		6 Days per week
			•	-	
- 기교 전화학 기급과 크림於 Ha 등 기			<del></del>		
II. Certification by Lea-	d/Chief Operator				
I, the undersigned water	r treatment plant operator licensed in Florida, am the lead/	/chief operator of t	he water treatment nlan	t identified in P	art Lof this report. I certify that the
	this report is true and accurate to the best of my knowled				
	50 or other applicable standards referenced in subsection 6				
piant were prepared eac	h day that a licensed operator staffed or visited this plant	during the month i	ndicated above: (1) reco	ords of amounts	of chemicals used and chemical feed
	ole, appropriate treatment process performance records. F			onal operations	records to the PWS owner so the PWS
owner can retain them, t	together with copies of this report, at a convenient location	n for at least ten ye	ears.		
01	Mark March			C8287	
Signature and Date	Printed or Typed Name	e		License Numb	er ·

DEP Form 62-555 900(3)Alternate Page 1

PWS I	dentificat	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#2					
III. Dai	ly Data	for the Mon	th/Year of:		June-05									
			Log Virus Inacti	viation/Rem		·	X Free (	hlorin	e 🗆	Chlorine I	Diovide		)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe		M Heek			Chiornic	JIONIUC		)Z011C	Combined Chlorine (Chloranines)
			ual Maintained i	ليا		c).	-	TV	Free Chl	<del></del>	TT 6.	1: 10	(011	CH : P: :1
Type o	Disilile	Ctant Residi	uai Maintainea i	in Distributio									hlorine (Chlor	
	34				C1 Calculations	, or UV Dose, to	Demonstrate l	our-Log	Virus Inactiv	ation, if App				
100	Days			3 3 3 4 4 7	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	CT Calcu	CONTRACTOR AND AND ADDRESS.	yr i catal. Kalamasik		1 - 4 49 <u>1</u>	UV	Dose 🐫 💮		
	Plant				1 3 4 4		Lowest CT					ra Br	Lowest	
	Staffed				Lowest Residual		Provided						Residual	
1 4 40	or Visited				Disinfectant &	Contact Time	Before or		A-			* * * * * * * * * * * * * * * * * * * *	Disinfectant	
	by	11.1	Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer				Lowest	Minimum	Concentration	
Day of	Operator	Hours	of Finished	l segis	First Customer	Point During	During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	4,000	1	1.2		3	<del></del>				223.01112	1	Survey Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street St
. 2		24 hrs	0					T						
3	X	24 hrs	0		1			<b></b>	<u> </u>				1.2	
4		24 hrs	6,000				]		l	F				
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		ļ		ļ				1.2	
14		24 hrs	0				<u> </u>							
15 16	X	24 hrs	1,000					ļ						
17		24 hrs	0		1								1.4	
		24 hrs						ļ						
18 19	X	24 hrs 24 hrs	1,000		1				ļ				1	<u> </u>
20	X	24 hrs 24 hrs	0		12			├			ļ		1.2	
21	_^_	24 nrs 24 hrs	0	ļ	1.2	<del> </del>		<del> </del>	<u> </u>	<del> </del>			1.2	
22	Х	24 hrs	0		1.2				-	<del> </del>	<del> </del>		1.2	
23		24 hrs	1,000	<del></del>	1.4	-			<u> </u>				1.2	
24	X	24 hrs	0		1		<del> </del>	ļ	<del> </del>		<del> </del>		1.2	
25		24 hrs	0				<del> </del>	<del> </del>		<del> </del>	<del> </del>		1.2	
26		24 hrs	0					<del>                                     </del>						
27	Х	24 hrs	0		1.2		<del>                                     </del>	<del>                                     </del>	<u> </u>		<b></b>		<del></del> 1	
28		24 hrs	0				<u> </u>	<del>                                     </del>						
29	X	24 hrs	0		1.2		<b> </b>	<b>—</b>	<b></b>	<del>                                     </del>	<del>                                     </del>		1.2	
30		24 hrs	0						<u> </u>	<del>                                     </del>	<del>                                     </del>			<u> </u>
31.		24 hrs							l	<b> </b>	<del></del>			
Total		4	18,000		·		•	•	·	<u> </u>				
Average			600											
Maximu	m	44.	6,000	1										

^{*} 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 1 for mistractions							
I. General Information	for the Month/Year of: July-05						
A. Public Water System	(PWS) Information						
PWS Name:	Ocala Oaks, well #1			PWS Identif	ication Number	er: 3421560	
PWS Type:		on-Community		Transient Non-Commu		Consecutive	
Number of Service Cor	nnections at End of Month: 629			Total Population Served:	at End of Mont	th: 2202	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manage	er - Florida	
Contact Person's Mailir				City: Leesburg	State: I	FL Zip Code: 34749	
Contact Person's Teleph				Contact Person Person's I	Fax Number:	(352) 787-6333	
Contact Person's E-Mai		com					
B. Water Treatment Pla	nt Information						
	Ocala Oaks, well #1			Plant Teleph	one Number:	(352) 787-0980	
	3900 N.E. 20th Ave			City: Ocala	State: F	FL Zip Code: 34479	
Type of Water Treated		Purchased Finishe	d Wat	er			
	Day Operating Capacity of Plant, gallons per day:	183,000					
	osection 62-699.310(4), F.A.C.): V			Plant Class (per subsection			
Licensed Operators	Name	License Cla	iss	License Number		Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Mark March	С		8287	1	6 Days per week	
Other Operators:	Gary Kissick	C	"	7846		6 Days per week	
	Paul Thompson	A		7251		6 Days per week	
그는 가는 이를 심었다.							
II C. C. C. C. I. I.	161: 80						
II. Certification by Lead	Chief Operator						
I, the undersigned water	treatment plant operator licensed in Florida, am t	he lead/chief operator	of the	water treatment plant	identified in F	Part I of this report. I certify th	at the
	this report is true and accurate to the best of my l						
	0 or other applicable standards referenced in subs						
	a day that a licensed operator staffed or visited th						
	le, appropriate treatment process performance rec				nai operations	s records to the PwS owner so	ine PWS
owner can retain them, to	ogether with copies of this report, at a convenient	location for at least to	en year	rs.			
	Mark March				C8287		
Signature and Date	Printed or Typ	oed Name			License Num	bar	
organical cand Date	rinted or Typ	EU INAME			License Num	IOCI	

PWS I	dentifica	tion Numbe	er:	3421560		Plant Name:	Ocala Oak	s, well	#1		-			
III Da	ly Data	for the Mor	nth Year of:		July-05									
			Log Virus Inacti	/D		<del></del>	V 12	- ·		<u> </u>		——————————————————————————————————————		
							X Free (	Chlorin	е 📋	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								
Type o	Disinfe	ctant Resid	ual Maintained	in Distribution				Х			Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
		Prince Broke			CT Calculations	, or UV Dose, to	Demonstrate			ation, if App			1.5	
9	Days	· 德·法-罗斯				CT Calcu	lations	作表 5 mm 8	Me 5		UV.	Dose 🎋	104	
1,79,	Plant				1 1 1 1 1 1 1 1 1 1 1		Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided		1				Residual	
	or				Disinfectant	Contact Time	Before or	10 a vale	<b>X</b>				Disinfectant	
1	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator	Hours	of Finished		First Customer	Point During	During	of :	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
Month	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
1	"X") X	Operation 24 hrs	Produced, gal 115,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	Cta	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	$\frac{\lambda}{X}$	24 hrs	147,000	<u> </u>	1.2		ļ	<u> </u>					11	
3	X	24 hrs	155,000	<del> </del>	<del> </del>		<del>                                     </del>	<del> </del>	<u> </u>		ļ		1	
4	Λ.	24 hrs	155,000	<del> </del>	1.6			<del> </del>		<u> </u>			1.2	
5	Х	24 hrs	161,000		1.2	<del></del>	<del>}</del>	<del> </del>		ļ		<b>_</b>		
6	X	24 hrs	174,000		1.2		<del> </del>	<del> </del>		<del></del>	<b>_</b>		1	
7	X	24 hrs	159,000		1		<del></del>	├		<del>                                     </del>			0.8	
8	Х	24 hrs	161,000		1.2		<del> </del>	<del> </del>		<del> </del>		<del></del>	1	
9	Х	24 hrs	145,000		i				<u> </u>	<del></del>	ļ		0.8	
10		24 hrs	150,000				f	<del>                                     </del>					0.0	
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		<b></b>	L		ļ			1.2	
23	X	24 hrs	209,000		1.6					ļ	ļ		1.4	
25	- 7	24 hrs	209,000	· · · · · · · · · · · · · · · · · · ·										
26	X	24 hrs	178,000		1.4								1.2	
27	- X X	24 hrs	291,000		1			<b> </b>				-	0.8	
28	$\frac{x}{X}$	24 hrs	242,000		1.2	ļ <u> —                                   </u>							1	
29	$\frac{x}{X}$	24 hrs 24 hrs	187,000 179,000		1.4		<del> </del>	ļ		ļ			1.2	
30	$-\frac{x}{X}$	24 hrs 24 hrs	179,000		1.6		<u> </u>		<u>.</u>				1	
31	-^-	24 hrs 24 hrs	165,000		1.3	<del></del>		<u> </u>			ļ		1.2	
Total	//a[[]]: \$490.0	24 1115	5,123,000			L	L		L	l	L	لـــــا		<u> </u>
Average			165,258											
Maximu	m		291,000											

