JACHE.

Palms MHP

Docket No. 060368-WS	CMP
Docket No. 000000 WG	СОМ
Application to Increase Rates and Charges	CTR
For a "Class A" Utility In	ECR
-1	GCL
Florida	OPC
VOLUME 6	RCA
Book 7	SCR
Book /	SGA
Set 34 of 57	SEC
Containing	OTH

Additional Engineering Requirements

Monthly Operating Reports

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER CATE

00864 JAN 25 5

FPSC-COMMISSION CLEFK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Palms MHP

	Tab	Page
	Number	Number
Year: 2004		
January	1	3
February	2	5
March	3	7
April	4	9
May	5	11
June	6	13
July	7	15
August	8	17
September	9	19
October	10	21
November	11	23
December	12	25
Year: 2005	1	27
January	2	29
February	3	31
March	4	33
April	5	35
May	6	37
June	7	39
July	8	41
August	9	43
September October	10	45
November	11	47
December	12	49
December	12	10



See Pages 4 for Instr									
. General Information	for the Month/Ye	ar of: Januar	y, 2004						
A. Public Water System	(PWS) Informatio	on							
PWS Name:	Palms Mobile Home			·		Р	WS Identification Number		3350981
PWS Type:	✓ Community	Non-Transient Non-Cor	nmunity Tr	ansient Non-Com	munity		onsecutive	· · · · · · · · · · · · · · · · · · ·	
Number of Service Connect	tions at End of Month:	61				Total Po	pulation Served at End of I	Month:	153
PWS Owner:	Florida Water Services		-						
Contact Person:	Craig Anderson					Contact	Person's Title:	VP Environmen	tal Services
Contact Person's Mailing A		O. Box 609520			City: Orlando	s	State: Florida		Zip Code: 32860-9520
Contact Person's Telephone		07) 598-4199			(Contact	Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ac		aiga@florida-water.co	<u>m</u>						
3. Water Treatment Pla	ant Information								
Plant Name:	Palms Mobile Home					P	Plant Telephone Number:		352-787-0980
Plant Address:	24702 Plumosa Drive				City: Leesburg	g S	State: Florida		Zip Code: 34748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day O				93,600					
Plant Category (per subsect	ion 62-699.310(4), F.A.0	C.):	V		Pl	lant Clas	ss (per subsection 62-699.3		D
Licensed Operators		Name		License Class	License Nun	nber	Day	(s) / Shift(s)	Worked
Lead/Chief Operator:	Will Fontaine			C	6813	E	Days 1st Shift		
Other Operators:	Brian Heath			C	5825	E	Days 1st Shift		
	John Worrell			С	6597	L	Days 1st Shift		
	Gary Kissick			C	7846	E	Days 1st Shift		
	Mike Ponticelli			С	8450		Days 1st Shift		
C-46-41-1	1/CI : 60								
I Certification by Lead									
		perator licensed in Florid							
									his plant conform to NSF
		ble standards referenced							
were prepared each da	y that a licensed ope	erator staffed or visited t	his plant during the	month indicated	d above: (1) r	ecords	s of amounts of chemi	cals used and	chemical feed rates; and
(2) if applicable, appro	priate treatment pro	ocess performance record	ds. Furthermore, I a	gree to provide	these addition	nal ope	erations records to the	PWS owner	so the PWS owner can
		port, at a convenient loc				•			
		2/9/2004 0:00	Will Fontaine						C-6813
Signature and Date		2/7/2004 0.00	***************************************	- 4 N				-	
orgnature and Date			Printed or Typ	eu Name					License Number

Page 1

DEP Form 62-555 .900(3)Alternate

											21,100		U	mmixsN
											012,11	1. 1970	11.00	Avgerage A
											347,500	1. 1.		[otal]
						I			9.1		007'6	0.42	X	18
	L'I								6.1		006,81	24.0	 	0ε
	2.1		1	1			<u> </u>	***************************************	S.I		001'17	24.0	Х	67
	11				1		† ·		E.1		009'01	24.0	X	87
	8.0			 	 				1.1	 	005,21	24.0	X	
	1.1		 	 					S.I		11,200	0.42	\\ \tilde{X} \\	7.7
	1 1		 	 	 	 			5		77.6		 _ ^	97
				 	 					ļ	11,200	0.4.0	ļ	52
				<u> </u>	.	ļ. ——			5.1		10,400	0.4.0	X	74
	2.1			<u> </u>	ļ	ļ		ļ	4.1		001,7	24.0	X	73
	0.1			ļ					€.1		008,6	24.0	X	33.
	6.0			<u> </u>			1		1.1		000,01	0.42	X	21
	6.0	L		<u> </u>					7.1		13,800	24.0	X	20
	s'l		ł					<u>L</u>	61		006'6	24.0	Х	61
]				}			006'6	0.42	Ì	81
	1	I							⊅'l		009'11	24.0	X	ZI.
	8.0		1		1				0.1		15,400	24.0	Х	91
	£.1			† · · · · · · · · · · · · · · · · · · ·	l				9.1		12,200	24.0	X	SI
	0.1			1	.			· · · · · · · · · · · · · · · · · · ·	2.1		13,800	24.0	X	ÞΙ
	£.1		<u> </u>	†				· · · · · · · · · · · · · · · · · · ·	L'I	 	10,400	0.42	x	ξI
	1.1			1			 		t'1	<u> </u>	084,6	24.0	X	71
			 	 	-		 		-		052.6	 		
			 				 					24.0	<u> </u>	11
	C:1	ļ	 	-	ļ	ļ			5.1		10,200	0.42	X	10
	€1				-				71		000'11	24.0	X	6
	9'1		ļ			<u> </u>			8.1		007,8	24.0	X	8
	1.2		ļ			<u> </u>			2.1		001,7	24.0	X	L
	p .1			L			L		91		14,300	74.0	X	9
	L'I								1.2		006'6	0.4.0	X	S
	S'I								LI		004'6	0.42	X	Þ
				1					L'I		10,300	0.4.0	Х	ε
	9.1								0.2		006'01	24.0	X	7
	5.1			1					8.1		12,500	24.0	X	I
Out of Operation	System, mg/L	zuc/cm²	mW-sec/cm	J/nim	əldsəilqqA Ti	Water, C	J/uim	sənuim	Peak Flow, mg/L	Rate, gpd.	gal.	Operation	("X"	Month
Involves Taking Water System Components	Distribution	-Wm		Required, mg	pri or water,	no dura i	-gm, wolfl	Peak Flow,	Customer During	Peak Flow	Producted	uı	(Place	əųı
Conditions, Repair or Maintenance Work that	Remote Point in	Required,		TO muminiM		30 amaT	During Peak	Point Diniof	Before or at First	I. 1U	Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Сизіотнет	Measurement	Concentration (C)		of Finished	Jucia sanori	Visited by	30 1160
	Disinfectant	T 18.	136/110 1	1			First	(T) at C	Disinfectant		Net Quantity	1	ľ	ŀ
	Lowest Residual	muminiM				.	Before or at	Contact Time	Lowest Residual		vditucuO teM	ļ	To beffied or	ľ.
[18] 그리고 그리고 그리고 사람들이 다른 사람들이 되었다.	1						Provided Pefero er et	Disinfectant	Iguhian I tanua I			ļ	Days Plant	} `
						i.	and the second second	trietoelinisi(i
		9 9 9 9		ŧ.			Lowest CT							ł
[[1] - [] [] - []		əsod	IAL		•	L	suonalu	CI Calci		L	1			1
		the second of the		L II HODDAI	10put entr	90/1-100	4.50 5.25		to scholanino r		-	ļ	1	
A				A Ti noitevi	then! siniV	oo I-mo	4 etcteoms(Lot agod VII	T Calculations, or		L	L		L
	əbixoi	Chlorine D	<u>ا</u> ((Chloramines	d Chlorine (Combine	Tine Puin	V Free Chlo	bution System:	ratei In Distri	nistnisM feul	tant Resid	oofnisid 1	Type of
										. (Descripe):			raviolet Ra	_
	(sam	e (Culoram	uuouu nam	L Combi	20070	anive	Chlorine Dio	1 2000000						
			1-10 Pour			- SPire	-;G vairold)	- aninold	al: Free C	vom9A\noits	virus Inactiv	go. I-ruo 7 gi	nivəidəA Yo	Means o
								January, 2004		:10	onth/Year	V shi rot	aily Data	ПL D
						annor i a	MODIAL CHIP T	Callieri nier r	I		·			
· ·						emoH e	Palms Mobile	Plant Name:	I .	1860255		лэүший і	entificaiton	PMS 14

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



See Pages 4 for Instr								
. General Information	for the Month/Year	of: February,	2004					
A. Public Water System	(PWS) Information							
PWS Name:	Palms Mobile Home				· · · · · · · · · · · · · · · · · · ·	PWS Identification Number:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Comme	unityT	ransient Non-Com	nmunity	Consecutive		
Number of Service Connec	tions at End of Month:	61				Total Population Served at End of M	fonth: 153	
PWS Owner:	Florida Water Services							
Contact Person:	Craig Anderson					Contact Person's Title:	/P Environmental Services	
Contact Person's Mailing A	ddress: P.O. I	3ox 609520			City: Orlando	State: Florida	Zip Code: 32	860-9520
Contact Person's Telephone	Number: (407)	598-4199				Contact Person's Fax Number: (4	407) 598-4217	
Contact Person's E-Mail Ac	ddress: <u>crai</u>	ga@florida-water.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Palms Mobile Home	<u> </u>				Plant Telephone Number:	352-787-0980	
Plant Address:	24702 Plumosa Drive				City: Leesbur	g State: Florida	Zip Code: 34	748
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C	Operating Capacity of Plant,	gallons per day:	_	93,600				
	ion 62-699.310(4), F.A.C.):	V			F	lant Class (per subsection 62-699.31		
Licensed Operators		Name		License Class	License Nu	mber Day(s) / Shift(s) Worked	11 14 14 14 1
	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
	Mike Ponticelli			С	8450	Days 1st Shift		
	1/GL: 6.0	•						
I Certification by Lead				0 01			Cd: T CCd	4.41
						ent plant identified in part I o		
						inking water treatment chemic		
						ify that the following addition		
						records of amounts of chemic		
(2) if applicable, appro	opriate treatment proce	ess performance records.	Furthermore, I	agree to provid	e these addition	onal operations records to the	PWS owner so the PWS	owner can
retain them, together v	with copies of this repo	rt, at a convenient locati	on for at least te	n years.				
		3/9/2004 0:00	Will Fontaine	:			C-6813	
Signature and Date			Printed or Ty	ped Name			License Number	r

Page 1

											006,71		w	umixsM
											721,11			Avgerag
											022,525			listo T
														1.5
														, % T
			•								10,750	0.4.0		- 67
									LT		005'6	74.0	X	87
	8.1								0.2		008,6	24.0	X	LZ
	1.2								7.2		001,6	24.0	Х	97
	I'I								τΊ		002,8	0.4.0	Х	52
	0.1				ĺ				7.1		11,300	0.42	Х	74
	0.2								7.2		055,6	24.0	Х	23
											055,6	24.0		77
									91		004'6	24.0	Х	\$ 1Z
	7.1								bΊ		008'9	0.4.0	X	
	8.0			l		1			1.1		006'L	0.4.0	Х	, 6L
	5.I			-		· · · · · · · · · · · · · · · · · · ·			8'I		006,71	0.4.0	Х	81
	LI			l					61		004,11	0.42	Х	LI
	8.1						1	1	1.2		008,7	0.4.0	Х	91
				 							008,7	0.4.0		S 1
									61		11,900	24.0	Х	ÞΙ
Aurit -	8.1								1.2		12,300	24.0	Х	ΞEΙ
	0.2	1							7.7		15,800	24.0	Х	71
	9.1								8°I		006,21	24.0	Х	: II
	S.I		f	-	·				8.1		008,81	0.4.0	Х	10
	0.2		 						2.2		12,000	0.4.0	Х	. 6
	-								č.I		055,11	0.4.0	X	8
											055,11	0.4.0		L
	⊅ `I								9·I	<u> </u>	005'6	0.4.0		:: 9
	⊅. I	 							L'I		14,100	24.0	Х	ς
	2.1			-		·		 	S.I		005, £1	24.0	X	Þ
	0.1	† · · · · · · · · · · · · · · · · · · ·							£.1		008,81	74 0	Х	ε
	8.1					,			2.2		007,01	2¢ 0	Х	7
											004,01	7⊄`0		s I
Out of Operation	System, mg/L	: zec/cm²	my-sec/cm	J\aim	if Applicable	Water, 'C	J\mim	sənnuu	Peak Flow, mg/L	Rate, gpd.	. हिंबा	Operation	("X"	Month
Involves Taking Water System Components	nomudinisiQ*	v.z		Required, mg	ne or water,	To quar	-Sm ,wol4	Peak Flow,	Customer During	Peak Flow	Producted,	ů	7(Place	əųı
Conditions, Repair or Maintenance Work that		Reduned,		Minimum CT		30 0000	During Peak	Acres Water and a contract of the	Before or at First			Hours plant	Орегасог	1.74 / 10 1.5
Emergency or Abnormal Operating	Concentration at	Comment of the commen	Lowest			1.00	Customer	Measurement	Сопсепианоп (С)		bədzini To		Visited by	
■ 1. (251)■ 1. (251)■ 1. (251)■ 2. (251)■		muminiM.		数表		7.2	isn'i	Ome(T)	Disinfectant		Net Quantity		To betted or	
	Lowest Residual			9		32.	Before or at	Contact Time	Lowest Residual	2	이 열 사람		Days Plant	
ASTRONOMY CONTRACTOR			43.4 \$2.2				Provided	Disinfectant					4.5	
	4/2						Lowest							100
		in the second	\$ 1.0	\$ 15°	A Section of the		A. 10	Act Date: 125						3 9
		9006	AN .					CI Calcu			N 4.2	A-6		
		75. 11. 24	pplicable*	A li , nomevi	Virus Inact	go.1-mo	Jemostate F	UV Dose, to L	T Calculations, or	Э	1			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONINO	Chlorine D		Chloramines				Ltee Chlor	bution System:		uai iviaintair	nani Kesid	i Disintec	ı ype o
	abiyoi	Chloring	<u> </u>	~ aimorold)	,			10 3 5						_
							o			:(Descripe):			Raviolet Ra	
ł	(səui	e (Chloram	nitoldD bəni	L Combi	əuozO _	əbix	oi C aninoldD	hlorime 🦵 (al: 🔽 Free Cl	ation/Remova	virus Inactiv	g Four-Log	nivəidəA To	Means
							· ·	February, 2004		:J0	onth/Year o	[4] Suppose	aily Data	III' D
						OHIOT !	MIGOIAL CUITE Y		-				entification	
1						amoH a	Palms Mobile	Plant Mame:	l	1860555		Minmber.	artierilitan	LI 24110

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



DEP Form 62-555. 900(3)Alternate

MS Type:	See Pages 4 for Instr	uctions.								
NS Name	General Information	for the Month/Y	ear of: March,	2004						
NS Name	Public Water System	ı (PWS) Informat	ion							
MS Type:	PWS Name:						PWS Identification Num	ber:	3350981	
umber of Service Connections at End of Month: 61 So Owner Florida Water Services Tental Proposity Marking Address: P.O. Box 699520 City Orlando State: Florida State Florida State: Flor	PWS Type:		Non-Transient Non-Com	nmunity Tr	ansient Non-Com	munity				
MS Owner Florida Water Services Carga Anderson Ca					and an			of Month:	153	
ontact Pessor's Mailing Address: P.O. Box 699520 City: Orlands State: Florida Zip Code: 32860-9520 Orlands Person's Flex Number: (407) 598-4217 Contact Person's Flex Mandres: Graig@@florida-water.com	PWS Owner:	Florida Water Service	s					· · · · · · · · · · · · · · · · · · ·		
Contact Person's Fax Number: (407) 598-4199 Contact Person's Fax Number: (407) 598-4217	Contact Person:	Craig Anderson				Con	tact Person's Title:	VP Environmen	ntal Services	
Contact Person's Fax Number: (407) 598-4199 Contact Person's Fax Number: (407) 598-4217	Contact Person's Mailing A	ddress: I	P.O. Box 609520	· · · · · · · · · · · · · · · · · · ·	<u>-,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	City: Orlando	State: Florida		Zip Code:	32860-9520
Creditication by Lead/Chief Operator Grant Address Craiga@filorida-water.com Plant Telephone Number 352-787-0980 3748 Plant Telephone Number 352-787-0	Contact Person's Telephone	Number: (407) 598-4199				_	(407) 598-4217	7	
Valet Treatment Plant Information ant Name: Palms Mobile Home City Leesburg State: Florida Zip Code: 34748 and Address 24702 Plumosa Drive Plant Tectment by Plant Purchased Finished Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 93,600 and Category (per subsection 62-699.310(4), F.A.C.) V Plant Telass (per subsection 62-699.310(4), F.A.C.) D Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Address Plant Read Plant Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Days 1st Shift Day	Contact Person's E-Mail Ac	ddress: (craiga@florida-water.co	m				· <u>·</u>		
Ant Address: 24702 Plannosa Drive	Water Treatment Pla									
Per of Water Treatment by Plant	Plant Name:	Palms Mobile Home					Plant Telephone Number		352-787-098	30
and Category (per subsection 62-699-310(4), F.A.C.) V Plant Class (per subsection 62-699-310(4), F.A.C.) D Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Licensed Operators Will Fontaine C 6813 Days 1st Shift Day (st) / Shift(s) Worked Day (st) / Shif	Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida		Zip Code:	34748
And Category (per subsection 62-699 310(4), FA.C.) Comparison Name License Class License Number Day(s) / Shift(s) Worked	Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water					
License Operators ead/Chief Operators: Will Fontaine C 6813 Days 1st Shift Days 1	Permitted Maximum Day C	perating Capacity of P	lant, gallons per day:		93,600					
ead/Chief Operators: Will Fontaine Brian Heath C S825 Days 1st Shift John Worrell Gary Kissick C 7846 Adam Michaelsen C Trainee Days 1st Shift D	Plant Category (per subsect	ion 62-699.310(4), F.A	1.C.):	V	*	Plant	Class (per subsection 62-69	9.310(4), F.A.C.):	D	
Brian Heath John Worrell Gary Kissick Adam Michaelsen C	Licensed Operators		Name	4.1	License Class	License Number	r D	ay(s) / Shift(s)	Worked	
John Worrell Gary Kissick C 7846 Days 1st Shift Adam Michaelsen Days 1st Shift Trainee Days 1st Shift 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 ere 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 the properties treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	Lead/Chief Operator:	Will Fontaine			C	6813	Days 1st Shift			
Gary Kissick Adam Michaelsen C 7846 Days 1st Shift Trainee Days 1st Shift 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 ere 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 it is appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	Other Operators:	Brian Heath			С	5825	Days 1st Shift			
Adam Michaelsen Traince Days 1st Shift Traince Traince Days 1st Shift Traince Days 1st Shift Traince Table 1st Antale 1st Shift Traince Traince Traince Days 1st Shift Traince Traince Ta	The second	John Worrell			C	6597	Days 1st Shift			
Pertification 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 tere 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 if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can etain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine	40.4	Gary Kissick			С	7846	Days 1st Shift			
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 there 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 if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can estain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813		Adam Michaelsen				Trainee	Days 1st Shift			
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 tere 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 if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813	and the state of t									
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 tere 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 if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813										
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 tere 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 it applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813										
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 aformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 there prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can estain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
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 aformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 there prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can estain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
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 afformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 there prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can etain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813	That is the first than									
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 afformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS 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 there prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can etain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813										
aformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NS atternational 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 there prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can extain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
nternational 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 there prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can estain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
the prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can be tain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can stain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813	vere prepared each da	y that a licensed o	perator staffed or visited t	his plant during the	month indicate	d above: (1) reco	ords of amounts of che	micals used an	d chemical	feed rates; and
etain them, together with copies of this report, at a convenient location for at least ten years. 4/8/2004 0:00 Will Fontaine C-6813										
							•			
			4/8/2004 0:00	Will Fontaine			-		C-6813	
	Signature and Date		<u> </u>		ed Name				License Nur	nber

