

ORIGINAL

Rosalie Oaks

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 41 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____

COM _____

CTR _____

ECR 1

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC _____

OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Rosalie Oaks

| | Tab Number | Page 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 | | |
| January | 1 | 27 |
| February | 2 | 29 |
| March | 3 | 31 |
| April | 4 | 33 |
| May | 5 | 35 |
| June | 6 | 37 |
| July | 7 | 39 |
| August | 8 | 41 |
| September | 9 | 43 |
| October | 10 | 45 |
| November | 11 | 47 |
| December | 12 | 49 |



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|---|--|--|-----------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: AquaSource Utility, Inc. | | | |
| Contact Person: Michael Fitzgerald | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 1343 NE 17th Road | | City: Ocala | State: FL |
| Contact Person's Telephone Number: (352) 369-4881 | | Zip Code: 34470 | |
| Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com | | Contact Person's Fax Number: (352) 732-3213 | |

B. Water Treatment Plant Information

| | | | | |
|--|--------------|---|----------------|------------------------|
| Plant Name: Rosalie Oaks | | Plant Telephone Number: (352) 369-4881 | | |
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | Mark March | C | 8287 | 3 Days per week |
| Other Operators: | Ward Wright | C | 7205 | 3 Days per week |
| | Danny Holmes | C | 4335 | 3 Days per week |
| | | | | |
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II. Certification by Lead Chief Operator

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

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

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Days | Plant Staffed | or | Visited by | Hours Plant in Operation ("X") | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at Measurement Point During Peak Flow, mg/L | Disinfectant Contact Time (T) at C | Lowest CT | Provided at First Customer | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | CT Calculations | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------|---------------|----|------------|--------------------------------|--|---------------------|--|------------------------------------|-----------|----------------------------|-------------------|----------------------------|-------------------------------|--|---|--|--|
| | | | | | | | | | | | | | | Lowest Operating UV Dose, mW-sec/cm ² | Lowest UV Dose, mW-sec/cm ² Required | | |
| 1 | | | | | 14,000 | | | | | | | | | | | | |
| 2 | | | | X | 11,000 | | | | | | | | | | | | |
| 3 | | | | | 10,000 | | | | | | | | | | | | |
| 4 | | | | | 10,000 | | | | | | | | | | | | |
| 5 | | | | X | 5,000 | | | | | | | | | | | | |
| 6 | | | | X | 9,000 | | | | | | | | | | | | |
| 7 | | | | X | 10,000 | | | | | | | | | | | | |
| 8 | | | | | 10,000 | | | | | | | | | | | | |
| 9 | | | | X | 11,000 | | | | | | | | | | | | |
| 10 | | | | | 11,000 | | | | | | | | | | | | |
| 11 | | | | | 11,000 | | | | | | | | | | | | |
| 12 | | | | X | 9,000 | | | | | | | | | | | | |
| 13 | | | | X | 9,000 | | | | | | | | | | | | |
| 14 | | | | X | 16,000 | | | | | | | | | | | | |
| 15 | | | | X | 5,000 | | | | | | | | | | | | |
| 16 | | | | X | 14,000 | | | | | | | | | | | | |
| 17 | | | | | 14,000 | | | | | | | | | | | | |
| 18 | | | | | 13,000 | | | | | | | | | | | | |
| 19 | | | | X | 8,000 | | | | | | | | | | | | |
| 20 | | | | | 8,000 | | | | | | | | | | | | |
| 21 | | | | X | 15,000 | | | | | | | | | | | | |
| 22 | | | | X | 6,000 | | | | | | | | | | | | |
| 23 | | | | X | 11,000 | | | | | | | | | | | | |
| 24 | | | | | 11,000 | | | | | | | | | | | | |
| 25 | | | | | 11,000 | | | | | | | | | | | | |
| 26 | | | | X | 10,000 | | | | | | | | | | | | |
| 27 | | | | X | 10,000 | | | | | | | | | | | | |
| 28 | | | | X | 11,000 | | | | | | | | | | | | |
| 29 | | | | X | 9,000 | | | | | | | | | | | | |
| 30 | | | | X | 10,000 | | | | | | | | | | | | |
| 31 | | | | | 10,000 | | | | | | | | | | | | |
| | | | | | Total | 323,000 | | | | | | | | | | | |
| | | | | | Average | 10,419 | | | | | | | | | | | |
| | | | | | Maximum | 16,000 | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|---|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: AquaSource Utility, Inc. | | | |
| Contact Person: Michael Fitzgerald | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 1343 NE 17th Road | | City: Ocala | State: FL |
| Contact Person's Telephone Number: (352) 369-4881 | | Zip Code: 34470 | |
| Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com | | Contact Person's Fax Number: (352) 732-3213 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: (352) 369-4881 | | |
|---|-------------|--|---|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: | | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | Mark March | C | 8287 | 3 Days per week |
| Other Operators: | Ward Wright | C | 7205 | 3 Days per week |
| | | | | 3 Days per week |
| | | | | 3 Days per week |
| | | | | |