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



I. General Information	for the Month Year of: July-05				A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR
A. Public Water System					
<u></u>	Ocala Oaks, well #2		PWS Identif	ication Number:	3421560
PWS Type:	X         Community         Non-Transient Non-Community	munity	Transient Non-Commu		Consecutive
	nnections at End of Month: 629		Total Population Served		2202
	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Mailir	ng Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	hone Number: (352) 787-0980		Contact Person Person's I	<del></del>	(352) 787-6333
Contact Person's E-Mai	il Address: beheath@aquaamerica.com				
B. Water Treatment Pla	ant Information				
Plant Name:	Ocala Oaks, well #2		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		rchased Finished Wa			
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	183,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.	A.C.) C
Licensed Operators	Name	License Class	License Number	Da	ay(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
· 计选择。等等的分别					
		·····			
			<u> </u>	l	
II. Certification by Lead	Chiaf Operator				
	treatment plant operator licensed in Florida, am the lead/o				
information provided in	this report is true and accurate to the best of my knowledge	ge. I certify that al	l drinking water treatmen	nt chemicals used a	at thisplant conform to NSF
International Standard 60	0 or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	.C. I also certify that the	following addition	nal operations records for this
	n day that a licensed operator staffed or visited this plant of				
	ole, appropriate treatment process performance records. Fi				
	ogether with copies of this report, at a convenient location			o <b>p</b>	
· · · · · · · · · · · · · · · · · · ·	- Service and the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the ser	ror at roust ten ye	<b></b>		
	Mark March			C8287	
Signature and Date	Printed or Typed Name	;		License Number	
	*1				

₹WS Io	eratificat	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#2						
		for the Mon			July-05										
			Log Virus Inacti	viation/Rem			X Free (	Chlorine		Chlorine I	Dioxide		Dzone	Combined Chlo	orine (Chloramines)
י 🗌 ו	Iltraviole	et Radiation	1		Other (Describe	e):									
Type o	Disinfe	ctant Resid	ual Maintained i	n Distribution	on System:			Х	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
				7 7 7 1	CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if App	licable*			72 至 2000	
	Days			1 1 A 1 1 A		CT Calcu	lations	11.293	<b>20</b> 0001 - 11111	第1786-341	UV	Dose	i di se		
	Plant	1				4	Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided	三人鄉					Residual		
	or		81 - 101 - 111 34 - 41 - 14		Disinfectant	Contact Time	Before or						Disinfectant	<b>蒙</b> 斯/蒙古	
	Visited				Concentration	(T) at C	at First	200			Lowest	Minimum	Concentration		
D	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT	UV Dose, mW-	Required, mW	Point in		bnormal Operating Conditions nance Work that Involves Taki
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	Required, mg-min/L	sec/cm2	sec/cm2	Distribution System, mg/L		Components Out of Operation
1	X	24 hrs	0	raio, gpa	1 100,1192	minucs	Hig-mile L.		Applicable	.mg-mar.	SCOCIIIZ	SCCIONIZ	Jysteni, nig/L	-water System	components out of operation
2		24 hrs	0		· -		<del></del>	<b>-</b>			<b></b>				
3		24 hrs	0												
4	X	24 hrs	0		1		<b></b>						1.2		
5		24 hrs	6,000		-								· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
6	X	24 hrs	31,000		1.2		<u> </u>						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								11		
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 19	X	24 hrs	0		1								1.2		<u> </u>
20	X	24 hrs 24 hrs	0		1		<b> </b>	<b></b>				<u> </u>	1		
21		24 hrs	0		1		<del> </del>	<b></b>			<del> </del>	<del>  </del>	1		
22	X	24 hrs	0		0.8		<del> </del>				<del>                                     </del>	<b> </b>	1.2		
23		24 hrs	0		V.0							-	1.4	<del></del>	
24		24 hrs	0												
25	X	24 hrs	0		0.6		<del>                                     </del>						1		
26		24 hrs	0		2.0		<del>                                     </del>	<b></b>					· · · · · · · · · · · · · · · · · · ·		
27	X	24 hrs	0		0.7						l	<u> </u>	1		
28		24 hrs	0												
29	X	24 hrs	0		0.6								1.2		
30		24 hrs	0								1				
31		24 hrs	0												
Total		i (144)	69,000		-										
Average		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2,226												
Maximu	m		32,000												

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



I. General Information	for the Month/Year of: August, 2005	1 T T T T T T T T T T T T T T T T T T T			
A. Public Water System	ı (PWS) Information				
PWS Name:	Ocala Oaks, well #1		PWS Iden	tification Number:	3421560
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-Comr	nunity	Consecutive
	nnections at End of Month: 629		Total Population Serve	d at End of Month:	2202
PWS Owner:	Aqua Utilities Florida		•		
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep	· · · · · · · · · · · · · · · · · · ·		Contact Person Person	s Fax Number:	(352) 787-6333
Contact Person's E-Ma					
B. Water Treatment Pla	nt Information			<del></del>	
Plant Name:	Ocala Oaks, well #1		Plant Tele	phone Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	ater		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	183,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsec		F.A.C.) C
Licensed Operators	Name	License Class	License Number	i i i i i i	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	Α	7251		6 Days per week
Other Operators:	Mark March	С	8287		6 Days per week
	Gary Kissick	С	7846		6 Days per week
					_
			<u> </u>		
II. Certification by Lead	Chief Operator				
					200 2000
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	he water treatment plan	t 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	ge. I certify that al	ll drinking water treatm	ent chemicals used	at thisplant conform to NSF
	0 or other applicable standards referenced in subsection 62				
	n day that a licensed operator staffed or visited this plant d				
	le, appropriate treatment process performance records. Fu				
owner can retain them t	ogether with copies of this report, at a convenient location	uniermore, ragree	to provide these additi	onai operations reco	ords to the PWS owner so the PWS
owner can retain mem, t	ogether with copies of this report, at a convenient location	i for at least ten ye	ears.		
	David Thomass			A 7251	
Signature and Date	Paul Thompson Printed or Typed Name		<del></del>	A7251 License Number	
organitate and Date	Finited of Typed Name	i		License Number	