Page 1

											007.12		w	Maximu
											981,01	F1 128 9	. 44 CO + 1 3	gmagvA
											994,215		* 55	Total
	8.0								0.1		005'9	24.0		- 18
	8.0								11		006,8	24.0	X	30
	0.1			-					t l		006'01	24.0	X	67
	-										006'01	0.42		87
									٤٠١		002,7	0.42	X	- L7
	0.1						<u> </u>		t'l		009,11	24.0	X	97
			}						5.1		002,7	0.42	X	57
	7.1		ļ — — —								001'71	0.42	X	77
	6.0						 -		7.1					
	1.3								5.1		001,6	0.4.0	X	73
	1.0								£.1		001,11	0.42	X	77
											001'11	0.42	[ाट
							ļ		† 'Ĭ		001,11	24.0	X	70
	0.1							<u> </u>	7.1		009'11	0.42	X	- 61
	9.1								8.1		7,200	24.0	X	81
	7.0								0.1		00L'8	0.42	X	ΔĪ
	7.0								6.0		007,6	0.42	X	91
	6.0								2.1		008,6	24.0	X	12
											008,6	24.0		ÞΙ
									7.1		002,6	24.0	Х	- £1
	† 0				-				8.0		13,700	0.42	Х	71
	8.1								1.2		007,12	24.0	X	II
	₽. I								5.1	-	002,8	0.42	X	10
	<i>p</i> ⁻I								9.1		10,400	0.42	X	6
			 						9.1	· · · · · · · · · · · · · · · · · · ·	055'6	24.0	X	8
	1.2	 	-				 	ļ	91			24.0		L
						 		-	5.1		<u> </u>	24.0	X	9
						<u></u>	ļ		LI			0.42		
	91				ļ	 		· · · · ·			 		X	5
	6.1	ļ					<u> </u>		1.2		0016	24.0	X	7
	L'1	ļ				ļ			0.2		000'01	24.0	X	3
	£.1	<u> </u>		ļ		ļ	ļ		5.1		12,900	24.0	X	. 7
	2.1								91		991'L	24.0	X	I
out of Operation	Jysm, mayl	zwo/oos	mW-sec/cm ²	J/aim	əldsəilqqA li	Water, OC	Maim	sənunu	Peak Flow, mg/L	Rate, gpd.	: leg	Operation	("X"	droM
Involves Taking Water System Components	noitudineid	-Wm	UV Dose,	Required, mg	,1918W To Hq	Temp of	-gm ,woFl	Peak Flow,	Customer During	Peak Flow	Producted,	ui	episce (Place	əqı
Conditions; Repair or Maintenance Work that	Remote Point in	Required,	gnueraqO	TO myminiM			During Peak	garind mio9	Before or at First		Water	Hours plant	Operator	To yed
Emergency or Abnormal Operating	Concentration at	OA Dose	Lowest	2 12			Customer	Measurement	Concentration (C)		bodzini To	1	Visited by	
	Disinfectant	mumanM					First	Ols (T)	* Disinfectant		Net Quantity		Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
					10 m 1 6 m		Provided	Disinfectant				1	[" "]	
	No.	44.4			1000			hand, and					l i	
Smirred O'Abnormal Operating	3	9-45			建 系统工作	the state of	Lowest CT					1		
	i i	2504	T A O E SE	VIII.	grafin di ja-ta)	12 75 7 July 197	Suomen	CT Calcu		W = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Į l	
		930	u.MI	P. Shikes		gor mo	r ormeouto.					1	į	
			*əldsəilaa.	A ii noitevi	takni ziriiV	on I-min	4 steteoms(Tot asoft VII	T Calculations, or			<u> </u>		
	əbixoi	Chlorine D	(:	Chloramines	d Chlorine (Combine	ine آــ	Free Chlor	bution System:	nteid ni bər	niatniaM lau	bisaA JnsJ	o91niziO 1	о эдуТ
										. (നടോഥ്യം):	Ц Огрег	norigida	raviolet Ra	ın l
	(same	е (с пютат	nea Chiorin	[_ Combi	enozo 1	exige !	ดเส อนมอเมา	hlorine 📙						
	(seai		145 Pos			- P.	CF1 D.				Virus Inactiv			
								March, 2004		:10	onth/Year c	M adt vol	aily Data	III D
						S riome	olidoM smlsq	Plant Name:	1	18605EE		Daguina	entification	DI SMA
I						owoll (TITOM CONTO	14 >10	<u> </u>	1000366				FLORIG

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



See Pages 4 for Instr								
l. General Information	for the Month/Y	Year of: April, 2004					<u> </u>	
A. Public Water System	(PWS) Informa	tion						
PWS Name:	Palms Mobile Home					PWS Identification Number:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Tr	ransient Non-Com	munity	Consecutive		
Number of Service Connect			,			Total Population Served at End of N	Month: 148	
PWS Owner:	Florida Water Service	- 						
Contact Person:	Craig Anderson					Contact Person's Title:	VP Environmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199	***				(407) 598-4217	
Contact Person's E-Mail Ac		craiga@florida-water.com						
3. Water Treatment Pla	ant Information			· · · · · · · · · · · · · · · · · · ·				
Plant Name:	Palms Mobile Home				-	Plant Telephone Number:	352-787-09	30
Plant Address:	24702 Plumosa Drive	e			City: Leesbur	g State: Florida	Zip Code:	34748
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day C	perating Capacity of I	Plant, gallons per day:		93,600				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				Plant Class (per subsection 62-699.3		
Licensed Operators		Name		License Class	License Nu	mber Dayı	(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
•	Adam Michaelsen				Trainee	Days 1st Shift		
1								
				<u></u>				
				<u> </u>	<u> </u>			
L Cardification In Land	1/61:-60							
I Certification by Lead			41 1 1/11	C		ant plant identified in part I	of this report Leartify	that the
i, the undersigned wat	er treatment plant	t operator licensed in Florida,	am the lead/chie	er operator of the	e water treatif	· 1 · · · · · · · · · · · · · · · · · ·	in an included the second	anform to NCE
information provided	in this report is tru	ue and accurate to the best of	my knowledge a	ind belief. I cert	ify that all dr	inking water treatment chemi	icais used at this plant	Contohin to Nor
International Standard	60 or other appli	cable standards referenced in	subsection 62-5	55.320(3), F.A.	C. I also cert	ity that the following addition	nai operations records	tor this plant
were prepared each da	y that a licensed of	operator staffed or visited this	s plant during the	e month indicate	ed above: (1)	records of amounts of chemic	cals used and chemical	teed rates; and
		process performance records.			e these addition	onal operations records to the	PWS owner so the PV	VS owner can
retain them, together v	with copies of this	report, at a convenient locati	on for at least ter	n years.				
		5/7/2004 0:00	Will Fontaine	;			C-6813	
Signature and Date		3777200.0.00	Printed or Typ				License Nu	mber
Signature and Date			rimed or ry	p==				

PWS I	lentificaito	n Number:		3350981		Plant Name:	Palms Mobi	le Home						
Ш	aily Data	for the N	lonth/Year	of:		April, 2004								
			g Virus Inactiv		/al:		G11 : D:		- -					
	traviolet R			r (Describe):		morme	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chlorar	nınes)	
-													·	
Type	of Disinte	ctant Resid	lual Maintai		ibution System:					(Chloramine		Chlorine I	Dioxide	
100				C	CT Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if A	Applicable		16-54-52, 23	<u> </u>
				1.0		CT Calc	ulations					Dose		
									1.1			466.5		
1 4 4	-	:	·			Disinfectant	Lowest CT Provided		A STATE OF	1.5 (1.5)	3.571 AV VI			
* *	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
- 5	Staffed or		Net Quantity		Disinfectant	(T) at C	First				. 1	Minimum		
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	7,600		1.2								1.0	
3	X	24.0 24.0	8,400 6,600		1.3							 	1.2	
4	^	24.0	9,650		1.3					 		ļ		
5	Х	24.0	9,650		1.2		-	-					1.0	
-6	X	24.0	8,000		1,1								0.9	
7	Х	24.0	13,000		1.0				†			 	0.7	
8	Х	24.0	8,100		1.0								0.7	
9	X	24.0	6,800		1.0								0.8	
10	X	24.0	7,200		1.4									
11		24.0	7,450											
12	X	24.0	7,450		1.0								0.7	
13	X	24.0	5,400		0.9							ļ	0.7	
15	X	24.0 24.0	12,500 17,100		2.0								1.7	
16	X	24.0	21,100		1.8			-		-			1.6	
17		24.0	9,900							<u> </u>			1.4	
18	Х	24.0	9,900		1.8					1		 	†	
19	X	24.0	5,400		1.6								1.2	
20	X	24.0	6,200		1.3								1.1	
21	Х	24.0	6,800		1.1								0.8	
22	X	24.0	11,100		0.9								0.6	
23	X	24.0	6,000		0.9								0.6	
24 25	X	24.0	7,100		1.0		ļ							
26	Х	24.0 24.0	7,400 7,400		1.0			-					0.7	
27	X	24.0	4,100		1.0	**************************************		-	ļ	ļi			0.7	
28	X	24.0	12,300		0.9		ļ		 	 		 	0.6	
29	X	24.0	7,800		1.0							 	0.8	
30	Х	24.0	7,700		1.1					1		 	0.8	
							· · · · · · · · · · · · · · · · · · ·					1	1	
Total	Market 1		265,100				· · -						<u> </u>	
Avgerag			8,837											
Maximu	m		21,100											

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



See Pages 4 for Instr							
. General Information	for the Month/Ye	ar of: May, 2004	1				
A. Public Water System	ı (PWS) İnformati	on					
PWS Name:	Palms Mobile Home					PWS Identification Number:	3350981
PWS Type:	✓ Community	Non-Transient Non-Comm	unity T	ransient Non-Com	munity	Consecutive	
Number of Service Connec		59				otal Population Served at End of Mont	h: 148
PWS Owner:	Florida Water Services		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Contact Person:	Craig Anderson				lc	ontact Person's Title: VP E	invironmental Services
Contact Person's Mailing A		O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	: Number: (4	07) 598-4199			<u> </u>	ontact Person's Fax Number: (407)	598-4217
Contact Person's E-Mail Ac	ldress: C	raiga@florida-water.com					
3. Water Treatment Pla	ant Information		-				
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day C	perating Capacity of Plant	ant, gallons per day:		93,600			
Plant Category (per subsect	ion 62-699.310(4), F.A.	C.): V			Pla	ant Class (per subsection 62-699.310(4), F.A.C.): D
Licensed Operators		Name		License Class	License Num	ber Day(s)	Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Brian Heath			C	5825	Days 1st Shift	
	John Worrell			C	6597	Days 1st Shift	
	Gary Kissick			С	7846	Days 1st Shift	
	Adam Michaelsen				Trainee	Days 1st Shift	
The second secon					<u> </u>		
L Cortification by Long	1/Chief Operator						
I. Certification by Lead				C		1 11 11 16 11 1 1 64	i Yi C - 4h - 4 + h -
	-	•		-		nt plant identified in part I of the	- ·
							s used at this plant conform to NSF
							operations records for this plant
							used and chemical feed rates; and
					these addition	al operations records to the PW	VS owner so the PWS owner can
retain them, together v	vith copies of this re	eport, at a convenient locati	ion for at least te	n years.			
		6/8/2004 0:00	Will Fontaine				C-6813
Signature and Date			Printed or Ty	ped Name			License Number

											13,000			wmixsM
											594,6	¥1.00		Avgenage
											200,400	Simple 15	727	[BIOT
	L'0						İ		0.1		050'6	24.0	X	ाध
											050'6	0.42		30_
									7.1		008,8	24.0	X	67
	6.0								I'I		4,900	0.42	X	87
	0.1								£,1		000'9	0.42	X	LT
	0.1								£,1		007,8	24.0	X	97
	8.0								TT		4,400	0.42	Х	57
	0.1								7.1		7,200	0.4.0	X	74
											002,7	0.42		73
									τI		000'9	0.42	X	77
	TT					I			τI		007,2	24.0	X	17
	0.1								1.2		002,8	24.0	X	70
	6.0								1.2		004,0	24.0	Х	61
	1.3								2.1		004,2	24.0	Х	:81
	6.0								7.1		000,7	0.4.0	Х	LI
											000,7	0.4.0		91
						[L'I		004,8	24.0	X	SI
	6.0								I.I		005°L	24.0	Х	ÞΙ
	8.0								I'I		007'7	24.0	Х	εI
	T.0								6.0		000, £1	24.0	Х	15
	6.0								I'I		005,2	24.0	Х	II
	6.0								1.2		059'9	0.42	Х	10
						1					059'9	24.0		. 6
									5.1		008,8	24.0	Х	8
	0.1								7.1		004,8	24.0	X	L
	L'1								0.2		008,4	24.0	Х	9
	0.1								1.1		005°L	0.42	Х	ς
	2.1					Ì			p.1		004'5	24.0	X	Þ
	L'0								0.1		002'5	24.0	Х	ε
											007,8	24.0		7
		· · · · · · · · · · · · · · · · · · ·						1	6.0		000°L	24.0	Х	1
Out of Operation	System, mg/L	"wɔ/ɔəs	mW-sec/cm ²	Naun	if Applicable	Water, °C	J/nim	minutes	Peak Flow, mg/L	Rate, gpd.	Eal	Operation	("X"	Month
Involves Taking Water System Components	nonudiusiQ	-Wm	UV Dose,	Required, mg	pH of Water,	recub or	-3m ,woFf	Peak Flow,	Customer During	Peak Flow	Producted,	ur	(Place	ətt
Conditions; Repair or Maintenance Work that	Remote Point in	Required,	Sungado	TO mumminM		303	During Peak	Point During	Before or at First		Water	Hours plant		Day of
Summed mustavar of forestation	Concentration at	UV Dose	Lowest		NAME OF TAXABLE PARTY.		Customer	Measurement	Concentration (C)		of Finished		Visited by	"
	Disinfectant	mminiM.				1944	First	O is (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual		J. Ork		Days Plant	
	Imbian I trans I						****		Indiana d'anguna I				treff wed	
		1 1 1 1 1			Programme and the second		Provided	Disinfectant	1995		1			
		1 2 2 3					Lowest CT	1				1		
		200	7.10				lations	2012 10	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1					
			ገለበ :				1 12/1/2		4					
		· Philips	*əldsəilaq	∖ i .noiisvi	Virus Inact	20.1-1uo	7 state F	UV Dose, to I	T Calculations, or	<u> </u>		<u> </u>		
	əbixoi	Chlorine D	- (5	Chloramine	d Chlorine (Combine	l ənin	Ltee Chlor	bution System:	itziG ni bər	nal Maintair	tant Resid	f Disinfec	Type o
											L Other		raviolet R	-
	(səur	e (Chloram	ined Chlorin	I Comp	ouoz∩	adix.	Cuiotine Dio	nlorine 🖵						
	(-3-4;	1107	. 110 (Virus Inactiv			
							******	May, 2004		:10	onth/Year o	for the M	stad ylia	III. D
			· · · · · · · · · · · · · · · · · · ·			эшон э	Palms Mobile	lant Name:		1860555		numper:	entification	PI SMA
l														

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



See Pages 4 for Instru							
. General Information	for the Month/Year of:	June, 2004					
A. Public Water System	(PWS) Information						
	Palms Mobile Home				PWS Identification Number:	3350981	
PWS Type:	✓ Community Non-Transient N	Ion-Community	Fransient Non-Com		Consecutive		
Number of Service Connect		60			opulation Served at End of N	Month: 150	
	Florida Water Services						
Contact Person:	Craig Anderson			Contac	t Person's Title:	VP Environmental Services	
Contact Person's Mailing Ac	ddress: P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number: (407) 598-4199				t Person's Fax Number: ((407) 598-4217	
Contact Person's E-Mail Ad	dress: <u>craiga@florida-wa</u>	iter.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Palms Mobile Home				Plant Telephone Number:	352-787-098	3
Plant Address:	24702 Plumosa Drive			City: Leesburg	State: Florida	Zip Code:	34748
Type of Water Treatment by	Plant:	ter Purchased Fir	nished Water				
	perating Capacity of Plant, gallons per day:		93,600				
Plant Category (per subsecti	on 62-699.310(4), F.A.C.):	V			ass (per subsection 62-699.3		
Licensed Operators	Name		License Class	License Number	Day	(s) / Shift(s) Worked	
Lead/Chief Operator:			c	6813	Days 1st Shift		
Other Operators:	Brian Heath		С	5825	Days 1st Shift	<u> </u>	
1	John Worrell		С	6597	Days 1st Shift		
	Gary Kissick	· · · · · · · · · · · · · · · · · · ·	С	7846	Days 1st Shift		
						·	
			_				
							
		· · · · · · · · · · · · · · · · · · ·	_ <u></u> _	l			
I Certification by Lead	/Chief Operator						
	er treatment plant operator licensed in	Florida am the lead/chi	ef operator of the	water treatment n	lant identified in part I	of this report I certify t	that the
	n this report is true and accurate to th						
	60 or other applicable standards refer						
	y that a licensed operator staffed or v						
	priate treatment process performance			these additional of	perations records to the	PWS Owner so the PW	5 Owner can
retain them, together w	ith copies of this report, at a conveni-	ent location for at least to	en years.				
		WITH ST.				C 4012	
6:		Will Fontain				C-6813	1
Signature and Date		Printed or Ty	yped Name			License Num	ær

Palms Mobile Home

Plant Name:

1860555

PWS Identification Number:

											L 008 2 I		· u	umixeM
											L£6'L	1254	ə	Avgerag
											238,100	941 gr grd		Total
		I	[1	<u> </u>		
	1.1	 							⊅'l		008'9	24.0	Х	30
	0.1								2.1		009'9	24.0	X	67
	TT	 						_	\$'I		10,000	24.0	X	. 87
	<u> </u>	 									000,01	0.42	^	LZ
									9.1		14,500	0.42	X	97
	4.1								7.1		005 71	0.42	X	
	tr.I		<u> </u>											52
	S.I						<u> </u>		L'I		12,100	24.0	X	74
	1.3								9.1		008'51	24.0	X	- 23
	£.1								9.1		12,700	24.0	X	77
	L'0		<u> </u>						0.1		11,000	24.0	X	17
											000,11	24.0		.02
									t I		008,2	0.42	X	≕-6I
	6.0	<u> </u>	<u> </u>						I.I		001,2	24.0	X	81
	7.1	L							S.I		7,100	0.42	X	- 41
	L'0								0.1		007'9	24.0	Χ	91
	L'0								6.0		002,8	24.0	Х	. sı
	8.0								2.1		005,2	24.0	X	τl
											002,2	24.0		EL
									£.1		007,8	24.0	Х	15
	8.0								I'I		001,2	0.4.0	Х	II
	6.0								I'l		005,2	0.42	Х	01
	6.0								2.1		005°L	24.0	X	6
	2.0								8.0		001'\$	24.0	X	8
	2.0		· · · · · · · · · · · · · · · · · · ·						6.0		008'9	24.0	X	L
	30					ļ 	· · · · · · · · · · · · · · · · · · ·	<u> </u>	00		008'9	24.0	^	9
			<u> </u>	 			[8.0		000'9	24.0	<u>-</u>	
	C:0								8.0		000 9	24.0	X	S
	2.0						 				<u> </u>		X	7
	2.0		<u> </u>						6.0		009'5	74.0	X	3
	9.0			 					6.0		002,7	24.0	X	7
	9.0								6.0	- 40 (008,2	24.0	X	· I · .
Out of Operation	System, mg/L	-Wm.	^r mɔ/ɔɔs-Wm	Anim	sldsplicable	Water, OC	7/uim	Sənrıttu	Peak Flow, mg/L	Rate, gpd	lag	Operation	("X"	rinol/I
Involves Taking Water System Components	noitudintaid		UV Dose,	Required, mg		Temp of	-gm ,wol7	Peak Flow,	Customer During	Peak Flow	Producted,	ai	(Place	əyı
		Rednired,	Operating	17) muminiM	1 × ×		During Peak	gainst mio4	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest		201 A		Customer	Measurement	Concentration (C)		badsinis to		Visited by	954 32
	☐ Disinfectant	mminiM					121iT	Dis(T)	Disinfectant		Wet Quantity		Staffed or	
	Lowest Residual	3.46	after Street	No.			Before or at	- Contact Time	Lowest Residual			1	Days Plant	
							Provided	Disinfectant			-]	j	
# 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100 HT 100	36.47 27.8						Lowest CT			·	ļ			
		\$ 14 TANK												
					<u>. N. 25 ()</u> (.	14-				<u> </u>	ļ			
		447.75	*plicable*	A li ,noitsvi	Virus Inact	Sour-Log	Jemostate F	UV Dose, to I	T Calculations, or	<u>o</u>				· [
<u> </u>	2DIVOL								pntion System:		HEHHERIAL IEU	יימונו ואכאום	DOUBLE OF	n addı
	abivoi	Chlorine D	<u> </u>	(Chloramines	edirold be			▼ Free Chlor				Line a tack	oraisid h	, and
										: (Descripe):	⊢ Огры	noitsiba	Raviolet R	ן ב מוי
	(səni	e (Chloram	nited Chlorin	Сошрі	oroso 🗍	əbixo	Chlorine Dic	hlorine [al: 🔽 Free C	ation/Remov	Virus Inactiv	ge Four-Log	пуэінэА То	Means
								June, 2004		:10	outh/Year	IN all IO	any Data	a :111
								root sail		.,,,		La colt croft	and vile	U III