PWS I	dentifica	tion Numbe	er:	3421560		Plant Name:	Ocala Oak	s, well	#1						
III. Da	Is Doto	for the Mor	nth/Year of:		August, 2005							-			
			Log Virus Inacti	· · /D			X Free (	21-1		CI I · I	5: :1			Combined Chi	orine (Chloramines)
				iviation/Rem			X Free C	niorin	e	Chlorine I	Dioxide		Ozone	Combined Chic	orine (Chiorainines)
		et Radiation			Other (Describe	e):									<del></del>
Type o	f Disinfe	ectant Resid	lual Maintained					Х				ombined C	hlorine (Chlor		Chlorine Dioxid
	le s	1 5.00			CT Calculations	, or UV Dose, to	Demonstrate I						[宋][[基]] ( ) ( ) [[]		
	Days					CT Calcu	lations		的数字的		· VV	Dose			
	Plant	i		100		a Katamana	Lowest CT			ETYN STOT	i na archu il	er fluid projekt f	Lowest	8.8.8	
	Staffed		i i presidenti.		Lowest Residual	Disinfectant	Provided				TO CARLOW A		Residual		44 74
	or			1.41	, Disinfectant	Contact Time	Before or						Disinfectant		
	Visited			3.5	Concentration	. (T) at C	at First	1.0			Lowest	Minimum	Concentration		
N-1-6	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp:		Minimum	Operating	UV Dose	at Remote		
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		bnormal Operating Conditio
Month	"X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		nance Work that Involves Ta
1	X	24 hrs	190,000	Rate, gpu	riow, nig/L	illinutes	ing-ma/L	-	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 0.6	water System C	Components Out of Operation
2	X	24 hrs	191,000	<del> </del>	1.2			<del>                                     </del>		-		<del> </del>	1	<del> </del>	
3	X	24 hrs	151,000		1.2			<del> </del>	<del>                                     </del>			<del>                                      </del>	0.8	<del>                                     </del>	
4	X	24 hrs	138,000	<del> </del>	0.8		<del> </del>					<del> </del>	0.6	<del>                                     </del>	
5	Х	24 hrs	162,000		1.2		<del> </del>	1			<b></b>	<del>                                     </del>	1		
6	Х	24 hrs	134,000	<del> </del>	1.4		<del> </del>	1					1.2		
7		24 hrs	134,000	ļ							<u> </u>		1.2		
8	X	24 hrs	124,000		1.6		<del> </del>	<del>                                     </del>				1	1.2		
9	Х	24 hrs	126,000	1	1.2	-	1					<b> </b>	1		
10	X	24 hrs	109,000		1.2		1						1		
11	X	24 hrs	170,000		1.4								1.2		
12	X	24 hrs	125,000		1.2			1					1		
13	X	24 hrs	180,000		1.4								1.2		
14		24 hrs	181,000												
15	Х	24 hrs	118,000		1.6								1.2		
16	X	24 hrs	242,000		1.4				ļ				1.2		
17	X	24 hrs	148,000	ļ	1.6			ļ					1.2	ļ	
18	X	24 hrs	168,000		1							ļ	0.8		
19	X	24 hrs	173,000		0.8				<b></b>				0.6		
20	37	24 hrs	173,000	ļ				ļ	<u> </u>						<del></del>
21	X	24 hrs	185,000	<del> </del>	1				<u> </u>	<b></b>	<u> </u>	ļ	0.8		
22	X	24 hrs	140,000	ļ	0.8		<b>.</b>		ļ	<b> </b>	<b></b>	<b></b>	0.6	<del> </del>	
23	X	24 hrs 24 hrs	152,000 137,000		1.6		ļ	├				<del>                                     </del>	1.4	<del> </del>	
25	X	24 hrs	150,000		1.2		ļ	-	<u> </u>			<u> </u>	1	<u> </u>	
26	X	24 hrs	96,000		1.2		<b></b>		<u> </u>		<b></b>	<del> </del>	1		
27	X	24 hrs	11,000		1.2				ļ	<u> </u>		<del> </del>	1		
28	- ^	24 hrs	12,000		1.2			<del> </del>		<del>                                     </del>	<b>-</b>	-	1		
29	X	24 hrs	113,000	<b> </b>	1.4			<del> </del>	· · · · · · · · · · · · · · · · · · ·	<b></b>	<del> </del>	<del> </del>	1.2		
30	X	24 hrs	120,000	1	1.2			····			<del> </del>	1	1		
31	X	24 hrs	147,000		1.2					<b></b>		<u> </u>	0.8	<u> </u>	
Total		war tig.	4,400,000	1			·	l	<b>L</b>		1		1	1	
Average		in Maryles.	141,935	1											
Maximu	m		242,000	1											

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



I. General Information f	for the Month Year of: August, 2005				
A. Public Water System	(PWS) Information				
	Ocala Oaks, well #2		PWS Identific	cation Number: 3	3421560
	X Community Non-Transient Non-Com	munity	Transient Non-Commur	nity Con	secutive
Number of Service Con	nections at End of Month: 629		Total Population Served a	t End of Month: 2	202
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailir			City: Leesburg	State: FL 2	Zip Code: 34749
Contact Person's Teleph			Contact Person Person's F	ax Number: (	352) 787-6333
Contact Person's E-Mai					
B. Water Treatment Pla					
	Ocala Oaks, well #2		Plant Telepho	one Number: (	352) 787-0980
	3900 N.E. 20th Ave		City: Ocala	State: FL Z	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	iter		
	ay Operating Capacity of Plant, gallons per day:	183,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		C
Licensed Operators	Name	License Class	License Number	Day(s)/Sl	nift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Day	s per week
Other Operators:	Mark March	C	8287	6 Day	s per week
	Gary Kissick	C	7846	6 Day	s per week
and the second of					
II. Certification by Lead	Chief Operator	_			
I, the undersigned water information provided in	treatment plant operator licensed in Florida, am the lead/ this report is true and accurate to the best of my knowled	ge. I certify that al	l drinking water treatmen	t chemicals used at thisp	olant conform to NSF
	or other applicable standards referenced in subsection 6				
	day that a licensed operator staffed or visited this plant of				
rates; and (2) if applicable owner can retain them, to	le, appropriate treatment process performance records. For operation of this report, at a convenient location	'uthermore, I agree n for at least ten ye	to provide these addition ars.	al operations records to	the PWS owner so the PWS
	Paul Thompson			A7251	
Signature and Date	Printed or Typed Name	<del></del>		License Number	

FWS I	lentificat	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#2					
III. Dai	ly Data f	for the Mon	th/Year of:		August, 2005								M	
			Log Virus Inacti	viation/Rem			X Free (	Chlorine	e	Chlorine I	Dioxide		)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):								
Type of	Disinfe	ctant Resid	ual Maintained i	n Distributio				X				mbined Cl	hlorine (Chlor	ramines) Chlorine Dioxide
	1.77				CT Calculations,					ation, if Appl				allines) Cinomic Bloxide
	Days					CT Calcu		- E # 17.7	1.20		UVI	Oose		
	Plant						Lowest CT	407-00	1.00 mm				Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First		1.00		Lowest	\ <i>r</i>	Disinfectant	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	Minimum UV Dosc	Concentration at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	X	24 hrs	0		0.6			$\longmapsto$					1	
3	X	24 hrs 24 hrs	4,000		0.8									
4	^	24 hrs	4,000		0.8								<u>l</u>	
5	Х	24 hrs	0		1.1			$\vdash$					1.1	
6		24 hrs	0		***			$\vdash$					1.1	
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			$\vdash$						
13		24 hrs 24 hrs	6,000					<b> </b>						
15	X	24 hrs	6,000		1									
16	_^	24 hrs	0		1			$\vdash$					1.2	
17	X	24 hrs	0		1.2								1	
18		24 hrs	0					-						
19		24 hrs	0											
20		24 hrs	0											
21		24 hrs	0					$\Box$						
22	X	24 hrs	0		1			$\vdash$					1.2	
23	X	24 hrs	0		1								1.4	
25		24 hrs 24 hrs	3,000											
26	X	24 hrs	112,000		1								1.2	
27		24 hrs	112,000		1								1.2	
28		24 hrs	112,000				<b></b>	$\vdash$					····	
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											

112,000

Maximum

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



See page 4 for instructions

	for the Month/Year of: September-05				
A. Public Water Systen	n (PWS) Information				
PWS Name:	Ocala Oaks, well #1		PWS Ident	ification Number:	3421560
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Comn	nunity	Consecutive
	nnections at End of Month: 629		Total Population Serve	d at End of Month:	2202
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's	s Fax Number:	(352) 787-6333
Contact Person's E-Ma		· · · · · · · · · · · · · · · · · · ·			
B. Water Treatment Pla					
Plant Name:	Ocala Oaks, well #1		Plant Telep	ohone Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	ater		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	183,000			
	bsection 62-699.310(4), F.A.C.): V	· · · · · · · · · · · · · · · · · · ·	Plant Class (per subsect		
Licensed Operators	Name	License Class	License Number	a la la la la la la la la la la la la la	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251		6 Days per week
Other Operators:	Mark March	С	8287		6 Days per week
	Gary Kissick	С	7846		6 Days per week
<u> </u>	30,000				=
II. Certification by Lead	1/01:-60				
	· · · · · · · · · · · · · · · · · · ·				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	he water treatment plan	t 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	ge. I certify that al	ll drinking water treatm	ent chemicals used	at thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection 6	2-555 320(3) F.A.	C Lalso certify that the	e following addition	anal operations records for this
plant were prepared each	h day that a licensed operator staffed or visited this plant of	during the month is	ndicated above: (1) read	ords of amounts of	shamicals used and shamical food
rates: and (2) if applicab	le appropriete treetment process performance records.	outing the month in	to and the second list	orus or amounts or	chemicals used and chemical feed
owner can retain them t	le, appropriate treatment process performance records. For ogether with copies of this report, at a convenient location	umermore, i agree	to provide these addition	onai operations rec	ords to the PWS owner so the PWS
owner can retain them, t	ogether with copies of this report, at a convenient location	n for at least ten ye	ears.		
	Doul Thamas			4 7051	
Signature and Date	Paul Thompson			A7251	<del> </del>
orginature and Date	Printed or Typed Name			License Number	

DEP Form 62-555 900(3)Alternate Page 1

PWS I	dentificat	tion Numbe	r:	3421560		Plant Name:	Ocala Oak	s, well	#1					
III De	aily Data for the Month/Year of: September-05													
							V F (		<del> </del>	CI I I	· · · · ·			O L' LOUI : (OUI : )
			Log Virus Inacti	viation/Rem			X Free (	hlorin	е 📙	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation		<u> </u>	Other (Describe	e):		1.4	7					
Type o	i Disinfe	ctant Resid	ual Maintained i	in Distributio			or to which at high	X X					hlorine (Chlor	
			Office Add Add Add Add Add Add Add Add Add Ad			or UV Dose, to I				ation, if App			<b>第一直</b> 线	
	Days					CT Calcu				通性 (研究 (2)(1)   Mario Mario (1)(1)		Dose		
	Plant						Lowest CT			(1) (A)			Lowest	
e.5	Staffed or	1.3			Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or			May 134		1.24 F	Residual Disinfectant	
	Visited				Concentration	(T) at C	at First		Anal Care		Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	7/C 1786	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	* .	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	. C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	96,000		1								1	
3	X	24 hrs	0		1.2						ļ		1	
4		24 hrs 24 hrs	0		1						ļ		1	
5	Х	24 hrs	0		1						-	<u> </u>	0.8	
6	X	24 hrs	0		0.9								0.8	
7	X	24 hrs	0	<del> </del>	0.8								0.8	
8	X	24 hrs	1,000		1							<u> </u>	0.6	
9	X	24 hrs	6,000		0.8						<del> </del>		0.8	
-10	Х	24 hrs	9,000	1	1								1	
11		24 hrs	9,000											
12	X	24 hrs	159,000		1.2								l	
13	X	24 hrs	203,000		1.4								l	
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 18	X	24 hrs	275,000		1.2			<u> </u>					1	
19	X	24 hrs 24 hrs	274,000 169,000		1.6								1.2	
20	X	24 hrs	187,000	<del> </del>	1.6			<u> </u>					0.8	
21	X	24 hrs	151,000		1.2			-			<del> </del>		1	
22	X	24 hrs	183,000	<del> </del>	1.4			<u> </u>					1.2	
23	X	24 hrs	126,000	<b></b>	1.4			<u> </u>			<u> </u>		1	
24		24 hrs	126,000					<b> </b>			<u> </u>			
25	Х	24 hrs	262,000		1.6								1.2	
26	X	24 hrs	170,000		1.2			<u> </u>			L		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	Х	24 hrs	170,000		1.6								1.2	
31		24 hrs	2 (22 000		l			<u> </u>	L	L	l	L	L	
Total	angskafter i i i i i i i i i i i i i i i i i i i		3,633,000	1										
Average	计字符	#4 T	121,100	ı										

275,000

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



I. General Information													
A. Public Water System	(PWS) Information												
PWS Name:	Ocala Oaks, well #2	-	PWS Identifi	ication Number:	3421560								
	X Community Non-Transient Non-Com	munity	Transient Non-Commu	nity Cor	secutive								
	nections at End of Month: 629		Total Population Served a		2202								
PWS Owner:	Aqua Utilities Florida		<u> </u>										
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager									
Contact Person's Mailir	ng Address: PO Box 490310		City: Leesburg		Zip Code: 34749								
Contact Person's Teleph	none Number: (352) 787-0980		Contact Person Person's F		(352) 787-6333								
Contact Person's E-Mai					(555) . 5. 5555								
B. Water Treatment Pla	nt Information												
	Ocala Oaks, well #2		Plant Telepho	one Number:	(352) 787-0980								
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479								
Type of Water Treated		rchased Finished Wa	nter	······································	1								
Permitted Maximum D	ay 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		ys per week								
Other Operators:	Mark March	С	8287	6 Day	ys per week								
	Gary Kissick	С	7846	6 Day	ys per week								
II Contification by I am	Clisco												
II. Certification by Lead	Chief Operator												
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator of th	ne water treatment plant i	dentified in Part I of this	s report. I certify that the								
	this report is true and accurate to the best of my knowled												
	or other applicable standards referenced in subsection (												
	day that a licensed operator staffed or visited this plant												
	le, appropriate treatment process performance records. F			nal operations records to	the PWS owner so the PWS								
owner can retain them, to	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.										
	naul Thamas			A 725 1									
Signature and Date	Paul Thompson Printed or Typed Name			A7251 License Number									
orginature and Date	rrinted or Typed Name	e		License Number									

											000,228,1	regional and	11.4	Total
												24 hrs		16
	7.1								J.4		1,000	24 hrs	X	30
											0	24 hrs		67
	7.1								7.1		0	24 hrs	X	- 82
	1										30,000	24 hrs		LT
	ı								ı		000,62	24 hrs	X	- 97
	†			~							14,000	24 hrs		57
											13,000	24 hrs		74
	<b>b</b> .1				· · · · · · · · · · · · · · · · · · ·				I		13,000	24 hrs	X	.73
	1										2,000	24 hrs		77
	7.1								7.1		7,000	24 hrs	X	17
	1										0	S4 pt.s		70
	2.1								I		0	24 hrs	X	61
					1						1,000	24 hrs		- 81
				• • • • • • • • • • • • • • • • • • • •							1,000	24 hrs		ΔI
	2.1					<b>-</b>			7.1		000'1	24 hrs	X	: 91
	+				<b> </b>	<u> </u>					000'07	Sad hs		SI
	i i	<b>———</b>							Þ.I		20,000	SJU 77	Х	νl
											000,2	S4 hrs		εI
	1								7.1		000,2	24 hrs	X	71
											000,771	S14 PZ		11
											000'941	24 hrs		. 01
	8.0								7.1		176,000	24 hrs	X	6
	9.0								ī		146,000	S4 prs	X	8
	8.0	<u> </u>							I		155,000	24 hrs	X	L
	8.0	<del> </del>							1		145,000	24 hrs	X	9
	8.0	1							ı		000,52	24 hrs	X	S
	1										214,000	24 hrs		b
		<del>                                     </del>			1	1			i		213,000	S4 pts		3
	1		-						ī		213,000	24 hrs	X	7
· · · · · · · · · · · · · · · · · · ·											0	24 hrs		ī
Water System Components Out of Operation	System, mg/L	zec/cm2	sec/cm2	7/unui-8ui	Applicable	3	7/uim-3m	səmuru	J\gm ,woFl	Rate, gpd	Produced, gal	Operation	("X"	форт
Repair or Maintenance Work that Involves Taking	Distribution	Μm	-Mm	Rednited,	Yater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эцт
Emergency or Abnormal Operating Conditions;	ni mioq	Reduired,	UV Dose,	T)	To Hq 💘	30	BurmG	Point During	First Customer		bearing to	Hours	Operator	Day of
	at Remote	UV Dose	Operating	muminiM		Temp.	Customer	Measurement	(C) Before or at		Net Quanity		þλ	
	Concentration	muminiM	Lowest		3000 3000 - 1000 - 1000	Villa tita	terist	O is (T)	Concentration	LANGE BOOK			bətisiV	
	Disinfectant						Defore or	Contact Time	Disinfectant				10	
	Residual						Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest				1	1	Lowest CT		er Malaiti			philips	Plant	İ
	180		ΩΛD.	1000000	74 - 1 TA			CT Calcul	ar y Mariana				Days	
				IqqA 11 , nom	Virus Inactiva	god-mo	emonstrate F	or UV Dose, to D	CT Calculations,	ya bar		Link profit		
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	norine (Chlora				Free Chlo				u Zystem:	oitudinteid n	i Maintained in	tant Residu	ofinisia	Type of
-rand-motion ( )	1107 . 1			· ·	<u> </u>			:(	Other (Describe			t Radiation		
(communicate) annomic panionno	zouc	οП	anixor	СһІогіпе D		annom	O sor X			ланоп/Кетс Г	vitasını SuniV go			
Combined Chlorine (Chloramines)	- Guozi	۷Ц	obivoi	Chiering		:14	7 X		September-05			or the Mont		
									20 204204003		3			. G III
		-			7.	' MGII t	Ocala Oak	Plant Name:		3421560	:	on Number	enericati	PLSM.
					Cf	7 110,	-1-O 2123O	Disert Manage	L	- 0/210/0				