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



See Pages 4 for Instru	uctions.					
. General Information	for the Month/Y	ear of: July, 2004				
A. Public Water System	(PWS) Informat	tion				
PWS Name:	Palms Mobile Home				PWS Identification Number:	3350981
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comr	nunity	Consecutive	
Number of Service Connect					Population Served at End of Month:	150
PWS Owner:	Aqua Utilities Florida	1				
Contact Person:	Brian Heath			Cont	act Person's Title: Area N	Manager
Contact Person's Mailing A	ddress:	2315 Griffin Road		City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone		(352) 787-0980			act Person's Fax Number: (352)	787-0980
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com				
3. Water Treatment Pla	ant Information					
Plant Name:	Palms Mobile Home				Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive			City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment by			chased Finished Water			
Permitted Maximum Day O			93,600			
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V			Class (per subsection 62-699.310(4),	
Licensed Operators		Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Will Fontaine		С	6813	Days 1st Shift	
Other Operators:	Brian Heath		C	5825	Days 1st Shift	
	John Worrell		С	6597	Days 1st Shift	
		~				
I Certification by Lead	L/Chief Operator					
			11/-1:-6		mlant identified in next Lafthi	s report. I certify that the
		operator licensed in Florida, am the				
information provided i	in this report is tru	e and accurate to the best of my known	owledge and belief. I certi	iry that all drinkir	ng water treatment chemicals	used at this plant comoth to NSI
International Standard	60 or other applic	cable standards referenced in subsec	ction 62-555.320(3), F.A.C	. I also certify the	hat the following additional of	perations records for this plant
were prepared each da	y that a licensed of	pperator staffed or visited this plant	during the month indicated	d above: (1) reco	ords of amounts of chemicals i	ised and chemical feed rates; and
(2) if applicable, appro	opriate treatment p	process performance records. Furth	ermore, I agree to provide	these additional	operations records to the PW:	S owner so the PWS owner can
retain them, together v	vith copies of this	report, at a convenient location for	at least ten years.			
		w.	Vill Fontaine			C-6813

											8 300	<u> </u>		imixeM
											£04,8	6 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Э	Avgerag
											008,891	35.7	1-2*	Total
											001'9	24.0	Х	18
	L'0								S.I		009'9	24.0	Х	30
	9.0								0.1		001,8	24.0	X	67
	8.0								0.1		006,8	24.0	X	87
	6.0								I'I		004'9	0.42	Х	LZ.
	2.1								ç.I		008°L	24.0	Х	97
			· · · · · · · · · · · · · · · · · · ·								008,7	24.0		52
									1.3		000°L	24.0		74
	E'I								9.1		00£,8	0.42	х	23
	1.1		<u> </u>	3					£.I		00£,7	0.42	X	77
	1.3								S.I		006,4	24.0	Х	- 17
	6.0						· ·		2.1		005°L	0.42	Х	70
	7.0								0.1		009'5	24.0	X	61
			<u> </u>								009'\$	24.0		81
	 	l	<u> </u>					· · · · · ·	2.1		009,8	24.0		41
	0.1						 		2.1		009,2	24.0	X	91
	2.1		<u> </u>						† 'I		000'9	0.42	X	SI
	1.1								S.I		001'5	24.0	X	11
	t'I								9.1		008,2	24.0	X	εī
	2.1								5'1		002,8	24.0	X	15
											002'9	24.0		11
							·		9.1		008,2	24.0	Х	10
	⊅`I		l						91		008,2	24.0	X	6
	1.2							·	5.1		007,7	24.0	X	8
	0.1				 	-	-		2.1		008,7	0.42	X	L
	9.0			-				<u> </u>	6.0		00£,8	24.0	X	9
	7.0	-						· · · · · · · · · · · · · · · · · · ·	0.1		008,8	24.0	X	S
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			····	11		000'9	24.0	X	7
											000'9	24.0		3 .
	6.0		 		1	_			1.1		001,8	0.42	X	7
	1.1			 -					£.1		008,ε	24.0	X	- i
Out of Operation	System, mg/L	. ,wo/oos	mW-sec/cm ²	7/0100	if Applicable	Water, "C	J/uim	Səmuru	Peak Flow, mg/L	Rate, gpd.	gal	Operation	("X"	Month
Involves Taking Water System Components	notindritisia	-Mm	O V DVOSC.	Keduired, mg	pH of Water,	to dina i	-gm, woFl	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	эці
Conditions, Repair or Maintenance Work that		Required,	Simmingo	T) mmminiM	1113 11	Jo 111101	During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		bensini To		Visited by	J C
	Disinfectant	muminiM		2008 A 1800			First	Ous(T)	Disinfectant		Net Quantity		Staffed or	
종화 열리 아내 나는 그렇지 않았다.	Isubisa Residual	图图数据证明的	14 (m - 24)		!		Before or at	Contact Time	Lowest Residual		Mot Greating		4.76	
	Inchio discussion	(1) 医肾上炎			1.		S. S. Harrison, Phys. Lett. B 54		10.16.00				Days Plant	
	AT EVERY AND			Par Sur-			Provided	Disinfectant			ļ			
그, 마다마 이보는 이 보는 그 그래요. 그 그 그래요.							Lowest CT				1			Ž.
기를 가릴 때문에 가는 이번 이렇게 함		**************************************	1000 31 20 serveri 11 10 0 20 - 20 20		1	<u> </u>	CHOHPH	CI Calc.	Control of the Contro	<u> </u>	ł			5.5
병사 사람이 가장 사람이 하는 이번 사이가 얼룩하다			$ \Omega \Lambda E$	4 6		g.,,					ł			
	一种人员基础		*əldsəilaq	A Ti_nonsvi	Virus Inact	oo I-no	7 State F	UV Dose, to I	T Calculations, or	<u>) </u>	L			2 5
	əbixoi	Chlorine D	_1 (9	Chloramines	ed Chlorine (Combine	T ənin	▶ Free Chlor	bution System:	ned in Distr	rieinieM <u>leu</u>	tant Resid	of Disinfec	Type o
										. (Descupe):			traviolet R	
	(sam	e (Culoram	ווופם בעוסבות	t comp	ouozo 🔟	apixe	CHIOTHRE DIO	hlorine						
	(2011)	1-137 *	110 1	. 7.1		- 1-3					Virus Inactiv			
								<u> 1002 , ջիս</u> Լ		:30	onth/Year	M out the M	aily Data	III. D
						эшон а	Palms Mobile	Plant Name:		1860555		:JagumN I	lentification	LWSIG
							u							

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



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Inst								
I. General Informatio	on for the Month/Y	Year of: August, 200	04					
A. Public Water Syste	m (PWS) Informa	tion						
PWS Name:	Palms Mobile Home					PWS Identification Number:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity T	ransient Non-Comr	munity	Consecutive		
Number of Service Conne						Population Served at End of Mor	nth; 148	
PWS Owner:	Florida Water Servic							
Contact Person:	Craig Anderson				Cont	act Person's Title: VP	Environmental Services	
Contact Person's Mailing	Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telepho	ne Number:	(407) 598-4199				act Person's Fax Number: (40°	7) 598-4217	
Contact Person's E-Mail	Address:	craiga@florida-water.com						
B. Water Treatment F	Plant Information							
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-098	0
Plant Address:	24702 Plumosa Driv	e			City: Leesburg	State: Florida	Zip Code:	34748
Type of Water Treatment	by Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		93,600				
Plant Category (per subse	ection 62-699.310(4), F.	A.C.): V			Plant (Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	3	Name		License Class	License Number	Day(s)	/ Shift(s) Worked	
Lead/Chief Operator	: Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
The state of the s								
I C. C. C.	1/C1: 60 ·							
I Certification by Lea			.1 1 1/1:			1	di LandiCa	41-441-4
		operator licensed in Florida, a						
		ue and accurate to the best of r						
		cable standards referenced in s						
		operator staffed or visited this						
		process performance records.			these additional	operations records to the P	WS owner so the PW	/S owner can
retain them, together	with copies of this	report, at a convenient location	on for at least te	n years.				
		6/8/2004 0:00	Will Fontaine	2			C-6813	
Signature and Date			Printed or Ty				License Nun	nber
				•				

Page 1

PWS I	dentificaito	n Number:		3350981		Plant Name:	Palms Mobi	le Home						
ПП. В	aily Data	for the N	lonth/Year	of:		August, 2004								
			g Virus Inacti		ual: T.F. 6									
	traviolet R			r (Describe):		niorme	Chlorine Di	oxide	☐ Ozone	☐ Comb	oined Chlori	ne (Chloran	nines)	
+														
Type	of Disinfe	ctant Resid	dual Maintai		ribution System:					(Chloramine		Chlorine I	Dioxide	
				. (CT Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	ctivation, if	Applicable	Location in	Dioxide	
			ľ			CT Calc						Dose		
1 8		19x 1	1			THE REPORT OF THE PARTY OF THE		State of the said		1 11 11 11	500 July 1	Trickly and	Lowest Residual	
	TM 250	1996年1996年1			100	Street Land	Lowest CT						340	
1	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided						\$45.00 E. S	
1	Staffed or		Net Quantity		Disinfectant 4	(T) at C	Before or at First	\$				Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished	1	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	UV Dose,	mW- sec/cm ²	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	Х	24.0	7,850	<u> </u>				İ		<u> </u>				
3	x	24.0	7,850 5,100		1.0			 					0.8	
4	X	24.0	5,400	<u> </u>	1.0								0.8	
.5	X	24.0	5,300	<u> </u>	1.1			 	 	 		 	0.9	
6	Х	24.0	6,800		1.0					·			0.7	
7 - :	X	24.0	4,800		1.3	~							<u> </u>	
8		24.0	4,900											
9	X	24.0	4,900		1.1								0.8	
10	X	24.0	4,700		1.0								0.8	
11	X	24.0	6,800		1.0								0.7	
12	X	24.0	4,300		1.2								0.8	
14	X	24.0 24.0	4,500 3,800		1.2					.			0.9	
15		24.0	5,650		0.9							ļ	0.6	
16	X	24.0	5,650		0.8				 	 		_ 	0.6	
17	X	24.0	5,000		1.2					 			1.0	
18:	X	24.0	3,400		1.0								0.8	
19	X	24.0	4,400		0.8								0.6	
20	X	24.0	5,200		0.8								0.6	
21	X	24.0	4,200		0.9								0.6	
22 23		24.0	4,450											
24	X	24.0 24.0	4,450		1.0								0.7	
25	X	24.0	11,700		1.1								0.8	
26	X	24.0	5,400		1.4			ļ					1.0	
27	X	24.0	23,200		0.8					 			0.5	
28	Х	24.0	17,300		1.0								0.5	
29		24.0	6,750							 				
30	X	24.0	6,750		1.3								1.0	
31	X	24.0	14,100		0.8								0.6	
Total ·		H2 (1917)	215,000											
Avgerag		4	6,935											

23,200

Maximum

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



See Pages 4 for Instr									
I. General Information	for the Month/Yo	ear of: September, 2	2004						
A. Public Water System	(PWS) Informati	on							
PWS Name:	Palms Mobile Home					PWS Identification Number		3350981	
PWS Type:	✓ Community	Non-Transient Non-Communi	ity Tr	ransient Non-Comr	nunity 🔲 🤇	Consecutive			
Number of Service Connect	ions at End of Month:	59			Total F	opulation Served at End of l	Month:	148	
PWS Owner:	Florida Water Services								
Contact Person:	Craig Anderson				Contac	t Person's Title:	VP Environmen	tal Services	
Contact Person's Mailing A	ddress: P	.O. Box 609520			City: Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone		107) 598-4199			Contac	t Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ad	ldress: <u>C</u>	raiga@florida-water.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Palms Mobile Home					Plant Telephone Number:		352-787 - 098	
Plant Address:	24702 Plumosa Drive				City: Lecsburg	State: Florida		Zip Code:	34748
Type of Water Treatment by		Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O				93,600					
Plant Category (per subsect	ion 62-699.310(4), F.A		· · · · · · · · · · · · · · · · · · ·			ass (per subsection 62-699.3		D V	and the second of the control of the
Licensed Operators		Name		License Class	License Number		(s) / Shift(s)	worked	
Lead/Chief Operator:				С		Days 1st Shift			
Other Operators:	Brian Heath			С		Days 1st Shift			
1.	John Worrell			С	6597	Days 1st Shift			
						· · · · · · · · · · · · · · · · · · ·			
4. *									
	·								
		· · · · · · · · · · · · · · · · · · ·	 						
The second of the second of the second of				1		L	4		
II Certification by Lead	/Chief Operator								
I, the undersigned wat	er treatment plant of	perator licensed in Florida, an	n the lead/chie	f operator of the	water treatment p	lant identified in part I	of this report	t. I certify	that the
information provided i	in this report is true	and accurate to the best of m	v knowledge a	nd belief. I cert	ify that all drinking	water treatment chem	icals used at	this plant	conform to NSF
International Standard	60 or other applica	able standards referenced in su	ubsection 62-5	55 320(3). F.A.(C. I also certify tha	nt the following addition	nal operation	s records	for this plant
were prepared each da	v that a licensed or	perator staffed or visited this p	lant during the	month indicated	d above: (1) recor	ds of amounts of chemi	icals used and	d chemical	feed rates; and
(2) if applicable appro	onriate treatment n	rocess performance records. F	Furthermore I	agree to provide	these additional o	nerations records to the	PWS owner	so the PV	VS owner can
		eport, at a convenient location			these additional o	peranons records to the	or we owner	. 50 0.0 1	
ream mem, together v	viai cobies of alls t	eport, at a convenient location	i ioi al icast lei	ii years.					
		6/8/2004 0:00	Will Fontaine					C-6813	
Signature and Date		5,0,200 1 0.50	Printed or Typ					License Nu	mber
D			rimes or ry	r					

Palms Mobile Home

Plant Name:

											10,200			mmixeM
											014,8			Avgerage
											007,891			IstoT
												0.4.0		31
	2.0								7.2		009'9	0.42	X	30
	5.1								8.1		008,8	0.4 <u>C</u>	X	67
	7.1								t'l	_	004,8	0.42	X	87
	10								9.0		050't	0.42	X	LZ
											4,050	0.42		97
	1								7.1		000,8	0,42	X	52
	0.1	,							£.1		005,4	0.42	Х	74
	0.1								2.1		009'L	0.42	X	23
	8.0								0.1		005,8	24.0	X	77
	1.1			1					£.1		007,8	24.0	X	. 17
	2.1								5.1		001,0	24.0	X	50
											004'9	24.0		61
			1						91		005'9	0.42	Х	81
	2.1	l		İ				l	5.1		005,8	24.0	X	<u> </u>
	£.1	 		<u> </u>	t —	†	1	<u> </u>	9.1	1	009'9	24.0	X	91
	2.1								5.1	 	007,8	0.42	X	SI
	1.1								p.I		008'9	0.42	X	ÞΙ
	0.1								2.1		0\$2,6	0.42	X	εī
					 						0\$2'9	0.4.0	<u> </u>	71
	<u> </u>		!			<u> </u>			91		006'9	0.42	X	11
	0.1						-		ξ.Ι		008,8	0.42	X	01
	FI	 	 	<u> </u>	 				£.1		001'5	24.0	X	6
	2.1						<u> </u>	·	SI	 	00£,8	24.0	X	8
	E.I				<u> </u>	<u> </u>	<u> </u>		5.1		002'01	0.42	X	L
	7.0		 -	 		 	 		0.1		055,2	0.42	X	9
	-					· · · · · · · · · · · · · · · · · · ·	 	 -			052,2	24.0	^	5
			 			<u> </u>	-		7.1		006'9	0.42	X	, ,
	11					ļ	ļ		ε.ι		000,2	0.42	X	ε
	01	 			 	 	 		5.1		004,7	0.42	X	7
	0.1							 	2.1		007,01	0.42	X	1
Hongrado to mo	System, mg/L		my-sec/cm ²	ciann	State and day in	O 'IDIRAA	J/aim	səmum	Peak Flow, mg/L	Rate, gpd	163	Operation	("X"	Month
Involves Taking Water System Components Out of Operation		sec/cm ²			PH of Water, if Applicable	O seroW	-Вт. моГТ	Peak Flow,	Customer During	Peak Flow	Producted,	ni	90glq)	эцт
- Involves Taking Water System Components	Visitary 1	. Wm	soft VII	act beamed	reteW to Ha	Temp of	During Peak	gaind iniog	Before or at First	mola Joed			2	
Conditions, Repair or Maintenance Work that	The street of the country of the street of t	Required,		TO muminiM			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the second secon	Control of the Contro		Тэйг	Hours plant		Day of
Finergency or Abnormal Operating	its notigination at	UV Dose	Towest	10 m			Customer	Measurement	(D) notherdresonoD		bədsini To	1 1	Visited by	
	Disinfectant	muminiM	77.				trii4	O is (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual	W. 18 18					Before or at	Contact Time	Lowest Residual	F .	1		Days Plant	1.40
		177	4.40		l		Provided	Disinfectant		l .				190
	10	1. 12.4 1.4.4	k = 13¢,		1	5 40.	the state of the s				1			
	Lowest Residual			3/A	1		Lowest CT			1.	1			
		201095 GACHAR	Title Control	#A250	<u> </u>	<u> </u>	I CHOOM	nomo ro	1 (4.75) 4 (4.75) 12 (4.75)	1	1	l .		
Emergency or Abnormal Operating	L At the		T'AN	772 - 112 - <u>1</u>	3		 	CT Calcu	and the second second second second second	t gra	1	1		
		Section :	*əldsəilqq/	A Ii ,noitsvi	Virus Inact	go.I-nuo	4 state F	UV Dose, to I	T Calculations, or	O				
		Chlorine D	: 1 (9	Chloramines	d Chlorine (Combine	ı əuu	▶ Free Chlor	bution System:	intsid ni bər	nisinisM lsu	rant Resid	Disinfec	Lype o
			`				<u> </u>							_
	(00	umiouso) e	inionio por	amos t	201022	ann:	old arrions			(Descripe):			Raviolet R	
	(səni	е (Срютат	ined Chlorin	ال روسه	anosO	əbixo	oid aninoldD	hlorine	al: 🔽 Free Cl	ation/Remov	virus Inactiv	goJ-no9 gr	ivəidəA to	Means
							t	September, 200		:10	onth/Year c	Men the M	aily Data	III. D

1860555

20

PWS Identification Number:

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



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

See Pages 4 for Instr					
I. General Information	for the Month/Year of: October, 2004				
A. Public Water System	(PWS) Information				
PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
PWS Type:	✓ Community Non-Transient Non-Community	/ Transient Non-Comr	nunity	Consecutive	
Number of Service Connec	tions at End of Month: 59		Total	Population Served at End of M	onth: 148
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Conta	ct Person's Title: V	P Environmental Services
Contact Person's Mailing A	ddress: 2315 Griffin Rd		City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number: (352) 787-0980		Conta	ct Person's Fax Number: (3	352) 787-6333
Contact Person's E-Mail Ac	ddress: beheath@aquaamerica.com				
B. Water Treatment Pla	ant Information				
Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive		City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment by	y Plant:	Purchased Finished Water			
Permitted Maximum Day C	perating Capacity of Plant, gallons per day:	93,600			
Plant Category (per subsect	ion 62-699.310(4), F.A.C.): V			lass (per subsection 62-699.31	
Licensed Operators	Name	License Class	License Number	Day(s) / Shiff(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	
The second secon					
				ļ	
				ļ	
				 	
	<u> </u>			<u> </u>	
I Certification by Lead	//Chief Operator				
	er treatment plant operator licensed in Florida, am	the lead/chief operator of the	water treatment t	lant identified in part I o	of this report. I certify that the
	in this report is true and accurate to the best of my				
	60 or other applicable standards referenced in sub				
	y that a licensed operator staffed or visited this pla				
	opriate treatment process performance records. Fu		these additional	perations records to the	PWS owner so the PWS owner can
retain them, together v	with copies of this report, at a convenient location t	for at least ten years.			
		Will Fontaine			C-6813
Signature and Date		Printed or Typed Name			License Number
Signature and Date		rimed of Typed Name			Electise ivalides

Page 1

2

											14,100			umixsM
											555,T		ə	диэдүА
											234,200	***		: latoT
											7,300	0.42		31
									\$`I		009'9	74.0	Х	30
	2.1								t'I		001,8	54.0	X	67
	€1				ì				91		004,8	0.4.0	X	87
	t'l						}		91		10,000	24.0	X	LT
	8.0								0.1		008,8	0.42	Х	56
	6.0								7.1		056 , 7	0.42	Х	57
					1						056 ' L	0.42		74
		****	-			i			がし		006'9	0.42	X	. 23
	L'0								6.0		7,200	0.4.0	Х	77
	<i>L</i> ⁻ 0								6'0		7,300	0.4.0	Х	17
	4.0								0.1		000,6	24.0	Х	70
	8.0								I'I		008,2	0.4.0	Х	61
	8.0				Ī				7.1		002,8	0.4.0	Х	81
	1				<u> </u>						002,8	0.4.0		LI
								,	1.1		000'L	0.42	X	91
	2.0	<u> </u>							8.0	····	007,₽	0.42	Х	SI
	5.0	1							8.0		905,8	0.4.0	Х	ÞI
	5.0								L'0		001'11	24.0	Х	ΕI
	1.1								£.1		006'9	0.4.0	Х	71
	7.1								\$`I		0\$6'9	24.0	X	П
	<u> </u>										0\$6'9	0.4.0		OI
									£.1		004,2	0.4.0	Х	6
	0.1								€'1		009,8	0.4.0	X	8
	0.1								7.1		009,8	24.0	X	L
<u> </u>	0.1	T			1				€'1		10,100	24.0	X	9
	2.1]				8'1		000,8	0.4.0	X	Ś
	2.1	<u> </u>							L'1		7,300	0.4.0	Х	Þ
											7,300	0.4.0		ε.
									9'1		00ζ,δ	24.0	Х	7
	E.I								91		000°L	0.4.0	Х	1
Out of Operation	`√System;mg/L/	zec\cm².⊹	-mo/sec/vm	· · J/mm	oldsoilqqA li	Water, ^O C	J\nim	sənurua,	Peak Flow, mg/L	Rate, gpd.	gal.	Operation	("X"	Month
Involves Taking Water System Components	Pistribution				pH of Water,		Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	эцт
Conditions, Repair or Maintenance Work that		Rednined.	Operating	TO muminiM	ATT I	ľ "	During Peak	garmG mio4	Before or at First		Water	Hours plant	Орегатог	A 100 PM
Emergency or Abnormal Operating	Concentration at	Dose UV Dose	Lowest			ŀ	Customer	Measurement	Concentration (C)	# 35 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	bədzini To		Visited by	
	Disinfectant	mmini	4			l	First	On (D	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual	2 300 Sept 17 19 5	P 11		1	} .	Before or at	Contact Time	Lowest Residual]			Days Plant	ļ., I
	44.7	建 型装置			4		Provided	Disinfectant					' ' '	
[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	STATES AND A				1 mm - 1		LOWest CT						To a Mark A	
		2.00	1.1. 1.1.	10000000000000000000000000000000000000						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	· 海· (3 第 65		TAΩ → **	1. 1900			The state of the s	CT. Calcu					100	
	in 1.74		pplicable*	11 , notibyi	Virus Inact	Sour-Log	Demostate F	UV Dose, to I	T Calculations, or	<u> </u>				
12. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		Chlorine D			d Chlorine (ree Chlor	bution System:		ngi Migintan	DISƏXI 1UR1:	Deluisici i	1 Abe o
	- Spiron	G	<u> </u>		,; (11.5 P.	.13		110 -3 23						
	(um (01110) =		0000		ann.	01.07.01.01.01.0	•		: (Descripe):			Raviolet R	
	(səni)	e (Chloram	nined Chlorin	L Comb	onosO ¬	əbixe	Ohlorine Dio	hlorine	al: 🔽 Free C	vom9A\noi1s	Virus Inactiv	ge Four-Log	rivəidəA To	Means
								October, 2004		:10	onth/Year	Tor the M	aily Data	a III
						AUTOL : 2	NIGOTA) OUT							
						amoH a	Palms Mobile	Plant Name:	L	1860555		тэфтий Т	entification	PI SMd]

Page 2

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



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

See Pages 4 for Instr									
l. General Information	for the Month/Y	ear of: August, 2004							
A. Public Water System	ı (PWS) Informat	tion							
PWS Name:	Palms Mobile Home					PWS Identification Number	er:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Community	Tr	ansient Non-Comr	nunity	Consecutive			
Number of Service Connect	tions at End of Month:	59			Total I	Population Served at End of	f Month:	148	
PWS Owner:	Aqua Utilities Florida	1							
Contact Person:	Brian Heath				Contac	ct Person's Title:	VP Environmen	ntal Services	
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980			Contac	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Palms Mobile Home					Plant Telephone Number:		352-787-098	
Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida		Zip Code:	34748
Type of Water Treatment by			Purchased Fini	shed Water					
Permitted Maximum Day C				93,600					
Plant Category (per subsect	tion 62-699.310(4), F.A					lass (per subsection 62-699	0.310(4), F.A.C.):	D	taken bar and the state of the
Licensed Operators		Name		License Class	License Number		ry(s) / Shift(s)	worked	
Lead/Chief Operator:				С	6813	Days 1st Shift			
Other Operators:	Marty Neal			С	10027	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
		· · · · · · · · · · · · · · · · · · ·							
						 			
	1			<u> </u>		<u> </u>			
II Certification by Lead	d/Chief Operator								
		operator licensed in Florida, am	the lead/chie	f operator of the	water freatment n	lant identified in part	I of this repor	t. I certify	that the
information provided	in this report is tru	e and accurate to the best of my	knowledge a	nd belief - L cert	ify that all drinking	water treatment cher	nicals used at	this plant c	onform to NSF
International Standard	l 60 or other appli	cable standards referenced in sub	section 62-5	55 320(3) F A (Lalso certify th	at the following additi	onal operation	ns records f	or this plant
ware prepared each de	ov that a licenced of	operator staffed or visited this pla	ent during the	month indicate	d above: (1) recor	ds of amounts of chen	nicals used an	d chemical	feed rates: and
(2) if ===1i==1i==	iy tilat a licelised t	process performance records. Fu	an during me	month malcale	these additional s	norotions records to the	he PWS owne	r so the PW	/S owner can
					these additional o	peranons records to a	ne i ws owne	1 30 010 1 **	5 6 where can
retain them, together v	with copies of this	report, at a convenient location f	or at least ter	ı years.					
			Will Fontaine					C-6813	
Signature and Date			Printed or Typ		· · · · · · · · · · · · · · · · · · ·		_	License Nun	nber
Signature and Date									

Page 1

Palms Mobile Home

Plant Name:

											006,41	Assessed Total		umixsM
•											851,8	8-	App. 10	Avgerage
											252,900		1 (An) 1 (A)	latoT
						<u> </u>						0.4.0		: IE :
	0.1								7.1		000'9	24.0	X	30
	8.0								0.1		004,8	24.0	X	67
											004,8	24.0		87
									I'I		000,8	0.4.0	X	LZ
	8.0				<u> </u>				7.1		009'L	24.0	X	97
	6.0								7.1		004,8	0.42	X	52
	0.1								7.1		00L,T	24.0	X	74
	9.0								6.0		004,8	24.0	X	23
	T.0								0.1		006,8	0.42	X	77.
											006,8	74.0		- 17
									2.1		00£,7	0.42	X	70
	2.0					1			L'0		10,900	0.42	X	61
	8.0	T							7.1		001,6	0.42	X	. 81
	7.0								6'0		006,8	0.42	X	ĹΪ
	£'0	1							6.0		009'6	24.0	X	.9ĭ
	6.0			1					7.1		055,7	0.4.0	X	۶I
											055,7	0.4.0		ÞΙ
									tΊ		001'6	24.0	Х	ΕĪ
	6'0								5.1		004,0	24.0	X	71
	6.0								LI		00£,6	24.0	X	II
	9.0								6.0		00L,T	24.0	Х	10
	7.0			1					0.1	1	008,8	0.42	X	6
	L'0								6.0		082,8	24.0	X	8
											022,8	24.0		L
									7.1		006'9	24.0	х	9
	1.1								£.1		009'6	0.4.0	Х	ς
	1.1								þ'l		004,0	24.0	Х	· · · · · · · · · · · · · · · · · · ·
	8.0								0.1		00L'6	24.0	Х	ε:
	6.0								I'I		004,8	24.0	Х	٠ ٦
	8.0								0.1		14,900	24.0	X	I
nonsrago to tuO	System, mg/L ::	zec/cm ^z	mW-sec/cm	J/nim	oldsoilqqA li	Water, oc	Jaim	səmuru	Peak Flow, mg/L	Rate, gpd.	gaj .	Operation	("X"	Мопф
Involves Taking Water System Components		-Wm		Required, mg	pH of Water,	10 duis 1	-gm, wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ur	(Place	эųз
Conditions; Repair of Maintenance work that	Remote Point in	Required,	Operating	Minimum CT			During Peak	Point During	Before or at First		Water	Hours plant	THE STATE OF THE S	Day of
Entergency of Abrornal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		bedsinished		Visited by	
	Pisinfectant 4	muminiM		Mary Control			_ ₹ teriT	O 15 (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual					South Comment	Before or at	Contact Time	Lowest Residual				Days Plant	ł
							Provided	Disinfectant	200					· .
				Programme Control			Lowest CT		l·.			47.4		ł
		and management	<u> </u>						(100			
			ΩΛD			经保护	snonslı	The second secon	Transfer of the second					
			vpplicable*	A li ,noitevi	Virus Inact	go.I-no	Demostate F	UV Dose, to I	T Calculations, or	Э]			
1 1 11 1 Storm 2 m s	anivor								bution System:		nai iviaintair	tant Kesid	DIVISION	ı Abe o
	abiyoi	Chlorine D	<u> </u>	Chloramines				110 -3 21						-
	,						N. 62 Ave			(Describe):			raviolet Ra	
	(səui	e (Chloram	ined Chlorin	Combi	enozO) abixo	Chlorine Dic	aninolr	d: 🔽 Free CP	svom5A\noits	Virus Inactiv	goJ-mo4 g	rivəidəA To	Means o
								4ugust, 2004	/	:10	onth/Year c	tor the V	any Data	a III

1860588

PWS Identification Number:

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



Polymer Page 3 Due in December

See Pages 4 for Instructions. I. General Information for the Month/Year of: December, 2004 A. Public Water System (PWS) Information PWS Name: Palms Mobile Home PWS Identification Number: 3350981 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 59 Total Population Served at End of Month: 148 PWS Owner: Agua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager 34748 Contact Person's Mailing Address: Zip Code: P.O. Box 609520 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: 352-787-0980 Palms Mobile Home Plant Telephone Number 24702 Plumosa Drive Zip Code: 34748 Plant Address State: Florida City: Leesburg Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 93,600 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Number Grand Carlon Dav(s) / Shift(s) Worked Name License Class Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift Other Operators: Marty Neal 10027 Days 1st Shift John Worrell 6597 Days 1st Shift 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-6813 Will Fontaine License Number Signature and Date Printed or Typed Name

Page 1

DEP Form 62-555, 900(3)Alternate

											13 100	12 722	, w	maximi
											066'8	\$117,000	9	Avgenage
											278,700	State of the	2. X * X (0 - 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IstoT
	1.1						_		5.1		00£'9	24.0	X	31
	6.0	1]	T	1.2		004'6	0.42	Х	30
	0.1								t.I		008,8	24.0	X	67
	1.1								₽`I		004,6	24.0	X	87
	I,I						_		£.1		006'6	24.0	X	LT
									5.I		001,6	24.0	X	97
								1		1	001'6	24.0	<u> </u>	57
	2.1]						5.1		00£,2	24.0	X	74
	1.1							<u> </u>	5'1		001'6	24.0	X	73
	7.1								S.I		000,6	24.0	X	77
	1.1								Þ.I		000,8	24.0	X	17
	E.I								S.I		000,01	24.0	X	70
							_				10,000	24.0	_ ^	
			1				 	1	S'I		000.01	24.0	Х	16 :: 18 ::
	L'0							 	8.0		000'11	24.0	X	LI
	2.1				<u> </u>			 	S.I		12,600	0.42	X	91
	60								E.I		001,51	24.0	X	_
	7.0		 						6.0		009'4	24.0	X	- SI
	6.0	-						<u> </u>	2.1		051'6	24.0	X	
			 		-		 	 	-		051.6	24.0		ει
			-					 	€'1		000'6	24.0	×	15
	0.1						 -		7.1		000.8	24.0		II
	0.1								£.1		007, r	24.0	X	10
	8.0								0.1				X	6
	0.1								1.4		006'71 002'9	0.4.0	X	8
	60	<u> </u>	 						2.1			24.0	X	L
								f	()		028,8	24.0	Х	9
					-		 	 	†T		08,8	24.0		S
	2.1		 		-				£.1		001'L	24.0	X	· t
	01				ļ. ———						004,6	24.0	X	3 .
	8.0		 						t'I		009'8	24.0	Х	7
none ado no mo	System, mg/L	III DOS	III)	C CLATTING	oromoriddy tari	Of transit	- amm	COURTER	S.I	in did to in a	004,8	24.0	Х	_1_
Out of Operation		zwo/oos	mW-sec/cm ²		if Applicable	O JOIN	J/nim	minutes	Peak Flow, mg/L	Rate, gpd.	.leg	Operation	("X"	Month
Involves Taking Water System Components	- nottudrazid	-War				To qmaT	-gm ,wol-l	Peak Flow,	Customer During	Peak Flow	Producted,	uı	Place	. att
Conditions, Repair or Maintenance Work that		Required,	the state of the s	Minimum CT			During Peak	garud mio4	Pirit is to stoled			Hours plant	Орсгатог	Day of
Pinergency of Abnormal Operation	Concentration at	UV Dose	Lowest	Calaba e e	_in we		Customer	Measurement	(C) nonentrasono		bedsini To		Visited by	· · · ·
	Disinfectant	muminiM					tzniT	O is (T)	Disinfectant		Net Quantity	grafin i i	Staffed or	l
	Lowest Residual		1			10.234.204	Before or at	Contact Time	Lowest Residual				Days Plant	
			4				Provided	Disinfectant			1 1 1 1 1 1 1	$E^{(\gamma)}$		
							Lowest CT							1
			1 4 5 6 6	*	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Courte	(K)						. :	- 1
Effective of Agreemed Operating				200 H. (A)			suodeli			 10.64 (1) 				
	Million Property		*sldssilqq	A li "noitavi	Virus Inact	god-nuo	A substate F	UV Dose, to I	T Calculations, or	O ,				
	əbixoi	Chlorine D	1 (s	Chloramine	ed Chlorine	Combin	i ənir	L Free Chlor	ibution System:	ned in Distr	ual Maintau	ant Kesid	or Disinico	1 ype c
			<u> </u>				<u></u>							- 1
	(same	ב (בוווטומוו	шеа съпош	[_ Сошр	20070 1	anry (NG SHIORES			r (Describe):			A teloivert	
<u> </u>	(29di)		-:	,	2002U	abixo	Chlorine Dic	nlorine —	oal: 🔽 Free C	vom9A\noits	vitaent auniV g	ng Four-Los	iivəidəA To	Means
								December, 2004		:Jo	onth/Year	for the N	aily Data	a mi
						amori a	lidoM smlsq							
						omoH a	Edona smisq	Plant Mana	L	1860555		лечині (tentification	1 5Md

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



See Pages 4 for Instr								
. General Information	for the Month/Ye	ar of: January, 20	005					
A. Public Water System	(PWS) Information	o n						
PWS Name:	Palms Mobile Home					PWS Identification Num	ber:	3350981
PWS Type:	✓ Community	Non-Transient Non-Commu	nityTr	ansient Non-Comi	nunity	Consecutive		
Number of Service Connect	tions at End of Month:	59		···		Total Population Served at End	of Month:	148
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath					Contact Person's Title:	Area Manager	
Contact Person's Mailing A	ddress: PC) Box 490310			City: Leesbur	g State: Florida		Zip Code: 34749
Contact Person's Telephone	Number: (3	52) 787-0980				Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		eheath@aquaamerica.coi	<u>m</u>					
3. Water Treatment Pla	ant Information							
Plant Name:	Palms Mobile Home					Plant Telephone Number	-	352-787-0980
Plant Address:	24702 Plumosa Drive				City: Leesbur	g State: Florida		Zip Code: 34748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day O				93,600				
Plant Category (per subsecti	on 62-699.310(4), F.A.					lant Class (per subsection 62-69		D
Licensed Operators		Name		License Class	License Nu	mber D	ay(s) / Shift(s)	Worked
Lead/Chief Operator:				С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
The second second second	John Worrell			С	6597	Days 1st Shift		
							···	
			· · · · · · · · · · · · · · · · · · ·	·				
								
I. Certification by Lead	/Chief Operator							
		perator licensed in Florida, a	om the lead/shipt	formanatan aftha	-viotos trootes	out plant identified in now	I of this name	Locatify that the
		and accurate to the best of r						
		ble standards referenced in s						
		erator staffed or visited this						
		ocess performance records.			these addition	onal operations records to	the PWS owner	so the PWS owner can
retain them, together w	ith copies of this re	port, at a convenient location	on for at least ten	years.				
			3371135 A. S					C (012
Circulation 1D.			Will Fontaine					C-6813
Signature and Date			Printed or Typ	ed Name				License Number