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

214,000 214,000 DEP Form Form 62-555.900(3)Alternate

Maximum

Average



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: X Community Non-Transient Non-Community Transient Non-Community 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 State: Zip Code: 34749 City: Leesburg FL Contact Person's Telephone Number: (352) 787-0980 Contact Person 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 (352) 787-0980 Plant Telephone Number: Plant Address: 3900 N.E. 20th Ave Zip Code: 34479 State: City: Ocala FL Type of Water Treated by Plant: X Raw Ground Water 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 License Class Day(s)/Shift(s) Worked Name License Number Lead/Chief Operator: Paul Thompson 6 Days per week 7251 Α Other Operators: Mark March 6 Days per week C 8287 Gary Kissick Ċ 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 thisplant 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. Futhermore, 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. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

											896.421	5706		Average
											000,408,4	(A)	- 100 j.e.	Total
	1.1								1.4		114,000	24 hrs	X	18
											000°¢/1	24 hrs		30
	Ī								1.4		175,000	24 hrs	X	- 67
	7.1								ħ.I		126,000	24 hrs	X	87
	<b>₽</b> *I								9.1		126,000	24 hrs	X	7.7
	1.2								tΊ		000°L91	24 hrs	X	- 97
	2.1								t/1		000,611	24 hrs	X	57
	I								1.2		153,000	24 hrs	X	74
											173,000	S14 hrs		23
	ı					1			1.2		173,000	24 hrs	X	77
	1.1								£.1		147,000	24 hrs	X	. 17
	I								7.1		201,000	S4 Pts	X	- 07
	T								1.2		000,811	SJU ÞZ	Х	61
	ī					†			7.1		147,000	Sat hrs	X	81
	i								1.2		181,000	24 hrs	X	LI
· · · · · · · · · · · · · · · · · · ·						1					000'961	S14 hz		- 91
	1						<u> </u>		ħ.I.		000'961	24 hrs	X	- SI
	2.1								p'I		143,000	24 hrs	X	ÞΙ
	7.1					<del> </del>			7.1		182,000	24 hrs	X	εı
	1						<b></b>		2.1		000,211	24 hrs	X	12
	<del>                                     </del>	<del>                                     </del>				<u> </u>	<u> </u>		7.1		149,000	24 hrs	X	- II
	<del>                                     </del>			<u> </u>		<u> </u>			† I		132,000	24 hrs	X	01
	<del>                                     </del>	<del></del>			-	<b></b>			, .		134,000	24 hrs	<del>^`</del>	6
	2.1	<del> </del>				<b></b>		<del></del>	1.4		133,000	24 hrs	X	8
	7.1		<del></del>			<del> </del>	<u> </u>		7.1		000,521	24 hrs	X	1 2
	1			<del></del>					<b>b</b> .[		168,000	Sty Pt.2	X	9
	2.1								7.1		175,000	Z4 PIS	X	S
	1 7	-	<u> </u>	<del> </del>		<del> </del>			2.1		137,000	Sty pz	X	<b>b</b>
	7.1	<b></b>		<u> </u>		<del> </del>			₽.I		122,000	24 hrs	X	ε
									, , ,		158,000	74 PLS	Α	7
	1					<del> </del>	<del></del>		t l		158,000	S4 brs	X	1
Water System Components Out of Operation	System, mg/L	sec/cm2	zec/cm2	7/uim-gm	Applicable		J\nim-gm	sənuiu	Л∕вт, моП	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	Distribution	Wm	-Мш	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	Place	əqı
Emergency or Abnormal Operating Conditions,	ni mio4	Required,	UV Dose,	13	Jo Hq	Jo	Burna	Point During	First Customer		of Finished	SmoH	Орегатог	Day of
	at Remote	UV Dose	Operating	Minimum		Jemp.	Customer	Меаѕитетет	(C) Before or at	,	Met Quanity		λq	, ,
	Сопсепианоп	Minimim	Lowest				terist is	(T) at C	Сопсепианоп				baiisiV	
	Disinfectant	30-54 10-54					петоте от	Contact Time	Disinfectant		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	de la contra	10	
	Residual		7				Provided	Disinfectant	Lowest Residual				Staffed	
	1S9M07T					1.0	Lowest CT				9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Bergardena	Jusiq	200
	n <b>30%</b> (1.00	POSC + POSC	7.40	10 20 Y 10 B	at the light		suom	CT Calcula		<u> </u>			Days	
4-1				пфф. п.,пош				or UV Dose, to D		<u> </u>				200
	riorine (Chlora I					X	4 10 1	d d III.		omornsia i	i bənistnisM ls	Test High	District	Type of
mines) Chlorine Dioxide	eacld')) eniacli	1) benida		- odia	14,5 0023	스		• • • • • • • • • • • • • • • • • • • •		oitudiatai () a	i begietaieM le			
,									Other (Describe		manus com . O-	t Radiation		
Combined Chlorine (Chloramines)	Sone	0   _	-ioxide	Chlorine D		plonne	X Free C				ritoanI amiV go			
									October-05		to use Ta	or the Mont	1 Bata f	lisQ III
					Li	4 [[əm 's	Ocala Oaks	Plant Name:		3421560	:	іоп Митрег	entificati	PI SM I

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

000,102

Maximum



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	n (PWS) Information					
PWS Name:	Ocala Oaks, well #2			PWS Id	entification Number	er: 3421560
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Co	mmunity	Consecutive
Number of Service Cor	nnections at End of Month:	629		Total Population Ser	ved at End of Mon	nth: 2202
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Tit	le: Area Manage	er
Contact Person's Mailir				City: Leesbur	g State:	FL Zip Code: 34749
Contact Person's Telepl				Contact Person Person	on's Fax Number:	(352) 787-6333
Contact Person's E-Mai		<u> Daquaamerica.com</u>				
B. Water Treatment Pla	nt Information					
	Ocala Oaks, well #2			Plant Te	elephone Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave			City: Ocala	State:	FL Zip Code: 34479
Type of Water Treated			rchased Finished Wa	ater		
	Day Operating Capacity of Plant, galle	ons per day:	183,000		<u> </u>	
	bsection 62-699.310(4), F.A.C.):	V		Plant Class (per subs	section 62-699.310	(4), F.A.C.) C
Licensed Operators	Name		License Class	License Numbe	r.j.	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thomps	on	Α	7251		6 Days per week
Other Operators:	Mark Marc	1	С	8287		6 Days per week
	Gary Kissic	Κ	С	7846		6 Days per week
A Comment						
	VCI I CO		****			
II. Certification by Lead	Chief Operator	····				
information provided in International Standard 60 plant were prepared each rates; and (2) if applicab	this report is true and accurate to 0 or other applicable standards ref 1 day that a licensed operator staff	the best of my knowled erenced in subsection 6 ed or visited this plant operformance records. F	ge. I certify that al 22-555.320(3), F.A during the month in uthermore, I agree	Il drinking water trea .C. I also certify that indicated above: (1) real to provide these add	tment chemicals t the following ac ecords of amount	Part I of this report. I certify that the used at thisplant conform to NSF dditional operations records for this ts of chemicals used and chemical feed s records to the PWS owner so the PWS
		Paul Thompson	ii roi ui iousi toli ye	MI.O.	A7251	
Signature and Date		Printed or Typed Name	2		License Num	nber