Page 1

											007,81	11 51 -	t	mmixel
											10,490		7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	vgerage
											325,200	: 188	74	Lead
	5.1				<u> </u>				LI		027,11	74.0	X	18
		ļ			<u> </u>		<u> </u>		<u> </u>	<u> </u>	052'11	24.0		30
					<u> </u>				t'l		004,01	24.0	X	67
	7 1			<u> </u>	<u> </u>				SI		007,6	0.4.0	X	87
	0.1	<u> </u>		<u> </u>	<u> </u>				LI	<u> </u>	13,300	74.0	X	72
	£.1	ļ			ļ		<u> </u>		1.3	<u> </u>	000,8	24.0	X	97
	8.0				<u> </u>				0.1		13,600	24.0	X	52
	٤.1								8.1		12,450	24.0	X	74
			<u> </u>	<u> </u>							12,450	24.0		73
	<u> </u>			ł					E.I.		10,500	24.0	X	7.7
	9.0								8.0		10,200	24.0	Х	. 17
	T.0								0.1		008,6	0.4.0	X	50
	8.0			1					1.0		13,700	0.4.0	X	61
	9.1								0.2		10,400	24.0	X	. 81
	6.0								2.1		10,250	24.0	X	LI
						<u> </u>					10,250	24.0		91
									5.1		00£,8	24.0	X	12
	8.0					1	1		0.1		11,100	24.0	X	ÞΙ
	8.0						1		5.1	<u> </u>	006'6	24.0	X	ΕI
	0.1			<u> </u>	1	1	1		7`1		006'6	0.42	X	71
	6.0				1	<u> </u>	<u> </u>		1.1		008,6	24.0	X	11
	1.1	1			1		†	1	£.1	-	12,150	24.0	X	01
		† · · · · · · · · · · · · · · · · · · ·			<u> </u>		 				12,150	24.0	<u> </u>	6
	2.1	 	1		†	 	 		S.I		000,7	24.0	х	8
	2.1			i	†	<u> </u>	1	<u> </u>	4.1		008,8	24.0	X	L
	ε.1	†···			i ·		 		71		11,100	24.0	X	9
	2.1	-			1	<u> </u>	 		4.1		007,7	24.0	X	5
	6.0				·	† • • • • • • • • • • • • • • • • • • •	 	t	£.1		000,6	24.0	X	, b
	6.0				<u> </u>	<u>† </u>	 		£.1		10,100	24.0	x	ε
	† <u> </u>	 		<u> </u>		<u> </u>	 		2.1		058'6	24.0	x	7
		 	· · · · · · · · · · · · · · · · · · ·	İ	1	<u> </u>	 		17.		058'6	24.0	 ^ -	1
Out of Operation	System, mg/L	"wo/oos	m w-sec/cm	7/mim ==	Stokonody, n	, 'ISIRM	J/nim	səmuiui	Peak Flow, mg/L	Rate, gpd.	gal	Ореганоп	(37	
Involves Taking Water System Components Out of Operation	Distribution	。 化二硫酸医乙酰胺基苯酚	7	Required, mg	LA ADDICA P	O TOTOW	Flow, mg-	Peak Flow,	Customer During				("X"	Month
Conditions; Repair or Maintenance Work that	The Control of the Article Control	-Wm	asod VIII	13 muminiM	Jojon Jo Ho	То птэТ	During Peak	Point During	The state of the s	Peak Flow	Producted,	ui	(Place	the th
Quality and the same facility and the same of the same	Concentration at	4 科技等以前是政治教育1.1位定	Portion and		法教会。		Customer	Measurement	Before or at First		Water	Insiq sinoH	4	Day of
	Disinfectant		I Isomu I	*13	11111	2		Ois(T)	(O) note through		bədzini To		Visited by	1
	Lowest Residual	amainiM	CONTRACTOR OF		orania di Baranta		Before or at First	100 000 000	Disinfectant		Net Quantity	1	Staffed or	
	loubing a brain 1	27 E-130	Y. 0 - 0 777		1.02		Provided	Disinfectant Contact Time	Lowest Residual		e i	ł	Days Plant	
			1	1 ATS			Lowest CT	1 3 7%	DECEMBER 1				+ 1	
		21 (42)	JSƏMO']				1, 136/10 1						1	
		e e e	TACE			:	snonsi	CT Calcu		A Association	1			1.20
a superact participation of the superaction of the	* ***	Maria Caratan				Sort-ino			T Calculations, or					4.5
												<u> </u>	<u> </u>	
	əbixoi	Chlorine D	(Chloramines	d Chlorine (Combine	コ əni:		bution System:	intai Ini bə	nistnisM Isu	tant Resid	oolnisid l	Type o
										(Descripe):	∟ О≀рсь	noitsibi	raviolet Ra	∄Ω _ Í
	(səmi	е (Срюгат	ned Chlorin	[Combi	oroso	əpixi	Chlorine Dio	niorme 📙			Virus Inactiv			
			· · · · · · · · · · · · · · · · · · ·											
								Sonuary, 2005		:}	onth/Year o	// ant roj	ete(1 vlig	
				••		эшон а	raims Mobile	Plant Name:	1	1860555		Tagunni	entitication	LWS ID

8

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



See Pages 4 for Instr							
I. General Information	for the Month/Year of: February, 26	005					
A. Public Water System	(PWS) Information						
PWS Name:	Palms Mobile Home				PWS Identification Number	3350981	
PWS Type:	✓ Community Non-Transient Non-Commun	nity T	ransient Non-Comi	munity	Consecutive		
Number of Service Connect					Population Served at End of	Month: 124	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A	ddress: PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number: (352) 787-0980		••	Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		n					
B. Water Treatment Pla	ant Information						
Plant Name:	Palms Mobile Home				Plant Telephone Number:	352-787-09	80
Plant Address:	24702 Plumosa Drive			City: Leesburg	State: Florida	Zip Code:	34748
Type of Water Treatment by		Purchased Fin	ished Water				
	perating Capacity of Plant, gallons per day:		93,600				
Plant Category (per subsect					lass (per subsection 62-699.3		
Licensed Operators	Name	<u> </u>	License Class	License Number	Day	(s) / Shift(s) Worked	
Lead/Chief Operator:			С	6813	Days 1st Shift		
Other Operators:	Marty Neal		С	10027	Days 1st Shift		
	John Worrell		С	6597	Days 1st Shift		
		·	ļ	·			
					<u> </u>		

					<u> </u>		
II Certification by Lead	/Chief Operator						
	er treatment plant operator licensed in Florida, a	m the lead/chie	ef operator of the	water treatment n	lant identified in part I	of this report. I certify	that the
	in this report is true and accurate to the best of m						
	60 or other applicable standards referenced in s						
	y that a licensed operator staffed or visited this						
	opriate treatment process performance records.			these additional o	perations records to the	PWS owner so the PV	VS owner can
retain them, together w	with copies of this report, at a convenient location	n for at least ter	n years.				
6: 4 15	W. 17 - W. 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	Will Fontaine				<u>C-6813</u>	
Signature and Date		Printed or Typ	ped Name			License Nur	nber

											14,500		, u	Maximun
											£11'6	3 2 3	200	Avgerage
											301,100	1 5 6 6	12.	lsto
												24.0		31.5
				L	L		L					24.0		30
							L		<u></u>			24.0		67
	9.1			<u> </u>		ļ			6.1	<u> </u>	12,050	0. 4 .0	X	87
				<u> </u>					L		12,050	24.0		7.7
			<u> </u>				ļ		9.1	<u> </u>	00£'L	24.0	X	97
	0.1			<u> </u>		L			ħ.I	<u> </u>	10,700	0.42	X	57
	9.0				<u> </u>				8.0		005°L	24.0	X	74
	9.0		1	<u> </u>	l		İ		6.0	<u> </u>	006°L	0.42	X	. 23
	2.0								8.0		000'9	24.0	X	, 77
	8.1								1.2		14,000	0.42	X	21
					1					L	14,000	24.0		50
									7.7		8,200	24.0	X	- 6I
	2.2								7.7		13,000	24.0	Х	81
	2.0								9.8		11,500	24.0	X	LI
	8.1			T					7.7		007,9	0.42	X	91
	0.1								E.I		10,200	24.0	X	SI
	9.0				1			}	L'0		14,000	24.0	X	ÞΙ
		1	Ţ		j	}			}		14,000	24.0		£Ι
									13		004,8	24.0	X	15
	6.0								I.I	ŀ	004,8	24.0	Х	11
	6.0								0.1		13,300	24.0	Х	01
	8.0								7.1		005,6	24.0	Х	6
	8.0	i	1						1.0		009'6	24.0	Х	- 8
	£.1				1				9'1		12,500	24.0	Х	L
			1								12,500	24.0		9
									S'I		002,8	24.0	Х	S
	6.0		1	1	1				0.1		12,600	24.0	Х	Þ
	6.0	<u> </u>	1		1				7.1		001,6	24.0	X	ε.
	7.1				1				£.I		14,500	24.0	Х	7
	5.1			T					8.1		10,100	24.0	Х	1
Montanato To tuO	System, mg/L	_,wo/>>s	mW-sec/cm ²	J/uim	əldsəilqqA li	Water, °C	J/nim '	minutes	Peak Flow, mg/L	Rate, gpd.	हिन्न	Operation	("X"	Month
Conditions; Repair or Maintenance Work that Involves Taking Water System Components	Remote Point in	Redunted,	Operating , Operating	Minimum CT Required, mg	(,1918W lo Hq	To qmoT	During Peak Tlow, mg-	The water from a wind of the	Before or at First Customer During	Peak Flow	Water Producted,	Hours plant ni	Operator (Place	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	_ Isəmo Ţ				TemolsuQ	Measurement	(D) nonennasino	1	borleini To		Visited by	d V
	Disinfectant	uminiuty	TO A STATE				izni	One (T)	Disinfectant	1	Met Quantity	1	Staffed or	1
	Lowest Residual						Before or at	Contact Time	Lowest Residual		j .		Days Plant	4,20
			315 5.	3.16			Provided	Disinfectant			1	1.77		- 7
					1		TO isowool			-		1 2		
	1.2 mass 1/2	ose s	TAO.	761 A 45		<u> </u>	suonen	CT Calcu		<u> </u>	1			
	P0.			Y II GIODEAI	A II US TITACE	201-mo	Maria Santa	Control of the second of the second	T Calculations, or	3	┨			
					-			· · · · · · · · · · · · · · · · · · ·			1	<u> </u>	L	<u> </u>
	əbixoi	Chlorine D	<u> </u>	Chloramines) eninoldD b	Combine	sari	□ Free Chlor □ Free Chlor	bution System:			tant Residi	oəfnisiQ 1	o agyT
										(Describe):	L Otper	noiteibi	raviolet Ra	1 ∩
	(səuj	сріогат	ned Chlorin	Combi	enozO	j əpix	Chlorine Dio	hlorine 🦵			Virus Inactiva			
								February, 2005			onth/Year o	Madt 101	ered vlie	2U III
						ALIOT I	MICOTAL CHIED I	Tain Paine.	r.l.	1000000		DOMEST	IOID THUIS	DICMI

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



See Pages 4 for Instr. General Information		Year of: Marc	h, 2005				
A. Public Water System	ı (PWS) Informa	ation					
PWS Name:	Palms Mobile Home			, ,		PWS Identification Number:	3350981
PWS Type:	✓ Community	Non-Transient Non-Co	ommunity	Fransient Non-Comi	munity	Consecutive	
Number of Service Connect	tions at End of Montl					Population Served at End of M	lonth: 124
PWS Owner:	Aqua Utilities Florio	da					
Contact Person:	Brian Heath				Conta	ct Person's Title: A	rea Manager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number: (3	352) 787-6333
Contact Person's E-Mail Ad		beheath@aquaameric	a.com				
3. Water Treatment Pla	ant Information					······································	
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Driv	ve			City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day O				93,600			
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.):	V		Plant C	lass (per subsection 62-699.31	
Licensed Operators		Name		License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
							
				<u> </u>			
				1.			
Certification by Lead	I/Chief Operato	<u>, </u>					
				-C		1	Calina A Tanais about
							f this report. I certify that the
							als used at this plant conform to N
							al operations records for this plant
							als used and chemical feed rates; a
					these additional of	perations records to the	PWS owner so the PWS owner car
ratain thom together w	vith copies of this	s report, at a convenient lo	ocation for at least te	n years.			
retain them, together v	vopivo et umo	roport, at a contenion in		•			
retain them, together v			Will Fontain				C-6813

											15,100	,		numixsN
											10,923		A STATE OF THE STA	
	Leu	r				T	T		T	,	009,855			Intol
	2.1		 	· · · · · · · · · · · · · · · · · · ·	ļ		ļ		6.1	<u> </u>	000,01	24.0	X	31.2
	6.0	 	 	ļ	<u> </u>		<u> </u>		1.1		10,400	24.0	X	30
	£.1	1	 				<u> </u>		0.1		000,11	24.0	X	67
	1 1 1	 	 	 	 	├ -		 	5.1		005,11	24.0	X	82
		-	 	<u> </u>	 	 	· · · · · · · · · · · · · · · · · · ·		C:1		005,11	24.0	ļ	7.7
	2.1	 	 	 	 	 	 	·	5.1	 	008,8	24.0	X	97
	L'I	1	-	 	ļ	}	 	 	L.I		001,21	0.42	X	57
	2.1	<u> </u>	1	1		 		 	8 I	 	001,11	0.42	X	74
	2.1	 	! 	 	ļ	 	 	 		 	004,8	74.0	X	73
	15.1	<u> </u>	 	-	.	 	ļ	ļ	9 ¹ I	 	10,200	0.42	X	77
	V I			 	 	 		 	191		006,11	24.0	X	17
	 	<u> </u>	1	 	-			 	L:1	 	006,11	0.42	ļ	50
	1.1	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	 	ļ —		 	t/I		006'01	24.0	X	61
	ε.1	· · · · · ·		 	 		 	 	1.3		10,300	0.42	X	81
	0.1	<u> </u>	 	 		 		 	L'1	<u> </u>	8,200	0.42	X	LI
	9.1	<u> </u>	 	 				<u> </u>	1.1	ļ	006, £1	0,42	X	91
	8.1	 	+	<u> </u>	 	<u> </u>			8.1		0016	24.0	X	SI
	31	· · · · · · · · · · · · · · · · · · ·		 		 			8.1	 	13,250	24.0	X	14
	- 	<u> </u>			 	ļ	 	<u> </u>	CI		13,250	0.42		13
	£.1	ļ	· 	<u> </u>	 		ł	<u> </u>	2.1		14,000	0.42	X	71
<u> </u>	£.1	ļ	 	<u> </u>	 	 	<u> </u>	ļ	\$.I	ļ	10,200	24.0	X	Ш
	2.1	 	 	 	-	 	}	ļ <u>-</u>	L'1		006,6	24.0	X	10
	17.1	 	<u> </u>	<u> </u>	 		 	<u> </u>	91		001,01	24.0	X	6
	8.1	-	ļ	 	1				91	ļ	009'11	24.0	X	8
	81	<u> </u>	 	· · · · · · · · · · · · · · · · · · ·	ļ	ļ			2.0		054,01	24.0	X	L
		ļ		ļ.———	 	ļ			0.1		10,450	24.0	ļ	9
	0.1	 	-						91	 	002,8	24.0	X	ς
	7.0	-	1		 	<u> </u>	ļ	ļ	91	ļ	007,01	24.0	X	7
	10.1	·	 	<u> </u>	ļ <u>.</u>	<u> </u>			1.3		001'6	24.0	X	. ε
	2.1				 		 			 	007,6	24.0	X	
noing of Operation		=_tuo/oos	"wo/oos-Mw	7.41111	organizada i za	- " trans	J/nim	ununes	7 1	- dQ (10,800	24.0	X	1
Samergency or Abnormal Operating Condutions Repair or Maintenance Work that Involves Taking Water System Components	Panoindritsid	Munimum UV Dose Required, mW-	Lowest Operating UV Dose,	TO myminiM gm, bərinpA Anim		Jo gmal	Lowest CT Provided Before or at First Customer Unring Peak How, mg-	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd	Met Quantity of Finished Water Producted, Paducted,	nsiq zwoH ni ni	Days Plant Staffed or Visited by Operator (Place	Day of the the
		əso	na D				guons	CT Calcu		·	1			
				vation, it A	Virus Inact	our-Log	emostate r	OA DOSC' 10 D	T Calculations, or	2				ŀ
Marketing Q-Hamilton IV. (Alberta	ADDRAG ADDRAG			,							I I I I I I I I I I I I I I I I I I I	DIESNI NIE	22111151.57	0.046
	apixoi	Chlorine D	(;	(Chloramines	, aninold) b	- Combine			bution System:					_
	100-	umiouso) -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011100						(Descripe):			raviolet Ra	
	(səni	e (Chloram	mined Chlorin	L Combi	enozO —	əpixo	Chlorine Dic) Torinolr	al: 🔽 Free Cl	stion/Remov	vitas Inactiv	g Four-Log	nivəidəA To	Means
				· · · -			·	Магећ, 2005		:10	onth/Year o	101 the M	any Data	а ли
						20077.2	Palms Mobile							
†						omoH o	ridona smled	II .emel/ tagle	1	1860555		Number:	entification	MSMd

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



See Pages 4 for Instr	uctions.							
I. General Information		ear of: April, 2005						
A. Public Water System	(PWS) Informat	ion						
PWS Name:	Palms Mobile Home		····			PWS Identification Number:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity Tr	ansient Non-Com	nunity	Consecutive		
Number of Service Connect	tions at End of Month:		<u>' </u>		To	tal Population Served at End of Mo	onth: 124	
PWS Owner:	Aqua Utilities Florida	1		.=-				
Contact Person:	Brian Heath				Co	ontact Person's Title: Are	ea Manager	
Contact Person's Mailing A	ddress: F	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number: ((352) 787-0980			Co	ontact Person's Fax Number: (35	52) 787-6333	
Contact Person's E-Mail Ad	idress:	beheath@aquaamerica.com	n					
B. Water Treatment Pla	ant Information							
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-098	30
Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida	Zip Code:	34748
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		93,600				
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V				nt Class (per subsection 62-699.310	(4), F.A.C.): D	
Licensed Operators	e seektiittikkiisiis	Name		License Class	License Numl	per Day(s) / Shift(s) Worked	为一位《 文字 》
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
II Cortification by Lond	d/Chief Operator							
II. Certification by Lead			db - 1 1/-1	C		et plant identified in part I of	this report I cartify	that the
		operator licensed in Florida, a						
information provided	in this report is tru	e and accurate to the best of m	ny knowledge ai	nd belief. I cert	ity that all drin	king water treatment chemica	als used at this plant of	C. 41.12 124
International Standard	60 or other applic	cable standards referenced in s	ubsection 62-55	55.320(3), F.A.C	J. I also certify	that the following additiona	i operations records	for this plant
were prepared each da	ry that a licensed o	perator staffed or visited this p	plant during the	month indicate	d above: (1) re	cords of amounts of chemica	ils used and chemical	leed rates; and
		process performance records.			these addition	al operations records to the P	PWS owner so the PV	√S owner can
retain them, together v	with copies of this	report, at a convenient location	n for at least ter	n years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ				License Nur	mber
S. Brimine and Date			i i i i i i i i i i i i i i i i i i i					