											35,000		. W	mmixsM
											977,5			Average
											162,000		Trans.	IstoT
	7.1					ļ			I		0	24 hrs	X	31
											0	24 hrs		30
											0	24 hrs		67
	I					i			1.2	1	0	24 hrs	X	87
										1	000°L	S4 pts	1	7.7
	2.1					1			1		000'9	SJU 72	X	97
			•								000'9	74 pts	1	52
	ī			· · · · · · · · · · · · · · · · · · ·					ī		0	24 hrs	X	74
<u></u>						1					0	S24 PZ	<del>  ^`</del>	73
	<u> </u>	<del> </del>				1			<u> </u>		0	24 hrs	<del> </del>	77
	I.I								7.1		0	24 hrs	X	17
	<u> </u>				<del> </del>	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<u> </u>	000,25	S4 hrs	<del>  ^</del>	20
	1 .					<del> </del>		<del> </del>	2.1		000,25	24 hrs	X	61
	<del>                                 </del>		-	<del> </del>	<u> </u>	+					10,000	24 hrs	<del>  ^</del>	81
	1					<del> </del>			2.1		10,000	24 hrs	<del>                                     </del>	
	•				<del> </del>	<del> </del>	-	-	CI		000't	24 hrs	X	LI OI
			-		<del> </del>	┼	<del></del>	-				· · · · · · · · · · · · · · · · · · ·		91
	2.1			<del> </del>	<del>                                     </del>	<del>                                     </del>			l I		000,4	S14 þ7	<del>  , </del>	SI
4444	(1					<del> </del>			ļ		000,4	SIU 57	X	t l
	T	ļ			<del></del>	1			7.1		1,000	SH PZ	<del></del>	εI
	<u> </u>					<del> </del>			7.1	-	1,000	24 hrs	X	17
	ı				ļ <u></u>				ļ .		11,000	SJU 77		11
	1	1	<del></del>			├			I		000,01	24 hrs	X	10
				ļ		<del> </del>					0	24 hrs	ļ	6
<del></del>	7:1		<del></del>	<u> </u>	ł	<del> </del>	ļ		ļ <u>.</u>	ļ	0	24 hrs	ļ	8
	1.2	ļ	ļ		ļ	<del> </del>			I I		0	24 hrs	X	L
	7:1	<u> </u>				<b>_</b>	ļ		<u> </u>		000'6	24 hrs	ļ	9
	2.1					<del> </del>	ļ		2,1		000,6	24 hrs	X	ς
	<del> </del>					<del>                                     </del>	ļ	ļ	ļ		0	24 hrs		· Þ
	1						<b></b>		2.1		0	24 hrs	X	Ε
			<b></b>			<u> </u>	<b></b>				0	24 hrs	<u> </u>	٦ -
						Ļ				<u></u>	0	S14 hs	ļ	1
Water System Components Out of Operation	System, mg/L	Sec/cm2	sec/cm2	J\nim-gm	Applicable	7.7	ി∕മിന്ന-ളമ്മ	sənum	Flow, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	nonudiusid	Wm	-Wm	Required,	Nater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	the
Emergency or Abnormal Operating Conditions;	ni Jaio4	Required,	UV Dose,	ည	to Hq	10	gnimG	Point During	First Customer		of Finished	Hours		Day of
	at Remote	UV Dose	Operating	muminiM		Temp	Customer	Measurement	(C) Before or at	<u>+</u>	Vet Quanity	ł	ρλ	ı
	Concentration	muminiM	Lowest				terial de	O is (T)	Concentration	4		in.	batiziV	ĺ
	Disinfectant				4-1-5		Before or	Contact Time	Disinfectant			1	10	ł
	Lowest		1.60 E				Provided	Disinfectant	Lowest Residual	XV.		1	Staffed	ľ
	isento 1	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Section of the second		41.14		Lowest CT					1	Plant	İ
		\$156.6 L 2 6 77.76					ziona snota					[	Days	ĺ
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th							4 statenome	or UV Dose, to D	¿CT Calculations,					L
mines) Chlorine Dioxide	nlorine (Chlors	D bənidm	Col	ənine	Free Chlo	X			n System:	oituditteiG n	i bənistnisM lsı	stant Residu	oginisiQ 1	Type of
								:(	Other (Describe			Radiation	Mraviole	1
Combined Chlorine (Chloramines)	əuoz	э П	əbixoid	Chlorine D		hlorine	O sord X		* :lsve	viation/Remo	ritosanl suriiV go.			
				***************************************				• • • • • • • • • • • • • • • • • • • •	October-05			or the Mont		
									20 . 7 0		3 70 1	تقسم		
					71	2° MCH 11	NEG PIESO	COLUMN LAURE I		0001740		120HIDAL HOL	marriana	DI CAA I

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instruction:					
I. General Information	for the Month/Year of: November-05				
A. Public Water System	n (PWS) Information				
PWS Name:	Ocala Oaks, well #1			fication Number:	3421560
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Comm		Consecutive
Number of Service Co	nnections 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 Maili			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Ma	il Address: <u>beheath@aquaamerica.com</u>				
B. Water Treatment Pla	ant Information				
Plant Name:	Ocala Oaks, well #1		Plant Telep	hone Number:	(352) 787-0980
Plant Address:	3900 N.E. 20th Ave		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated	d by Plant: X Raw Ground Water Pu	urchased Finished W	ater		
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	183,000			
Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251		6 Days per week
Other Operators:	Mark March	С	8287		6 Days per week
	Gary Kissick	С	7846		6 Days per week
			<u> </u>		
Control of the control of the second					
and the second of the second					
		-			
II. Certification by Lea	d Chief Operator				
I the undersioned water	treatment plant operator licensed in Florida, am the lead,	/chief operator of t	he water treatment plant	identified in Part I	of this report. I certify that the
	this report is true and accurate to the best of my knowled				
International Standard 6	0 or other applicable standards referenced in subsection (	52-555.320(3), F.A	.C. I also certify that th	e following addition	onal operations records for this
	h day that a licensed operator staffed or visited this plant				
rates; and (2) if applical	ole, appropriate treatment process performance records. I	Futhermore, I agree	to provide these addition	onal operations reco	ords to the PWS owner so the PWS
owner can retain them,	together with copies of this report, at a convenient locatio	on for at least ten ye	ears.		
	• •	·			
				. ====	
	Paul Thompson			A7251	
Signature and Date	Printed or Typed Nam	e		License Number	

PWS Id	lentifica	tion Numbe	er:	3421560		Plant Name:	Ocala Oal	cs, well	#1					
III Dai	Daily Data for the Month/Year of: November-05													
			Log Virus Inacti	viotion/Dom			X Free	Chlorin		Chlorine I	Diavida		Dzone	Combined Chlorine (Chloramines)
		et Radiation		viadoli/Keili	Other (Describ	۵)،	N Mee	Cinoriii	<b>с</b> П	Chiorine	Joxide	Ц,	)2011e	Combined Chlorine (Chloramines)
				Diadical		e).		Tv.	Tr cu			1: 10		Chloring Dispide
Type of	Disinie	ctant Resid	ual Maintained i			Anna State and Service 1	Later Construction	X					hlorine (Chlor	ramines) Chlorine Dioxide
	2.					, or UV Dose, to				ation, if App				
	Days			4 5 1 5 3		CT Calci	ulations 💎				Ç UV I	Jose	10000000000000000000000000000000000000	
1 1	Plant						Lowest CT			3.5			Lowest	
	Staffed	3.0			Lowest Residual	Disinfectant	Provided				10.4		Residual	
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First		ilay isang		ing a language		Disinfectant Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the -	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water.	2 × 100 S 11	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	143,000		1		1		11				0.6	
2	X	24 hrs	157,000		1			1		<b></b>			0.8	···
3 : :	X	24 hrs	133,000		1					İ			0.9	
4	Х	24 hrs	198,000		1.2			1		İ			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		<u> </u>						1	
12		24 hrs	191,000				1	ļ						
13	X	24 hrs	226,000		1.6			ļ					1.2	
14	X	24 hrs	183,000		1.4		ļ						1.2	
15	X	24 hrs	167,000		1.4		<u> </u>				ļ <u>.</u>		1	
16 17	X	24 hrs	155,000		1.2		-				ļ		1	
18	X	24 hrs 24 hrs	190,000 154,000		1.2			<del> </del>					1.2	
19	X	24 hrs	196,000		1.1		<del></del>	ļ	<u></u>				0.9	
20		24 hrs	196,000		1.1	-	-	ļ			<del>                                     </del>		0.9	
21	X	24 hrs	147,000		1.2		1	<del>                                     </del>		<del> </del>	<del>                                       </del>		1	
22	X	24 hrs	160,000		1.2	<del> </del>		<del>                                     </del>		<del>                                     </del>			1	
23	X	24 hrs	157,000		1.4	<del>                                     </del>	t	<b>.</b>		-			1.2	
24	X	24 hrs	175,000		1.4	<del> </del>	<u> </u>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>		1.1	
25	X	24 hrs	168,000		1.3	<b></b>		<b>†</b>	<b> </b>	<b>†</b>			I	
26	X	24 hrs	176,000		1.4	<b>†</b>	†	<del> </del>			<del>                                     </del>		1.1	
27		24 hrs	176,000				†	<b>†</b>	<u> </u>	<del> </del>				
28	X	24 hrs	146,000		1.4	†	<del> </del>	†	<del> </del>	!	<del> </del>		1.1	
29	Х	24 hrs	166,000		1.3			1	1				1	
30	Х	24 hrs	147,000		1.3		1	1					1	
31		24 hrs							I					
Total 😅		2 (1) - 2 (2) (1)	5,086,000											
Axiococo	2 S	1 4 4 1 5 54	160 522	ı										