											[008 51	L	, ш	umixeM
											975,6			gan 3gv∧
											001,682	1.54 J. 1.44	1996年	IstoT
												24.0		18
]		91		008°L	0.42	Х	30
	0.1								7.1		001,2	0.4.0	Х	67
	٤.0								€'1		005,6	0.42	Х	87
	8.0								0.1		001°L	0.42	Х	LZ
	8.0								6.0		005'6	24.0	Х	- 97
	0.1								2.1		059'6	0.42	Х	- 52
							T				0\$9'6	24.0		74
									5.1		008'L	24.0	Х	73
	6.0								0.1		005,8	0.4.0	Х	77
	1.1								S.I		004,11	0.4.0	Х	12
	0.1							i	1.1		12,800	0.4.0	X	07
	⊅`I								91		002,6	24.0	X	61
	1.1								9.1		000,11	0.42	Х	81
										<u> </u>	000,11	0.42		Z 1
			1				l	1	S `1		006'5	24.0	Х	91
	0.1								1.1		12,200	24.0	Х	SI
	L'0			i					LI		006,6	24.0	х	ÞΙ
	₱`I								9'1		001'6	24.0	х	εī
	2.1			 					٤.1		005'6	24.0	X	71
<u></u>	⊅ `I			 					8.1		009'11	24.0	X	II
						·					009,11	0.42		01
	···					-			T.I		005,7	24.0	Х	6
	2.1				· · · · · · · · · · · · · · · · · · ·				£.1		008,11	24.0	X	8
	9.1								L'1		002'9	24.0	X	L
	1.2		 					 	£.1	<u> </u>	10,300	0.42	X	9
	2.1			<u> </u>					S.I		009,01	0.42	X	5
	2.1								91	 	057,11	24.0	X	, y
	 ` 										05211	24.0		ε
									₱¹I		002'9	24.0	Х	7
	0.1		·			<u> </u>			1.1		12,400	24.0	X	ī
nourragO to nO #	System, mg/L	, wo/oəs	WW-Secvett	J/mim ·	aigranddy n) 'ERRM	J/nim	minutes	Peak Flow, mg/L	Rate, gpd	हिंद्या ।	Operation	("X"	Month
	nothuditizid		2 7/505 /11	Required, mg	community in	O TOTAL	-gm, wol4	Peak Flow,	Customer During	Peak Flow	Producted,	uı	Place	. 5 (3.4
Involves I aking Water System Components	nt inio Paoma A	-Wm	-soft VII		2010W30 He	To amaT	During Peak	Point During	Before or at First	11013 2000	Water	mslq swoH		oth the
Conditions, Repair or Manuepance Work that	Concentration at		(puliciació	T) muminiM	8°55150		Customer	Measurement	Concentration (C)		bearinished	Horic ShioH		Day of
Emergency or Abnormal Operating	· 连线 · · · · · · · · · · · · · · · · · ·	Sect VU	Lowest			7.4	First	(T) at C	● 1. (水質等・水料です)、 を名、 コン				Visited by	
	Lowest Residual Disinfectant	muminiM-					Before or at	Contact Time	Lowest Residual Disinfectant		Net Quantity		To beffish or	
	leubise d' beuro 1						Provided	Disinfectant	loubined bound !				Days Plant	
			at Agri				Lowest CT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1		
			製剤を行っている。				313,50			2007				
		9SO(ΙΛΩ			F14364	snoitsli	CI Calcu		43. tt. 11	1	ŀ		
				Section 1 and 1 and 1	m - 976 - 1 - 1 - 1	20 2		OA DOSC' 10 I	T Calculations, or					
				·							I	DICOV.	20000000	o ad C
	əbixoi	Chlorine D	<u> </u>	Chloramine	ed Chlorine (onidmoO		► Free Chlor	bution System:	inteiG ni bər	ristnisM lsu	hiza A Just	səfnisi(I)	o auvT
										(Descripe):	∟ Оџрсі	noitaiba	Raviolet R	ил]
	(səui	e (Chloram	ined Chlorin	Comb	oroso 🗌	əbixo	Chlorine Dic	hlorine (al: 🔽 Free C	четоп/Кетоу	virus Inactiv	go.1-mo4 gr	пуэінэА та	Mesus
			·····					April, 2005			onth/Year			
<u> </u>											VALUE OF THE PROPERTY OF THE P			
						эшон а	Palms Mobile	Plant Name:		1860555		: Иптрег:	entificaitor	PI SMa

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



See Pages 4 for Instr. General Information		con of							
. General Information	for the Month/Y	ear of: May, 2005							
A. Public Water System	(PWS) Informat	ion							
PWS Name:	Palms Mobile Home				PWS	Identification Num	ber:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comr	nunity	Conse	cutive			<u> </u>
Number of Service Connec	tions at End of Month:	62			Total Populat	ion Served at End	of Month:	124	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				Contact Perso		Area Manager		
Contact Person's Mailing A	ddress: I	PO Box 490310		City: Leesbur	g State:	Florida		Zip Code:	34749
Contact Person's Telephone	· · · · · · · · · · · · · · · · · · ·	352) 787-0980			Contact Perso	on's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac		oeheath@aquaamerica.com							
. Water Treatment Pla	ant Information								
Plant Name:	Palms Mobile Home					Telephone Numbe	Γ:	352-787-098	
Plant Address:	24702 Plumosa Drive			City: Leesbur	rg State:	Florida		Zip Code:	34748
Type of Water Treatment b	·		sed Finished Water						
Permitted Maximum Day C		_ · · · ·	93,600						
Plant Category (per subsect	tion 62-699.310(4), F.A					er subsection 62-69			A
Licensed Operators		Name	License Class	License Nu		Take I	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:			С	6813		1st Shift			
Other Operators:	Marty Neal		C -	10027		1st Shift			
and the second second	John Worrell		С	6597	Days	1st Shift			
							···		
Certification by Lead	d/Chief Operator								
		operator licensed in Florida, am the lea	d/ahiaf amaratar af tha	water treate	aant plant i	dentified in par	t Lof this repor	t L certify	that the
		e and accurate to the best of my knowle							
International Standard	l 60 or other applic	able standards referenced in subsection	1 62-555.320(3), F.A.C	C. I also cert	ify that the	following addi	tional operation	ns records	for this plant
		perator staffed or visited this plant duri							
(2) if applicable, appro	opriate treatment p	rocess performance records. Furtherm	ore, I agree to provide	these addition	onal operat	ions records to	the PWS owner	er so the PV	VS owner can
retain them, together v	with copies of this	report, at a convenient location for at le	east ten years.						
		Will F	fontaine					C-6813	
Signature and Date		Printe	d or Typed Name					License Nu	mber
=			- 1						

											000.21	4 1 1 2 1		mmxsM
											670'8	Grand Grade	9	Avgerage
											248,900	PAGE 1		LetoI
	0.1								11		12,000	24.0	Х	Iε
	1.3								S'1		009'8	0.4.0	X	30
											009'8	24.0		57
									LI		002,8	0.42	Х	87
	7.1								S'I		007,2	0.42	Х	LZ
	0.1								τI		005'6	24.0	Х	. 97
	6.0								7.1		008,2	24.0	Х	52
	9.0								8.0		001,0	0.42	Х	74
	8.0								0.1		008,8	24.0	Х	23
											008,8	24.0		77
									1.1		004,8	24.0	Х	-21
	1.0						 		£.1		000°L	24.0	X	70
	7.0								8.0		006'6	24.0	X	61
	6.0						 		I I		002,2	24.0	X	81
	6.0		 	 				 	0.1		006,8	24.0	X	<u> </u>
	11						 	 	S.I.		05L'6	24.0	X	91
	1 1						 	 	31		05L'6	24.0		SI
							 		S.I.		001,8	24.0	X	<i>b</i> [
	0.1	<u> </u>					· · · · · · · · · · · · · · · · · · ·	 	2.1		000'9	24.0	X	ΕI
			<u> </u>		· · · · · · · · · · · · · · · · · · ·			ļ	E.I		000'6	24.0	X	71
	0.1						 		p.I		005,2	24.0	X	11
							 	 	8.0		006,9	24.0	X	. 01
	L'0		 	<u></u>			 		£.1		024,8	24.0	X	-
	1.0		 	<u> </u>			 	 	ξ l	· · · · · · · · · · · · · · · · · · ·	024,8	0.42	X	6
			<u> </u>					 	 					8
				ļ			}	ļ	1.1	ļ	001,2	0.42	X	L
	7.0		ļ					<u> </u>	1.1		009'8	0.42	X	9
	L'0		<u> </u>	 				 	0.1		002,2	24.0	X	S
	8.0						ļ	ļ	6.0		006'6	0.4.0	X	7
	£.1		ļ	ļ					5.1		001 ¹ L	24.0	X	ε
	SI			ļ				ļ	8.1		005,6	24.0	X	7
								<u> </u>	- 0 - 1	10 (005,6	24.0	X	I
Out of Operation	System, mg/L	zmo/oos	mW-sec/cm ²		əldsəilqqA Ti	Water OC		sənunu	Peak Flow, mg/L	Rate, gpd.	ls ₃	Operation	("X"	thnoM
Involves Taking Water System Components	nonudrusid	-Wm		Required, mg		To qmoT	-gm ,wolf	Peak Flow,	Customer During	Peak Flow-	Producted,	ui	(Place	əqı
Conditions, Repair or Maintenance Work that		Required,	gmsnaqO	TO muminiM	**************************************	esta a la la	During Peak	Point During	Before or at First		Water	Insig stuoH		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	129WO.I			100	Сизтотнег	Measurement	Солеспизацоп (С)	1 40 T 1	bədzini To		yd batietV	.
	Disinfectant	muminiM					First	O is (T)	Disinfectant		Net Quantity	t	Staffed or	
	Lowest Residual	1,42				ļ ·	Before or at	Contact Time	Lowest Residual			-	Days Plant	l i
Emergency of Abnormal Operating				Park the			Provided	Disinfectant				l		
				(有)字 中一、			Lowest CT				1			
		- 000	7 4 0	Tarangan kecamatan dari dari dari dari dari dari dari dari	<u> </u>	L	SHOUSE	I Caro	No. of Section 1981	<u> </u>	}	1		
											1			
	MACHENINE		*sldssilqq	A Ti. noitsvi	Virus Inaci	our-Log	7 state F	UV Dose, to I	T Calculations, or	<u> </u>	<u> </u>	L		L
	əbixoi	Chlorine D	j (s	(Chloramine	ed Chlorine	Combine	T ənin	Free Chlor	bution System:	insiG ni bər	rietnieM leu	tant Resid	oguisid I	Туре о
										. (Descupe):			Raviolet R	-
	(som	e (Cnioran	шка сиюци	owon 1	20070	entro	വവാധം	hlorine 🖵						
			1-10 F 34:			- SPIN	g:i				Virus Inactiv			
								May, 2005		:10	onth/Year o	for the N	aily Data	III D
						эшон а	Palms Mobile	Plant Name:		1860588		:тэфшим г	entification	PLSMa

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



See Pages 4 for Instru								
General Information	for the Month/Ye	ear of: June, 2005					·	
. Public Water System	(PWS) Informati	ion						
	Palms Mobile Home				<u> </u>	PWS Identification Number:	3350981	
PWS Type:	✓ Community	Non-Transient Non-Commu	inity T	ransient Non-Comr	nunity	Consecutive		
Number of Service Connect		62				Population Served at End of M	Ionth: 124	
PWS Owner:	Aqua Utilities Florida		_					
Contact Person:	Brian Heath				Conta	ct Person's Title: A	rea Manager	
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesburg	State: Florida	Zip Code	34749
Contact Person's Telephone		352) 787-0980			Conta	ct Person's Fax Number: (3	352) 787-6333	
Contact Person's E-Mail Ad	dress: b	eheath@aquaamerica.co	m					
Water Treatment Pla	int Information							
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-	980
Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida	Zip Code	34748
Type of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O	perating Capacity of Pl	lant, gallons per day:		93,600				
Plant Category (per subsecti	ion 62-699.310(4), F.A	.C.): V			Plant C	lass (per subsection 62-699.31		
Licensed Operators		Name		License Class	License Number	Day(s	s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
							,	
						<u> </u>		
			<u> </u>			ļ		
						ļ		
				<u> </u>				
Certification by Lead	/Chief Operator							
		operator licensed in Florida,	am the lead/abi	of aparator of the	woter treatment r	lant identified in part I o	f this report. Leggi	fy that the
i, the undersigned water	er treatment plant (operator needsed in Florida,	am me iead/cm	er operator or the	water treatment p	nant identified in part 1 o	vala usad at this plan	t conform to NS
information provided i	n this report is true	e and accurate to the best of r	my knowledge a	ind belief. I certi	iry that an drinkin	g water treatment chemic	als used at this plan	a fanthia mlant
International Standard	60 or other applic	able standards referenced in	subsection 62-5	55.320(3), F.A.C	. I also certify th	at the following addition:	ai operations record	s for this plant
were prepared each da	y that a licensed o _l	perator staffed or visited this	plant during the	e month indicated	d above: (1) recor	ds of amounts of chemic	als used and chemic	cal feed rates; and
(2) if applicable, appro	priate treatment p	rocess performance records.	Furthermore, I	agree to provide	these additional of	perations records to the	PWS owner so the	PWS owner can
retain them, together w	vith copies of this r	report, at a convenient location	on for at least te	n years.				
			Will Fontain	:			C-6813	
Signature and Date		· · · · · · · · · · · · · · · · · · ·	Printed or Ty				License 1	Vumber

Palms Mobile Home

Plant Name:

											12.400	1 170 11		maixeM
											749'8	#147777 . ·	4 200	Avgenage
											006,762	1817	1 4 y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IstoT
												0.42		18
	9.0								0.1		.006,8	0.42	Х	30
	9.0								6.0		008,8	0.42	X	67
	7.0								6.0		10,900	0.42	Х	87
	8.0								2.1		050,11	24.0	X	LZ
											050'11	0.42		97
									2.1		002,8	0.42	X	57
	9.0								0.1	j	006,7	0.42	X	74
	L'0							·	0.1		11,200	24.0	X	23
	6.0								[1]		00L,T	24.0	X	77
	11		 						b '1		12,400	0.42	Х	17
	2.1		<u> </u>						£.1		000'6	24.0	Х	50
											000'6	0.42		61
				j					7.1		000,7	0.42	X	81
	0.1	·							2.1		10,300	24.0	X	LI
	6.0								2.1		10,500	0.42	X	91
	7.0						*******		7.1		009'6	24.0	X	SI
	0.1								71		004'6	0.42	X	†I
	0.1								91		008,01	0.42	X	13
			†						j	1	10,800	0.42		7.1
									5.1		008,8	24.0	X	11
	6.0								71		002,01	24.0	X	01
	8.0								91		002,8	24.0	Х	6
	1.0		<u> </u>						ħΊ		005°L	0.42	X	8
	9.0								L'0		001,8	0.42	X	L
	8.0								7.1		002,8	24.0	X	9
						1					002,8	24.0	<u> </u>	ς
									1'1		004,2	24.0	X	7
	9.0		<u> </u>						6'0		00£,6	0.42	X	ε
	90								6.0		008,6	24.0	X	7
	9.0		<u> </u>						8.0		00£,8	24.0	X	I
Out of Operation	System, mg/L	" sec/cm	mW-sec/cm	J/mm	if Applicable	Water, C	J/nim	minutes	Peak Flow, mg/L	Rate, gpd	E91	Operation	("X"	Month
Involves Taking Water System Components	Distribution	-Mm	OA DOSC.	Required, mg	pH of Water,	10 dmb 1	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	tii	(Place	эца
Conditions; Repair or Maintenance Work that	Remote Point in	Required,		T) muminiM			During Peak	gnimG Inioq	Before or at First		Water	Hours plant	Operator	Day of
	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		of Finished		Visited by	
	Disinfectant	muminiM	A WAT				First	Ots (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual	- F. Va.	· · · · · · · · · · · · · · · · · · ·				Before or at	Contact Time	Lowest Residual		1		Days Plant	
				157			Provided	Disinfectant				<u> </u>		
			+ + + + + + + + + + + + + + + + + + + +				Lowest CT			,		1		1
				A. 中国的 1000 1000 1000 1000 1000 1000 1000 10	#####	<u> </u>	L				4	ļ		
		əso	ፈለህ 🎨	840				CT Calcu						
Emergency of Abnormal Operating		1.1.15	*əldsəilqq,	A Ti "noitsvi	Virus Inact	god-mo	Jemostate F	UV Dose, to I	F Calculations, or	သ	1			1
	oxige	Chlorine D) (5	Chloramines	а Сиюние (Combine	l əni	Free Chlor	ontion System:	ed in Distri	nistnisM leu	tant Residi	Disinfec	Type of
				. (15)						(Describe):			aviolet Ra	
	(com	11m10111-2) 2	unionio por	iomos i	20070	l appr	ora annoma							
	(29ni	merold') e	ined Chlorin		au020	l abix	Chloring Dio	aninofr	10 mang ⊡ il	svom5A\noth	vinas Inactivs	go. I-nuo T gi	nivəidəA 1	Means o
								cooz 'aum		1.5	O JEST /IDHO	TAL SHIP TO	nua in	201 1111

1860588

PWS Identification Number:

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



PWS Type:	See Pages 4 for Instr							
Pass State Pass	General Information	for the Month/Y	ear of: July, 2005					
Pass State Pass	Public Water System	ı (PWS) Informat	tion					
Total Population Service at End of Month 124	PWS Name:						PWS Identification Number:	3350981
PWS Owner Aqua Utilities Florida	PWS Type:	✓ Community	Non-Transient Non-Commu	nity 📗	Transient Non-Com	munity	Consecutive	
Contact Person's Brian Heath	Number of Service Connec	tions at End of Month:	62			Tota	l Population Served at End of Month	: 124
Contact Person's Matting Address: PO Box 490310 City Leesburg State: Forida Zip Code 34749	PWS Owner:	Aqua Utilities Florida	1					
Contact Person's Telephone Number:	Contact Person:	Brian Heath		,		Con	tact Person's Title: Area N	Manager
Contact Person's F-Mair Address Deheath @aquaamerica.com Water Treatment Plant Information Plant Name Plant Malers Plant Ma	Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Water Treatment Plant Information Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant Natines Plant National Nation	Contact Person's Telephone					Con	tact Person's Fax Number: (352)	787-6333
Plant Name: Palms Mobile Home			beheath@aquaamerica.cor	<u>m</u>				
Plant Address 24702 Plumosa Drive	Water Treatment Pla	ant Information						
Type of Water Treatment by Plant Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Classory (per subsection 62-699-310(4), F.A.C.): Delant Classory (per subsection 62-699-310(4), F.A.C.): Licensed Operators Lead/Chief Operators: Will Fontaine C. 6813 Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift C. 16027 Days 1st Shift Days	Plant Name:	Palms Mobile Home						
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Clasgory (per subsection 62-699 310(4), F.A.C.): V			,			City: Leesburg	State: Florida	Zip Code: 34748
Plant Category (per subsection 62-699 310(4), F.A.C.): V Elicense Class License Number Elicense Class License Number Elicense Number Eliconse Nu				Purchased F	inished Water			
License Operators: Name License Class License Number Days Ist Shift Days Is		<u>-</u> -			93,600			
Lead/Chief Operators: Marty Neal John Worrell C G G G G G G G G G G G G		tion 62-699.310(4), F.A		···				
Marty Neal John Worrell C C 10027 Days 1st Shift Days 1st			Name					Shift(s) Worked
John Worrell C C G G G Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift C Certification by Lead/Chief Operator And the Lead/Chief Operator And the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813		Will Fontaine					 	
Certification by Lead/Chief Operator In 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car etain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	Other Operators:	}						
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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 evere 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; a 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car etain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813		John Worrell			C	6597	Days 1st Shift	
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner caretain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813						<u> </u>		
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner carretain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine	n de la companya da la companya da la companya da la companya da la companya da la companya da la companya da La companya da la companya da la companya da la companya da la companya da la companya da la companya da la co							
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner carretain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine								
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner carretain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine								
Certification by Lead/Chief Operator In 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner caretain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine								
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine								
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine								
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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N 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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813						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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to N (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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine	Certification by Lead	d/Chief Operator						
Information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N (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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine	the undersigned wat	er treatment plant	operator licensed in Florida	am the lead/ch	vief operator of th	e water treatment	plant identified in part I of th	is report. I certify that the
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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	, the undersigned wat	in this report is to	operator necessed in Frontia, a	mu knowlodgo	and bolief. Lear	tify that all drink	no water treatment chemicals	used at this plant conform to N
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; a (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	mormation provided	in this report is tru	e and accurate to the best of the	ny knowledge		C. Loloo cortifu	that the following additional or	perations records for this plant
2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner car etain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	nternational Standard	ou or other applic	cable standards referenced in s	subsection 62-	-333.320(3 <i>)</i> , F.A.	C. Taiso certify	and of amounts of chamicals	perations records for this plant
Will Fontaine Will Fontaine C-6813	were prepared each da	by that a licensed of	perator staffed or visited this	plant during t	ne month indicat	ed above: (1) rec	ords of amounts of chemicals	Course so the DWS owner car
Will Fontaine C-6813						e these additional	operations records to the PW	5 owner so the F w 5 owner can
WINTORANC	etain them, together v	with copies of this	report, at a convenient location	on for at least	ten years.			
				Will Fontai	ine			C-6813
	Signature and Date						······································	License Number