226,000

Maximum

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



See page 4 for instructions I. General Information for the Month/Year of: November-05 A. Public Water System (PWS) Information Ocala Oaks, well #2 PWS Name: PWS Identification Number: 3421560 PWS Type: X Community Non-Transient Non-Community Transient Non-Community 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 (352) 787-6333 Contact Person Person's Fax Number: 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 Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water 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.)  $\overline{\mathbf{C}}$ Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Paul Thompson Α 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 thisplant 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. Futhermore, 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. Paul Thompson A7251

Page 1

License Number

Printed or Typed Name

DEP Form 62-555.900(3)Alternate

Signature and Date

											71,000		u	umixsM
											£0£'9		- 175 M H	Average
											001,681	FERRALL.		lotal .
												24 hrs		18
	I								I		000'9	24 hrs	X	30
											0	24 hrs		67
	1.1								1		0	24 hrs	X	87
	<u> </u>					$\vdash$			· · · · · · · · · · · · · · · · · · ·		000,2	24 hrs	<del>  '``</del>	17
											000,2	24 hrs		97
	Ī								1:1		000,8	24 hrs	X	57
			<u> </u>	<del> </del>		-			1 1		000'6	24 hrs		74
	7:1		<u> </u>						1			24 hrs		
	7.1										000,6	L	X	73
			ļ <u> </u>								4,000	24 hrs	1	77
· · · · · · · · · · · · · · · · · · ·	I								Ī		000't	24 hrs	X	51
											3,000	24 hrs	ļ	50
				ļ							000,ξ	24 hrs	ļ	61
	1.2								I		3,000	24 hrs	X	81
				L	<u> </u>						21,000	24 hrs		- LI
	7.1		ŀ						Į.		20,000	24 hrs	X	91
											000,8	24 hrs		SI
	I								ſ		000°L	24 hrs	X	ÞΙ
											000°L	24 hrs		13
	I			[					1.2		000°L	24 hrs	X	17
											000,2	24 hrs		11
	I								I		000'\$	SJŲ þZ	X	10
											005,I	S14 PZ		6
	ī			· · · · · · · · · · · · · · · · · · ·		<b>†</b>		-	7.1		005,1	S14 PZ	X	8
	<u> </u>										12,500	Say bz	- <u>'`</u> -	L
	,qu										12,500	SJŲ þZ		9.
		-			<u> </u>	<b> </b>		<u> </u>			001,21	St hrs		S
1-31-31-71-71-71-71-71-71-71-71-71-71-71-71-71	1	<del>                                     </del>	<del>                                     </del>			<del>                                     </del>					000,21	24 hrs	X	7
		<del> </del>	<del>                                     </del>	_	<b>-</b>				'		000.51	SJ4 PC	^_	ε
	Ī	-			<b></b>	-		<u></u>	2.1		0	SJ4 hrs	X	7
	•	<del> </del>	ļ			<b></b>			<u>ι</u>			<del></del>	<del> </del>	
warmanda ya ma muawadwaa wwasa tamu	8.0	71170 1000	77110 000		ovonoviddi t		7 71111 9111	CONTINUE	a Gentinori	nd9 forme	0	S1d 42	X	I I
Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J'nim-gm	Applicable	C	J/nim-gm	minutes	J\gm,woFf	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair of Maintenance Work that Involves I aking	noundinaid	Wm	-Wm	Redured,	Nater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	ру
Emergency or Abnormal Operating Conditions;	ni tnioT	Required,	.Dose,	CL	io Hq 🏯	Jo	garma	garnuCl taioq	First Customer		bearing to	smoH	Operator	Day of
	at Remote	Scott V.U.	gnusnaqO	'mmminiM		Temp.	Customer	Measurement	as to store or at		Vet Quanity		þλ	
THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	Сопсепиацоп	muminiM	Lowest	Albie in	PANK CO		at First	Ons (T)	Concentration			r in	beitaiV	l
	Disinfectant	3.1 3.4.7	4 300		en en en	36.	Before or	Contact Time	Disinfectant		and the second		10	l
	Residual	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.20	500 500 100 100 100 100 100 100 100 100			Provided	Disinfectant	Lowest Residual				Staffed	l ·
	isəwo.i -		Somo j	120	102 F 2 7 10	A T	Lowest CT			Filati do			Plant	İ
			IND			rafy .	suone	CT Calcul	rit en en			più i	Days	
									CT Calculations,					
	norine (Chlor					X					i bənistnisM lsi	USSIGN KESIGN	oəluisid	iype oi
akingid animalah (panima	(7,7) 03:30[0	:O F-W:74	<u> </u>		נוט ייים			-1	Other (Describe	./- q. 7-;Q.*		roitation		
	<u> </u>			~ ~~~										
Combined Chlorine (Chloramines)	, anox	<u> </u>	əpixol	Chlorine D		aninold(	O sor X	<u> </u>			rinsent suriV go.			
									November-05		h Year of:	mold salvac	i stati vi	igO .IH
									T					
					7,1	t []əm 's	Ocala Oak	Plant Name:		3421560		on Number	teofificati	PLSMA

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

DEP Form Form 62-555, 900(3) Alternate



See page 4 for instructions															
I. General Information 1	for the Month Year of: December-05														
A. Public Water System	n (PWS) Information														
PWS Name:	Ocala Oaks, well #1		PWS Ident	ification Number:	3421560										
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Comm		Consecutive										
Number of Service Con	nnections at End of Month: 629		Total Population Served		2202										
	Aqua Utilities Florida														
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager											
Contact Person's Mailir			City: Leesburg	State: FL	Zip Code: 34749										
Contact Person's Teleph			Contact Person Person's	Fax Number:	(352) 787-6333										
Contact Person's E-Mai															
B. Water Treatment Pla	nt Information														
Plant Name:	Plant Address: 3900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479														
					Zip Code: 34479										
Type of Water Treated		rchased Finished Wa	iter												
		183,000													
Permitted Maximum Day Operating Capacity of Plant, gallons per day:  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	Α	7251		6 Days per week										
Other Operators:	Mark March	С	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 th	e water treatment plan	t identified in Part I	of this report. I certify that the										
	this report is true and accurate to the best of my knowled	•	•		•										
	0 or other applicable standards referenced in subsection 6				· · · · · · · · · · · · · · · · · · ·										
				-	•										
	n day that a licensed operator staffed or visited this plant														
	le, appropriate treatment process performance records. F			onal operations recor	ds to the PWS owner so the PWS										
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye:	ars.												
	- ·														
0. 15	Paul Thompson			A7251											
Signature and Date	Printed or Typed Name	e		License Number											