											12 300		u	Maximus
											Þ6 Þ '6	1. 2. 729 . 3		Avgerag
											294,300	100		Total
							-				007,8	0.4.0		18
									7.1		8,100	0.42	X	. 0ε
	9.0								8.0		006,8	0.4.0	Х	67
	T. 0								6'0		10,100	0.42	X	87
	9.0								6.0		008,8	24.0	X	LZ
	7.0				 				6.0	 	009,11	24.0	X	97
	6.0								2.1		001,11	24.0	X	57
	00				 			 	ļ	<u> </u>	001,11	0.42	<u> </u>	74
				<u> </u>					0.1		006,8	0.42	X	23
	11			<u> </u>			<u></u>		S.I		007,2	0.42	X	77
		ļ			 			 	0.1	ļ	002'6	0.42	X	
	8.0		:					<u> </u>	1.1	<u> </u>				17
	8.0			ļ			<u> </u>		 		008,6	0.4.0	X	50
	8.0			ļ	ļ				0.1	ļ	11,100	0.42	X	61
	6.0						<u> </u>		†'I		056'01	24.0	X	81
							<u> </u>				056'01	24.0		LI
		L							£.1		004,8	0.4.0	X	91
	0.1			Ĺ			Ĺ		1.3		11,900	24.0	X	SI.
	6.0								£T		5,800	24.0	Х	ÞΙ
	0.8								TT		000'6	0,42	X	£Ι
	0.1								Þ.I	<u> </u>	006,8	24.0	X	71
	0.1								S.I		12,300	24.0	Х	11
											12,300	0.42		01
					· · · · · · · · · · · · · · · · · · ·		†		7.2		7,100	24.0	Х	6
	0.1		1						5.1	f	001/8	0.42	X	8
	6.0						-		€1	 	007,6	24.0	X	L
	8.0				 	<u> </u>			11		008,01	24.0	X	9
	8.0	 		-		<u> </u>		·	t'I		000,21	0.42	X	5
	7.0		 			 			2.1		007,9	24.0	X	7
	20					 	 		£.1		005,8	24.0	X	. 8
		 			 	 	 	 	C 1		002,8	0.45	Λ	
	0.0		 -						0.1			 		7
	8.0		Trio mag 1811	LEgunia	larama indda a u			CONTRACTOR	0.1	inde tom.	005,8	0.42	X	I
Out of Operation	System, mg/L	гшэ/ээв	smo/oes-Wm	J/mm	sldsplicable	Do THEW	J/nim	minutes	Peak Flow, mg/L	Rate, gpd.	. Leg	Operation	("X"	dinoM
Involves Taking Water System Components	noitudinisid	-Wm		Required, mg		To qmaT	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	ni	(Place	aht
Conditions, Repair or Maintenance Work that	Remote Point in	Reduned,	SmitsnagO	Minimum CT			During Peak	gniruG trioq	Before or at First	11 TE	Water	Hours plant	Орегатог	Day of
Emergency or Abnormal Operating	Concentration at	AV Dose	1səwo.1	18 5 18 15 15			Customer	Measurement	Concentration (C)		benzini To		Visited by	
	Disinfectant	muminiM					First	O is (T)	Disinfectant		Net Quantity	1	Staffed or	
	Lowest Residual	Party Serve	1			19.30	Before or at	Contact Time	Lowest Residual			1	Days Plant	
	1	19 10 A 10 A 10 A 10 A 10 A 10 A 10 A 10	M	hajari i	MARKE IN L		The Art Control of the Control of th		1. 7		1	. '	,	
			Land Service				Provided	Disinfectant				i.		
	4.4	27.7	### T				Lowest CT	1.0			1			
		4. 人名英格兰	TA .			14.74	L	<u> </u>		<u> </u>				
			AND .			1 + 1 1 4 1		CT Calcu	<u>Marka a Balling sa Pare a l</u>					
		一を一計構	*plicable	A 1i ,noitsvi	Virus Inact	30.1-nuo	Demostate F	UV Dose, to I	T Calculations, or	o				
	ioxide	Chlorine D	1 (s	Chloramines) annonna n	Compine	ı əuu	N Free Chlor	bution System:	insia ni doi	nai Maintain	rant Kesid	oəluisici i	ı Abe o
	-1-2	<u> </u>		110	,		<u> </u>							_
										(Descripe):			raviolet Ra	
	(səni.	e (Chloram	minoldD bani	L Comb	ouozO _	əpixo	Chlorine Dic	nlorine —	al: 🔽 Free Cl	ation/Remova	Virus Inactiv	ıg Four-Lo⊋	rivəidəA 10	Means o
								չ Նույչ, Հ005	·	:10	onth/Year o	TOY INC IV	any Data	a iu
						amoH s	Palms Mobile	Plant Name:	1	1860255		пэдшиМ г	entificatior	PWS 14

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



DEP Form 62-555 .900(3)Alternate

See Pages 4 for Instr					
I. General Information	for the Month/Year of: August, 200	05			
A. Public Water System	(PWS) Information				
PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
PWS Type:	✓ Community Non-Transient Non-Commun	nity Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month: 62		Total	Population Served at End of Mor	nth: 124
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Conta	act Person's Title: Are	a Manager
Contact Person's Mailing A	ddress: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone			Conta	act Person's Fax Number: (352	2) 787-6333
Contact Person's E-Mail Ac		<u>n</u>			
B. Water Treatment Pla	ant Information				
Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive		City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment by	,	Purchased Finished Water			
	perating Capacity of Plant, gallons per day:	93,600	.		
Plant Category (per subsect				class (per subsection 62-699.310(
Licensed Operators	Name Name	License Class	License Number		/ Shiff(s) Worked
Lead/Chief Operator:		C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	С	6597	Days 1st Shift	
* * * * * *					
			-		
			-		
- x				 	
				<u> </u>	
					
	<u> </u>			L	
II Certification by Lead	I/Chief Operator				
	er treatment plant operator licensed in Florida, a	om the lead/chief operator of the	water treatment r	plant identified in part I of	this report. I certify that the
	in this report is true and accurate to the best of n				
	60 or other applicable standards referenced in s				
	y that a licensed operator staffed or visited this				
	opriate treatment process performance records.		these additional of	operations records to the P	ws owner so the Pws owner can
retain them, together v	vith copies of this report, at a convenient location	n for at least ten years.			
		Will Fontaine			C-6813
Signature and Data					License Number
Signature and Date		Printed or Typed Name			License iquinoei

Page 1

Means of Achieving Four-Jog Virus Inactivation/Removal Four-Jog Virus Inactivation/Removal Four-Jog Virus Inactivation/Removal Four-Jog Virus Inactivation/Removal Four-Jog Virus Inactivation Removal Four-Jog Virus Inactivation Removal Four-Jog Virus Inactivation	PWS Id	VS Identification Number: 3350981 Plant Name: Palms Mobile Home													
Means of Achieving Four Lot yf visit for Ultraviolet Radiation Colher (Describe)	III. D	aily Data	for the M	onth/Year	of:		August, 2005								
Combined Radiation						al: ▽ Free C	hlorine [Chlorine Di	ovide	Cone	□ Comb	ined Chlorir	e (Chloran	nines)	
Type of Disinfectant Residual Maintained in Distribution System: For Free Chlorine Combined Chlorine (Chloramus) Chloramus) C	I		-	-			,	Cinornic Di	oxide	, Ozone	i Como	nica Chiorb	ic (Ciliorai	пыса	
CT Calculations, or UV Dose, to Demostrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose	F.						☑ Free Chlo	ring [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Day Plant Saffed or Net Qannity Saffed or Visited by Operation Food of Post P	Type o	Distille	Tani Kesic	iuai iviaiiitaii										JIOAUC	La companya di manganta di Tanggana di Manga
Days Plant Saffed or Visited by Operator Visited by Operator Oper						1 Calculations, or					tivation, if A				
Staffed or Visited by Visited b						1 1 646 (8.05)			Allerias (TS)	a palite este per me	No. 10, 10 or 11 Part 112 or 12	***UV1	Jose		A SAME AND A SAME AND
Staffed or Visited by Visited b								Lowest CT							
Staffed or Visited by Visited b						Victorial Control	Disinfectant								A A
Visited by Operation Ope	111 63	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
Company Comp		Staffed or		Net Quantity		Disinfectant	(T) at C	First			Section 1		San Salara Control	Disinfectant	
Company Comp	7. 3.	しょういぎ いっくずる					5 - 1 St. 1 - 2 St. 1997	and the second of the second				to a sign of the first seal	The second second	The state of the s	Emergency or Abnormal Operating
Month "X" Operation gal Rate, gpt Peak Flow, mg/L minutes min/L Water, "C if Applicable min/L mW-sec/cm3 sec/cm3 System;mg/L Out of Operation	1 1 1 1 1 1 1 1 1			4.4 (4.4)			- 1 V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		T .				And the Comment of the Special		Conditions; Repair of Maintenance Work that
1	1 1 1 1 1 1						1.50 (1		1 emp of	pH of Water,	Required, mg				Involves Taking Water System Components
2 X 240 9,900 0.8 0.7 3 X 240 6,900 1.0 0.7 4 X 240 10,300 1.4 0.8 5 X 240 10,300 1.2 0.9 6 X 240 6,700 1.2 0.9 7 240 8,600 0.7 0.7 8. X 240 11,700 0.9 0.7 9 X 240 11,000 0.9 0.7 10 X 240 6,300 0.6 0.5 12 X 240 9,900 2.2 0.6 12 X 240 9,900 1.4 0.6 13 X 240 9,300 1.3 0.6 14 24.0 9,300 1.3 0.6 1.1 15 X 24.0 11,600 1.4 0.1 1.1 16 X 24.0 9,000 1.1 0.9 0.9 18					Rate, gpd.		minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm	sec/cm		Out of Operation
3								ļ			 				
4 X 24,0 8,800 1.4 0.8 5 X 24,0 10,300 1.2 0.9 6 X 24,0 6,700 1.2 0.9 7 24,0 8,600 0.9 0.7 0.7 8. X 24,0 11,700 0.9 0.5 0.5 10 X 24,0 10,800 0.6 0.4 0.4 11 X 24,0 6,300 0.6 0.4 0.4 11 X 24,0 9,900 2.2 0.6 0.6 12 X 24,0 9,600 1.4 1.0 1.0 13 X 24,0 8,300 1.3 1.0 1.0 14 24,0 9,300 1.4 1.1 1.1 1.1 16 X 24,0 9,000 1.1 1.0 0.9 17. X 24,0 9,000 0.9 0.9 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td>							~				 				
5 X 24 0 10,300 1.2 0.9 6 X 24 0 6,700 1.2 0.9 7 24 0 8,600 0.7 0.7 8. X 24 0 11,700 0.9 0.7 9 X 24 0 10,800 0.6 0.5 10 X 24 0 6,300 0.6 0.4 11 X 24 0 9,900 2.2 0.6 12 X 24 0 9,600 1.4 1.0 13 X 24 0 8,300 1.3 1.0 14 24 0 9,300 1.3 1.1 15 X 24 0 11,600 1.4 1.1 16 X 24 0 6,100 1.3 1.0 17. X 24 0 9,000 1.1 0.9 18 X 24 0 7,900 0.9 0.9 20 X 24 0 10,400 0.9 0.9 20 X 24 0 <											 				
6 X 24 0 6,700 1.2 7 24 0 8,600 0 8. X 24 0 11,700 0.9 9 X 24 0 10,800 0.6 10 X 24 0 6,300 0.6 11 X 24 0 9,900 2.2 12 X 24 0 9,600 1.4 13 X 24 0 8,300 1.3 14 24 0 9,300 1.3 15 X 24 0 11,600 15 X 24 0 11,600 17 X 24 0 9,000 11 1 1.0 17 X 24 0 9,000 11 1 1.0 17 X 24 0 9,000 11 1 1.0 17 X 24 0 9,000 18 X 24 0 9,000 11 1 0 0 19 X 24 0 10,400										 	 				
7 24.0 8,600 0.9 0.7 8.5 X 24.0 11,700 0.9 0.7 9 X 24.0 11,800 0.6 0.5 10 X 24.0 6,300 0.6 0.4 11 X 24.0 9,900 2.2 0.6 12 X 24.0 9,600 1.4 0.6 13 X 24.0 9,600 1.4 0.6 14 24.0 9,300 0.3 0.6 15 X 24.0 8,300 1.3 0.1 15 X 24.0 11,600 1.4 0.1 0.1 16 X 24.0 6,100 1.3 0.1 0.9 18 X 24.0 9,900 0.9 0.8 0.9 20 X 24.0 10,400 0.9 0.9 0.8 0.9 20 X 24.0 6,800 1.3 0.9 0.9 0.9 0.9 0.9 0.9 0.9	6				<u> </u>					1					
9 X 24.0 10,800 0.6 0.5 10 X 24.0 6,300 0.6 0.4 11 X 24.0 9,900 2.2 0.6 0.6 12 X 24.0 9,600 1.4 1.0 1.0 1.0 13 X 24.0 9,300 1.3 0.0 1.0 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.0 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1	7													<u> </u>	
10 X 24.0 6,300 0.6 0.4 11 X 24.0 9,900 2.2 0.6 12 X 24.0 9,600 1.4 0.1.0 13 X 24.0 8,300 1.3 0.2 14 24.0 9,300 0.4 0.0 15 X 24.0 11,600 1.4 0.1.1 16: X 24.0 6,100 1.3 0.9 17.3 X 24.0 9,900 1.1 0.9 18 X 24.0 7,900 0.9 0.8 19: X 24.0 10,400 0.9 0.9 20: X 24.0 6,800 1.3 0.9 21:6: 24.0 8,600 1.3 0.2 22:6: X 24.0 8,600 1.3 23:6: X 24.0 8,600 1.3 23:6: X 24.0 8,600 1.5	8.	X	24.0	11,700	***	0.9								0.7	
11 X 24.0 9,900 2.2 0.6 12 X 24.0 9,600 1.4 1.0 13 X 24.0 8,300 1.3 1.0 14 24.0 9,300 1.1 1.1 15 X 24.0 11,600 1.4 1.1 16° X 24.0 6,100 1.3 1.0 17.0 X 24.0 9,000 1.1 0.9 18 X 24.0 7,900 0.9 0.8 19° X 24.0 10,400 0.9 0.9 20° X 24.0 6,800 1.3 0.9 21°° 24.0 8,600 1.3 1.1 23°° X 24.0 8,600 1.3 1.1 23°° X 24.0 12,000 1.5 1.2	9	Х	24.0	10,800		0.6								0,5	
12 X 24.0 9,600 1.4 1.0 13 X 24.0 8,300 1.3 1.3 14 24.0 9,300 1.1 1.1 15 X 24.0 11,600 1.4 1.1 16.0 X 24.0 6,100 1.3 1.0 17.0 X 24.0 9,000 1.1 0.9 18 X 24.0 7,900 0.9 0.8 19.0 X 24.0 10,400 0.9 0.9 20.4 X 24.0 6,800 1.3 0.9 21.0% 24.0 8,600 1.3 0.1 22.0% X 24.0 8,600 1.3 0.1 23.0 X 24.0 8,600 1.3 0.1 23.0 X 24.0 8,600 1.5 1.1	10			6,300											
13 X 24.0 8,300 1.3 1.3 1.4 1.4 1.4 1.1 1				9,900		2.2									
14 24.0 9,300 1.4 1.1 15 X 24.0 11,600 1.4 1.1 16:: X 24.0 6,100 1.3 1.0 17:: X 24.0 9,000 1.1 0.9 18:: X 24.0 7,900 0.9 0.8 19:: X 24.0 10,400 0.9 0.9 20:: X 24.0 6,800 1.3 0.9 21::: 24.0 8,600 1.3 1.1 23:: X 24.0 8,600 1.3 1.1 23:: X 24.0 12,000 1.5 1.2											 			1.0	
15 X 24.0 11,600 1.4 1.1 16 X 24.0 6,100 1.3 1.0 17.3 X 24.0 9,000 1.1 0.9 18 X 24.0 7,900 0.9 0.8 19 X 24.0 10,400 0.9 0.9 20 X 24.0 6,800 1.3 0.9 21 24.0 8,600 1.3 1.1 23 X 24.0 8,600 1.3 1.1 23 X 24.0 12,000 1.5 1.2		X			ļ	1.3					ļ			!	
16 X									<u> </u>		ļ		ļ	ļ	
17 X 24 0 9,000 1.1 0.9 18 X 24 0 7,900 0.9 0.8 19 X 24 0 10,400 0.9							<u> </u>		⊢—		ļ	<u> </u>			
18 X 24.0 7,900 0.9 19 X 24.0 10,400 0.9 20 X 24.0 6,800 1.3 21 24.0 8,600 0.9 22 X 24.0 8,600 23 X 24.0 12,000 15 1.3 15 1.2										 	 				
19: X 24.0 10,400 0.9 20: X 24.0 6,800 1.3 21: X 24.0 8,600 22: X 24.0 8,600 23: X 24.0 12,000 1.3 23: X 24.0 12,000 1.5											 				
20 - X 24.0 6,800 1.3 21 - X 24.0 8,600 22 - X X 24.0 8,600 1.3 23 - X 24.0 12,000 1.5 23 - X 24.0 12,000 1.5									}	 	 		 		
21% 24.0 8,600 224% X 24.0 8,600 1.3 1.1 23% X 24.0 12,000 1.5 1.2									 		 	 -		 	
22. X 24.0 8,600 1.3 23. X 24.0 12,000 1.5						1.3			 		<u> </u>			 	
23 X 24.0 12,000 1.5 1.5		X				1.3				1				1.1	
	23	Х	24.0	12,000		1.5		,						1.2	
24 X 24.0 9,800 0.9 0.7	24	Х	24.0	9,800		0.9								0.7	
25 X 24.0 8,800 0.9 0.6	25	X	24.0	8,800		0.9					j			0.6	
26 X 24.0 8,800 0.8 0.6														0.6	
27 X 24.0 6,000 1.0		X				1.0							 	ļ <u></u>	
28 24.0 9,200										<u> </u>	ļ			ļ	
29 X 24.0 9,300 1.2 1.0									ļ	<u> </u>	ļ		<u> </u>		
30 X 24.0 11,000 1.4 31 X 24.0 10,200 1.0											ļ				
31 X 24.0 10,200 1.0 0.9 Total 283,300		X	24.0			1.0	L	L	L	L	J	L	L	0.9	
		е .			1										

12,100

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



See Pages 4 for Instr					·							
. General Information	for the Month/Y	ear of: September, 2	2005									
A. Public Water System	(PWS) Informat	ion										
PWS Name:	Palms Mobile Home					PWS Identification Number	er:	3350981				
PWS Type:	✓ Community	Non-Transient Non-Communi	ty 📙 Tı	ransient Non-Comr	nunity	Consecutive						
Number of Service Connect	tions at End of Month:	62			Total 1	Population Served at End of	f Month:	124				
PWS Owner:	Aqua Utilities Florida	l							-			
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager					
Contact Person's Mailing A	ddress: I	PO Box 490310			City: Leesburg	State: Florida		Zip Code:	34749			
Contact Person's Telephone	· · · · · · · · · · · · · · · · · · ·	352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333					
Contact Person's E-Mail Ad		beheath@aquaamerica.com										
B. Water Treatment Pla	ant Information											
Plant Name:	Palms Mobile Home					Plant Telephone Number:	7	352-787-098				
Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida		Zip Code:	34748			
Type of Water Treatment by		Raw Ground Water	Purchased Fini									
Permitted Maximum Day O				93,600	<u></u>							
Plant Category (per subsect	ion 62-699.310(4), F.A					lass (per subsection 62-699		D	Latinative Parish a residual specificación			
Licensed Operators		Name		License Class	License Number		y(s) / Shift(s)	Worked	与能够特别。它			
Lead/Chief Operator:				С	6813	Days 1st Shift						
Other Operators: Marty Neal C 10027 Days 1st Shift												
John Worrell C 6597 Days 1st Shift												
					·			<u> </u>				
			****			-						
									···			
							· · · · · · · · · · · · · · · · · · ·					
							···					
TO A CONTROL OF CHARLES OF THE CONTROL				L	L	<u> </u>						
I Certification by Lead	/Chief Operator											
		operator licensed in Florida, an	n the lead/chie	f operator of the	water treatment p	lant identified in part	I of this report	. I certify	that the			
		e and accurate to the best of m										
		able standards referenced in su										
		perator staffed or visited this p										
		rocess performance records. F										
					these additional o	iperations records to u	ie r w 3 Owlie	So the F v	V5 OWIEL Call			
retain them, together w	viui copies of this	report, at a convenient location	i for at least ter	n years.								
			Will Fontaine					C-6813				
Signature and Date		Addition of the state of the st	Printed or Typ		-		_	License Nur	nber			
J				•								