											000 710		1 To 1	
											150,032		1000	AVET BEC
											000,120,4	\$ 10.33	tylei fyl i	otal
	7.1				1		1	1	b'l		146,000	24 hrs	X	31
	7.1		ľ	T T					þ'l		139,000	24 hrs	X	30
	I		1	T					ÞΊ		165,000	24 hrs	X	67
	1.2				1				<b>b</b> '1		000'411	24 hrs	X	87
	1				1				2.1		000,012	24 hrs	X	LT
	7.1				<u> </u>				91		000,481	24 hrs	X	97
	1				1				t I	<u> </u>	100,000	24 hrs	X	57.
		1	1	1					<u> </u>		000,071	SJU PZ	<del>  ``</del>	74
	ÞΊ		1	†	1			<u> </u>	9.1	<del> </del>	170,000	24 hrs	X	23
	1.2	<u> </u>			<b></b>	1			7.1	<del> </del>	000,571	Sty pro	† X	-77
	1.2	† — —	ļ	·	1				<b>⊅</b> I	<del></del>	000,851	24 hrs	X	71
	I				· · · · · · · · · · · · · · · · · · ·			† <del></del>	1.2		000,851	24 hrs	X	70
	l l			1	<del> </del>	1		<del></del>	b.1		124,000	24 hrs	X	61
	7.1	† — —		<b></b>	†			<del></del>	<b>⊅</b> I	i — —	000,271	St pt	X	81
		<del>                                     </del>		· · · · · ·	<del> </del>	1					000,621	24 hrs	<del>  ^</del>	41
	1.2	<del>                                     </del>		<del> </del>		1			7.1		130,000	24 hrs	X	91
	I			<del> </del>	† — · · · · · ·				4.1	<b></b>	188,000	24 hrs	$\frac{1}{X}$	SI
	I	<u> </u>		† — —		<u> </u>			2.1		102,000	24 hrs	X	71
	9.0	T		[	T	1			1		000 691	24 hrs	X	EI
	8.0	<u> </u>	<u> </u>	†	<del> </del>	<del>                                     </del>		~	i		134,000	24 hrs	$\frac{X}{X}$	12
		<del> </del>	·	ļ .		<u> </u>			<u> </u>	<del></del>	000,221	24 hrs	+ ^-	11
	ī	t	<b></b>	<u> </u>		<u> </u>		<u> </u>	7.1		000,221	24 hrs	X	10
	ī			†	72.00	<del>                                     </del>			1	<del> </del>	120,000	24 hrs	X	6
	<del>- i</del>	· · · · · ·			<del> </del>	<del> </del>			2.1	<del> </del>	110,000	24 hrs	X	8
	i	<del> </del>		<del> </del>	<del> </del>	<del></del>			p'1		000 011	S4 hrs	X	
				<del> </del>	<del> </del>	-	<u> </u>		<b>₽</b> `I		120,000	24 hrs	X	L
	2.1			<del> </del>		-	<del></del>		4.1		000,051	24 hrs	X	
	<u> </u>			<del> </del>	<del> </del>	<del>                                     </del>	<u> </u>	<del></del>	V .	<b></b>	000 281	24 hrs	<u>^</u>	<u> </u>
	ī	<u> </u>		<del>                                     </del>	<del> </del>	<del> </del>			9.1			24 hrs	\	7
	2.1				<del>                                     </del>		<u> </u>		71	<del> </del>	000'691		X	ε
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	2.1	<del>                                      </del>		<del> </del>		<del>                                     </del>			4.1	<u> </u>	131,000	24 hrs	X	7
Water System Components Out of Operation	System, mg/L	sec/cm2	zwz/zəs	J\nim-gm	Applicable	· o	<b>7/யா-த</b> ய	səmunu	Flow, mg/L	Rate, gpd	Produced, gal 151,000		X	I
Repair or Maintenance Work that Involves Taking	Distribution	Wm	-Wm	Required,	Water, if	Water	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water Products	поция	("X"	dinoM
"CHORDIO STRUCT OF A COLOURS CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL C	H 44 11 11 11 11 11 11 11 11 11 11 11 11	Rednited,	UV Dose,	CI	Jo Hq	to	anima	Point During	First Customer	mold Appd	bedsini To	smoH on msf4	Operator (Place	Day of the
	at Remote	UV Dose	Operating	mminiM		Lemp	Customer	Measurement	(C) Before or at		Net Quanity	Ion	λq	30 460
	Сопсспизиоп	muminiM	Lowest				1211-TE	(I) at (I)	Concentration			$\Gamma = 4$	Visited	
	Disinfectant	14.74 F					Before or	Contact Time	Disinfectant			l. 1 3	10	
	Residual						Provided	Disinfectant	Lowest Residual		•	∤ Piytes	Staffed	
# The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	Lowest			18 Aug 3 A			Lowest CT					h a f	Plant	4.
		asor	Ι Ι ΛΩ		1	Lahra Sara	50 5 5 5 1 1 No. 1 1 No. 2 No. 2 No.	CT Calcul	By and a second			1 引起人	Days	
	1. 1.	FRANCIS SERVICE		nddy u 'nom		(All the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 9 1 1 1 1 1 1 1 1 1 1	CT Calculations,					1,2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P	<del>1</del> _					4 atextorogram	1 04 930(1 /11 1 20	<del></del>	onnoing a				97 9
mines) Chlorine Dioxide	storine (Chlora	D banidm	υ <u>υ</u>		Free Chlo	X		<del></del> ,		oitudittsiQ n	i Maintained is			
					_				Other (Describe	$\sqcup$		r Radiation		
Combined Chlorine (Chloramines)	Sone	0 📗	əbixoi	Chlorine D		hlorine	D 5914 X		*:Isvo	viation/Remo	ritoanl auriV go.	I-ruo4 gniv	rsidaA 10	Means o
	·								December-05		th Year of:	or the Mon	l staC y	III Dai
-					Ī #	e iləw s	Ocala Oak	Plant Name:		3471260	:.i	lon Number	entiticat	DI SMA

DEP Form Form 62-555.900(3)Attemate

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



See page 4 for instructions 1. General Information for the Month Year of: December-05 A. Public Water System (PWS) Information PWS Name: Ocala Oaks, well #2 PWS Identification Number: 3421560 PWS Type: X Community Non-Transient Non-Community Transient Non-Community 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 Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Ocala Oaks, well #2 (352) 787-0980 Plant Telephone Number: Plant Address: 3900 N.E. 20th Ave City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water 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: Paul Thompson 7251 6 Days per week Α Other Operators: Mark March  $\overline{c}$ 8287 6 Days per week Gary Kissick C 7846 6 Days per week 11. 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 thisplant 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. Futhermore, 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. Paul Thompson Signature and Date License Number Printed or Typed Name

DEP Form 62-555 900(3)Alternate Page 1

											000,08	1947 - 194	Jan Kara	Total
											0	24 hrs		31
											0	24 hrs		30
											0	24 hrs		53
	L								1.2		0	24 hrs	X	87
											1,000	24 hrs		LT
	7.1								1		1,000	24 hrs	X	97
								i			4,000	24 hrs		72
											000'₺	24 hrs		74
	2.1								I		3,000	24 hrs	X	73
											000'9	24 hrs		77
	I								I		000'9	24 hrs	X	17
											3,000	24 hrs		07
	7.1								8.0		3,000	24 hrs	X	61
											1,000	24 hrs		18
											000,1	24 hrs		LI
	Ī								8.0		1,000	24 hrs	X	91
							·				4,000	24 hrs		SI
	7.1								t		5,000	24 hrs	X	ÞΙ
											4,000	24 hrs		13
	I								I		000,₽	24 hrs	X	17
											000'1	24 hrs		11
											0	24 hrs		10
	I								8.0		0	24 hrs	X	6
											1,000	24 hrs		8
	Ī								1		0	24 hrs	Χ	L
											1,000	24 hrs		9
	7.1				,				l		1,000	24 hrs	X	ς
											000°L	24 hrs		Þ
											000'9	24 hrs		ε
											000'9	24 hrs		7
	1.2								I		000'9	24 hrs	Χ	ı
Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J\nim-3m	Applicable	Э	Alaim-gm	sənnim	J\gm ,wolf	Rate, gpd	Produced, gal	Operation	("X"	throM
Repair or Maintenance Work that Involves Taking	nonudrusiQ	Wm	-Wm	Required,	Mater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эцт
Emergency or Abnormal Operating Conditions;	ni mio4	Required,	UV Dose,	, ro	- To Hq	ìo	gninu	garinG traioq	First Customer		bədzini To	smoH	Operator	To yad
	at Remote	UV Dose	Operating	muminiM		Temp.	Customer	Measurement	(C) Before or at		Net Quantity		λq	İ
	Concentration	muminiM	tsawo.J.				izriFi ja	Om(T)	Concentration	1.00		-	Visited	.
	Disinfectant					14.1	no store or	Contact Time	Disinfectant			al e	10	
	Residual	in a selection	72		Complete of the or different		Provided	Disinfectant	Lowest Residual	\$40 KB			Plant Staffed	.
	Lowest		THE SECOND		444 S H		Lowest CT						Days	
			I ∧∩ ₩.,	ty System set	1777			CT Calcul						·
							7 signations	or UV Dose, to I		robjes P				0.246
(Chlorines) Chlorine Dioxide	nlorine (Chlora	D bənidm	O) [	ənine	Free Chl	X				n Distributic	i bənistnisM İst			
							<u>.</u>	:(1	Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	) you		bixoide	Chlorine D		hlorine	X Free C		* :lsvo	viation/Rem	ritosni virus Inactir			
	. ————						·		December-05		th 'Year of:	or the Mon	i enaO yl	III. Dai
				-	7.1	e iləw 's	Ocala Oaks	Plant Name:		3421560	:.1	som Mumbe	lenfificat	g s <u>w</u> al

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

7,000

185,2

Average