Palms Mobile Home

Plant Name:

1860588

											000 21			unine y
											928,9		15. 23	Avgerage
											001,685		1.8	[sto]
	l				1]]		0 tZ	T	Iε
	1.0						T		9.1		005,7	0.42	X	30
	7.1								9.1		004,6	24.0	X	67
	11								LI		009,8	24.0	X	87
	E.I								L'I	<u> </u>	009,81	0.42	X	
	£.1								L'I		12,500	24.0	X	97
						1				 	12,500	24.0	+ ~	72
									S.I	 	002,6	24.0	X	177
	£.1					<u> </u>			6.1	 	000,8	24.0	X	73
	171								L'I	 	10,000	24.0	X	
	£.1					 -	 		LI		008,8			73
	61		 		 	 	 	 	2.2	 	13,900	24.0	X	
	8.1			-			 	 	2.2			24.0	X	50
	10.		 					 			006,01	0.42	X	61
	+						 	 	0.7	<u> </u>	10,300	24.0		-81
	0.1				_	 		ļ <u> </u>	9.1	ļ	001,7	24.0	X	۲۱.
	1.1						-		9.1		009'8	24.0	X	91
			 		ļ		 	ļ	5.1	}	10,500	24.0	X	- SI
	5.1						ļ		7.7		001'6	24.0	X	ÞΙ
	6.0	 					 		£.1		00£,6	24.0	X	13
	6.0						ļ		FI		000,6	24.0	X	15
							ļ				000,6	24.0		11
	 								0.1		007,7	24.0	X	01
	7.0				 		 		6.0	l	11,200	24.0	X	6
	2.0						ļ		0.1		00£,8	0.42	X	- 8
	8.0						ļ		0.1		8,400	24.0	X	L
	1.3	ļ							S.1		12,800	0.42	X	9
	1.3								4.1		005,6	0.42	X	ς
											005,6	24.0		Þ
	1:0		 				<u> </u>		2.1		008'9	24.0	X	3
	T.0		 _			-	ļ		0.1		004'6	24.0	X	7
	60		3						11		000,8	24.0	X	<u> </u>
	Disinfectant 4	Minimum UV Dose Required, mW-		Minimum CT Required, mg		To qməT D ^O JətsW	Lowest CT Provided Before or at First Customer During Peak Flow, ing-	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Distrifectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow	Met Quantity of Finished Water Producted, gal	Hours plant in Octation	Days Plant Staffed or Visited by Operator (Place ("X")	Day of the the
		9000	I AN	A SHAW EAST	3 1 4 1 W	ALMAN S	guonen	CT Calcu			1			
100			*pplicable	A di "noitevi	Virus Inaci	go.l-no			T Calculations, or	<u></u>	1 ****			
	obixoi	Chlorine D		(Chloramines				P Free Chlor	pution System:		nistnisM leu T	tant Resid	Disinfec	Type o
	(səui	e (Chloram	ined Chlorin		əuozO _		Ohlorine Dio		al: 🔽 Free C	ation/Remov (Describe):	Onth/Year or Virus Inactiv	1g Four-Log adiation	nivəhidəA To 8.8 təloivet	Means —
														التلاحث

PWS Identification Number:

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



See Pages 4 for Instr													
. General Information	for the Month/Y	Year of: October, 200	5				·····						
A. Public Water System	(PWS) Informa	tion											
PWS Name:	Palms Mobile Home					PWS Identification Numb	er: 3350981						
PWS Type:	✓ Community	Non-Transient Non-Communi	ty T	ransient Non-Comr	munity	Consecutive							
Number of Service Connect	tions at End of Month		· · · · · · · · · · · · · · · · · · ·			otal Population Served at End of	f Month: 124						
PWS Owner:	Aqua Utilities Florid	a											
Contact Person:	Brian Heath				C	ontact Person's Title:	Area Manager						
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749					
Contact Person's Telephone	Number:	(352) 787-0980			C	ontact Person's Fax Number:	(352) 787-6333						
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com]										
B. Water Treatment Pla	ant Information												
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-09	980					
Plant Address:	24702 Plumosa Driv	e			City: Leesburg	State: Florida	Zip Code:	34748					
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	shed Water									
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		93,600									
Plant Category (per subsect	ion 62-699.310(4), F.					int Class (per subsection 62-699							
Licensed Operators		Name		License Class	License Num		ry(s) / Shift(s) Worked						
	Chief Operator: Will Fontaine C 6813 Days 1st Shift												
Other Operators:	Marty Neal	<u> </u>		С	10027	Days 1st Shift							
John Worrell C 6597 Days 1st Shift													
								· · · · · · · · · · · · · · · · · · ·					
					· · · · · · · · · · · · · · · · · · ·								
													
	-												
100 Mail (100 Ma	<u> </u>			1		i							
I Certification by Lead	I/Chief Operator	7											
		operator licensed in Florida, an	n the lead/chie	f operator of the	water treatme	nt plant identified in part	I of this report. I certif	y that the					
information provided	in this report is tri	ue and accurate to the best of my	v knowledge a	nd belief. I certi	ify that all drin	king water treatment cher	nicals used at this plant	conform to NSF					
International Standard	60 or other appli	cable standards referenced in su	absection 62-5	55 320(3) FA (Lalso certif	v that the following additi	onal operations records	for this plant					
were prepared each da	v that a licensed	operator staffed or visited this p	lant during the	month indicate	d above: (1) re	ecords of amounts of chem	nicals used and chemic	al feed rates: and					
(2) if applicable appr	oprioto trootmont	process performance records. F	oant during die	agrae to provide	these addition	val anarations records to the	he PWS owner so the P	WS owner can					
					mese addition	iai operations records to d	ne i ws owner so me i	WB Owner can					
retain them, together v	viui copies of this	report, at a convenient location	i for at least te	n years.									
			Will Fontaine	:			C-6813						
Signature and Date		The state of the s	Printed or Ty	ped Name			License N	umber					

PWS Io	WS Identification Number: 3350981 Plant Name: Palms Mobile Home													
111.0	aily Data	for the M	onth/Year	of:		October, 2005								
			y Virus Inactiv											
						niorine	Chlorine Die	oxide	Ozone	☐ Comb	ined Chlorir	ne (Chloran	nines)	
			C Other					<u> </u>						
Type o	of Disinfed	ctant Resid	lual Maintair		ibution System:					(Chloramine		Chlorine I	Dioxide	
	1 1 5			C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if	Applicable*	学体 建氢	Contract of the second	
								Number of the second			UVI)ose :		
							A 14 14 (MARKET)	6 50	1.4	1877 17 9 17 1	Target.	9.4		
						是	Lowest CT			47		A Second	2.3	
	Days Plant				Lowest Residual	Disinfectant	Provided	l san-					Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	Contact Time - (T) at C	Before or at First					Minimum	Disinfectant	
	Visited by	f i	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose		Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution &	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Х	24.0	7,900		1.7									
2		24.0	11,500											
3	X	24.0	11,500		1.8								1.3	
. 4	Х	24.0	9,300		1.8								1.2	
5	Х	24.0	10,300		3.5				ļ	ļ			3.5	
6	X	24.0	11,200		2.3				<u> </u>				1.9	
7	X	24.0	9,200		1.6		Ĺ			ļ			1.4	
8	Х	24.0	7,500		1.5									
9	\	24.0	11,650					 	ļ					
10	X	24.0 24.0	11,650 10,600		1.9		ļ	-	 	ļ			0.5	
12	X	24.0	10,000		0.8	· - · - · · · · · · · · · · · · · · · · ·			 			·	0.3	
13	X	24.0	8,900		1.1					 		<u> </u>	0.7	
14	X	24.0	10,100		1.0			}]			0.7	
15	X	24.0	8,400		1.3				 	 				
16		24.0	13,400						 					
17	Х	24.0	13,400		1.4					1			1.0	
18	X	24.0	11,300		2.5								2.2	
19	Х	24.0	11,000		1,1								1.0	
20	Х	24.0	9,300		1.1								0.8	
-21	Х	24.0	9,300		1.3								0.9	
22 ,		24.0	8,350											
23	X	24.0	8,350		1.3						ļ			
24	X	24.0	9,000		1.3					<u> </u>	<u> </u>		0.9	
25	X	24.0	15,000		1.5			<u> </u>	ļ	ļ	<u> </u>		1.0	
26	X	24.0	11,000		1.4	ļ				<u> </u>	<u> </u>		1.0	
27	X	24.0 24.0	7,600		1.5			<u> </u>	<u> </u>	 		ļ	1.0	
29	X	24.0	9,400 7,000		1.5			 	 	 			1.1	· · · · · · · · · · · · · · · · · · ·
30		24.0	11,000		1.5	 	ļ	 	 	 	 		 	
31	X	24.0	11,000		1.5	 			 	 	<u> </u>		1,1	
Total		24.0	315,100			<u> </u>	L	<u> </u>		J	Ĺ	L		
Avgerag	e		10,165											

15,000

Maximum

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



See Pages 4 for Instr												
l. General Information	for the Month/Ye	ear of: November, 2	2005									
A. Public Water System	ı (PWS) Informati	on										
PWS Name:	Palms Mobile Home				······································	PWS Identification Number:	3350981					
PWS Type:	✓ Community	Non-Transient Non-Commun	nity T	ransient Non-Com	munity	Consecutive						
Number of Service Connec	tions at End of Month:	62			Total	Population Served at End of M	fonth: 124					
PWS Owner:	Aqua Utilities Florida				1							
Contact Person:	Brian Heath				Conta	ct Person's Title: A	rea Manager					
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesburg	State: Florida	Zip Code	: 34749				
Contact Person's Telephone	Number: (3	352) 787-0980	· · · · · · · · · · · · · · · · · · ·		Conta	ct Person's Fax Number: (3	352) 787-6333					
Contact Person's E-Mail Ac	idress: <u>b</u>	eheath@aquaamerica.con	<u>n</u>									
B. Water Treatment Pla	ant Information											
Plant Name:	Palms Mobile Home					Plant Telephone Number:	352-787-					
Plant Address:	24702 Plumosa Drive				City: Leesburg	State: Florida	Zip Code	34748				
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini					···				
Permitted Maximum Day C				93,600	,							
Plant Category (per subsect	ion 62-699.310(4), F.A.	- '		•		lass (per subsection 62-699.31		4				
Licensed Operators		Name	<u> </u>	License Class	License Number	Day(s) / Shift(s) Worked					
Lead/Chief Operator:				С	6813	Days 1st Shift						
Other Operators:	Marty Neal			С	10027	Days 1st Shift						
John Worrell C 6597 Days 1st Shift												
				ļ <u>.</u>								
				<u> </u>	<u> </u>	 		<u> </u>				
								.				
				 								
<u>- M A</u>	<u> </u>			<u> </u>								
II Certification by Lead	I/Chief Operator											
		operator licensed in Florida, a	m the lead/chie	of operator of the	e water treatment p	lant identified in part I o	of this report. I cert	ify that the				
		and accurate to the best of m										
		able standards referenced in s										
		perator staffed or visited this p										
		rocess performance records.										
	-	eport, at a convenient location		-	diese additional c	peracions records to the	1 1, 5 0 1, 101 55 the					
retain them, together v	viai cobies of mis i	eport, at a convenient location	ii iui at ieast lei	n years.								
			Will Fontaine				C-6813					
Signature and Date			Printed or Typ				License	Number				
C.B. Marie and Date			. Timed of Typ	ped Manne			D.conse	· · · · · · · · · · · · · · · · · · ·				

PWS Io	WS Identification Number: 3350981 Plant Name: Palms Mobile Home													
III. D	aily Data	for the N	lonth/Year	of:		November, 200	5							
		_	g Virus Inactiv			Chlorine		ovida	C Ozone	□ Comb	inad Chloris	na (Chloren	ninec)	
1			C Othe		•	anomic 1	Chlorne Di	Oxide	Ozone	1 Como	inea Cinorn	ic (Cilioran	писэ)	
⊢					ibution System:	Free Chie	ring	Combin	ed Chlorina	(Chloramine	e) <u> </u>	Chlorine I	Diovide	
Type c	Distilled	LIAIII KESIC	luai iviailitai	_									loade	
					T Calculations, or				Virus Inac	tivation, il	Applicable			
						CT Calc	ulations		g kaling dari		FVU: 🟤	Jose*		
		4.50					Lowest CT							
1						Disinfectant	Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	1 ·	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished	ti da k Salak kalangan	Concentration (C)	Measurement	Customer) . II, 4	Lowest	UV Dose Required,	Concentration at	
Day of the	Operator (Place	Hours plant	Water Producted,		Before or at First	Point During	During Peak	Temp of	AT SETUM	Required, mg	Upcraung	mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components.
Month	(Place	in Operation	gal gal	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	min/L*	mW_sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	9,400	Raic, gpu.	1.5	inniutes	marc	Trace, C	пиррислого	Minimum CT Required mg _min/I	mrv-scorem:	3000ii	1.1	
2	Х	24.0	8,900		1.5			 	 				1.1	
3	X	24.0	16,200		1.5								1.0	
4	X	24.0	8,900		1.2								0.9	
5	Х	24.0	7,400		1.0									
6		24.0	10,700										·	
7	X	24.0	<u> </u>		1.0		ļ						0.7	
8	X	24.0 24.0	13,800 11,900		1.8				 		ļ		1.4	
10	X	24.0	8,900	<u> </u>	1.3								1.0	
11	X	24.0	11,200		1.2			-	 	<u> </u>			0.9	
12	Х	24.0	6,800		1.4								1.0	
13		24.0	12,550											
14	Х	24.0	12,550		1.4							ļ <u></u>	1.1	
15	Х	24.0	10,300	L	1.2			ļ				_	1.0	
16	X X	24.0 24.0	12,800 16,000		1.2			├ ──		<u> </u>			0.9	
18	X	24.0	10,400		1.1				 				0.9	
19	X	24.0	10,400		1.1			 	 			 	1	
20		24.0	13,100			· · · · · · · · · · · · · · · · · · ·	·	†	†					
21	Х	24.0	13,100		1.2			†	1				0.9	
22	Х	24.0	11,600		1.3								1.0	
23	X	24.0	9,300		1.4								1.2	
24	Х	24.0	8,900	<u> </u>	1.6				<u> </u>	_	ļ		1.2	
25 26	X X	24.0 24.0	11,700		1.6		ļ	ļ	ļ		<u> </u>		1.3	
27	X	24.0	10,000 12,900		1,8			<u> </u>	 	ļ			 	
28	X	24.0	12,900	 	1.6	<u> </u>	_	 	 	 	 	 	1.4	
29	X	24.0	22,700	<u> </u>	1.6	 	_	<u> </u>				 	1.3	
30	X	24.0	11,300	<u> </u>	1.6				† · - · · ·	 	 		1.3	
31		24.0						1						
Total	100		347,100								- -			
Avgerag	e i	11302	11,197	1										

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.	rolymer rage 3 Due in December										
l. General Information for the Month/	Year of: December, 2005										
A. Public Water System (PWS) Informs PWS Name: Palms Mobile Hom			·	PWS Identification Number:	3350981						
PWS Type: Community		ransient Non-Comn	ounity T	Consecutive	3330701						
Number of Service Connections at End of Mont		ransient Non-Comin	,	Population Served at End of Month	: 124						
PWS Owner: Aqua Utilities Flori			Total	opulation Served at End of Month	. 124						
Contact Person: Brian Heath	ua		Conta	ct Person's Title: Area M	Manager						
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749						
Contact Person's Telephone Number:	(352) 787-0980				787-6333						
Contact Person's E-Mail Address: beheath@aguaamerica.com											
B. Water Treatment Plant Information											
Plant Name: Palms Mobile Hom			·······	Plant Telephone Number:	352-787-0980						
Plant Address: 24702 Plumosa Dri			City: Leesburg	State: Florida	Zip Code: 34748						
Type of Water Treatment by Plant:	Raw Ground Water Purchased Fin										
Permitted Maximum Day Operating Capacity of		93,600									
Plant Category (per subsection 62-699.310(4), F		75,000	Plant C	lass (per subsection 62-699.310(4),	, F.A.C.): D						
Licensed Operators	Name	License Class	License Number								
Lead/Chief Operator: Will Fontaine		С	6813	Days 1st Shift							
Other Operators: Marty Neal		С	10027	Days 1st Shift							
John Worrell		С	6597	Days 1st Shift							
Control of the contro											
Il. Certification by Lead/Chief Operato											
	t operator licensed in Florida, am the lead/chie										
	rue and accurate to the best of my knowledge a										
International Standard 60 or other appl	icable standards referenced in subsection 62-5	55.320(3), F.A.C	I also certify the	at the following additional o	perations records for this plant						
were prepared each day that a licensed	operator staffed or visited this plant during the	e month indicated	dabove: (1) recor	ds of amounts of chemicals	used and chemical feed rates; and						
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can											
	s report, at a convenient location for at least te			-							
	Will Fontaine				C-6813						
Signature and Date	Printed or Ty				License Number						
	Tranca of Ty	r · · · · · · · · · · · · · · · · · ·									

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home														
III. Daily Data for the Month/Year of: December, 2005														
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide														
				C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if A	Applicable [*]			
				100		CT Calc	ulations			7,723	Z UVI	Dose		
	4							- 18 mg	CALCADA!					
			·			description of the second	Lowest CT	3.45						**
` · ·	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum		
1,50	Visited by		of Finished		Concentration (C)	Measurement	Customer		1.0%		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	1		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation 1
1	X	24.0			1.6								1.1	
2	Х	24.0	11,200		1,5								1.1	
3	X	24.0	7,600		1.5									
4		24.0	11,000											
. 5	X	24.0	11,000		1.5								1.1	
6	X	24.0	10,200		1.5				ļ				1.2	
7	X	24.0	13,000	ļ	1.5		ļ						1.2	
8	X	24.0	12,000		1.3			<u> </u>				<u> </u>	1.1	
9	X	24.0	10,200	ļ	1.3								1.1	
10	X	24.0	11,200	ļ	1.4			ļ	 				 	
11	V	24.0 24.0	11,500		1.4							<u> </u>	1.0	
12	X	24.0	11,500		1.5			 	ļ			 	1.0	
14	X	24.0	12,000		2.0				 				1.6	
15	X	24.0	17,500		1.6		 		 				1.4	
16	X	24.0	14,000		1.5		·					 	1.3	
17	Х	24.0	11,000		1.7		-					<u> </u>		
18		24.0	12,550					 		<u> </u>				
19	Х	24.0	12,550		1.6								1.2	
20	Х	24.0	15,700		1.7								1.2	
21	Х	24.0	15,200		1.6								1.3	
22	X	24.0	13,900		1.5								1.2	
23	Х	24.0	16,500		1.5		l						1.3	
24	X	24.0	9,400		1.5				L					
25		24.0	14,900						<u> </u>		<u> </u>			
26	X	24.0	14,900		1.5				L				1.2	
27	Х	24.0	16,300		1.7			<u> </u>	<u> </u>			L	1.5	
28	X	24.0	21,100		1.6	ļ	l	<u> </u>	 				1.4	
29	X	24.0		ļ	1.8	ļ.———-	<u> </u>		 	<u> </u>	<u> </u>	ļ	1.5	
30	X	24.0	14,100		1.5	ļ	ļ	 	_	ļ		 	1.3	
	X	24.0	12,500		1.7	L	L	1	<u> </u>	L	L	L	<u> </u>	<u> </u>
Avgerag	œ "		398,400 12,852											
LYARMAN		Charle and Line 19	12,032	5										

21,100

Maximum

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