II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|--------------------------------|
| Signature and Date | <u>Mark March</u> Printed or Typed Name | <u>C8287</u> License Number |
|--------------------|--|--------------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|---------------------------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: AquaSource Utility, Inc. | | | |
| Contact Person: Michael Fitzgerald | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 1343 NE 17th Road | | City: Ocala | State: FL Zip Code: 34470 |
| Contact Person's Telephone Number: (352) 369-4881 | | Contact Person's Fax Number: (352) 732-3213 | |
| Contact Person's E-Mail Address: mvfitzgerald@aquasource.com | | | |

B. Water Treatment Plant Information

| | | | | |
|--|---------------|---|---------------------------|-------------------------------|
| Plant Name: Rosalie Oaks | | Plant Telephone Number: (352) 369-4881 | | |
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL Zip Code: 33853 | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | Mark March | C | 8287 | 3 Days per week |
| Other Operators: | Chris Gilbert | C | 13107 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

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

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Days Staffed | Plant or Vended by Operator | Day of the Month ("X") | Hours of Operation in Plant | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Before or Provided | Lowest CT | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Operating UV Dose, sec/cm2 | Lowest UV Dose, mW | Required UV Dose, mW | Minimum UV Dose, sec/cm2 | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | |
|--------------|-----------------------------|------------------------|-----------------------------|--|---------------------|---|---|-----------|-------------------|----------------------------|-------------------------------|----------------------------|--------------------|----------------------|--------------------------|--|---|----|---------|--|
| | | | | | | | | | | | | | | | | | UV Dose | CT | UV Dose | |
| 1 | X | 24 hrs | | 10,600 | | | | | | | | | | | | | | | | |
| 2 | X | 24 hrs | | 14,400 | | | | | | | | | | | | | | | | |
| 3 | | 24 hrs | | 14,400 | | | | | | | | | | | | | | | | |
| 4 | | 24 hrs | | 14,500 | | | | | | | | | | | | | | | | |
| 5 | X | 24 hrs | | 12,800 | | | | | | | | | | | | | | | | |
| 6 | X | 24 hrs | | 18,600 | | | | | | | | | | | | | | | | |
| 7 | X | 24 hrs | | 12,000 | | | | | | | | | | | | | | | | |
| 8 | | 24 hrs | | 12,400 | | | | | | | | | | | | | | | | |
| 9 | X | 24 hrs | | 11,000 | | | | | | | | | | | | | | | | |
| 10 | | 24 hrs | | 11,000 | | | | | | | | | | | | | | | | |
| 11 | | 24 hrs | | 12,300 | | | | | | | | | | | | | | | | |
| 12 | X | 24 hrs | | 7,800 | | | | | | | | | | | | | | | | |
| 13 | X | 24 hrs | | 7,400 | | | | | | | | | | | | | | | | |
| 14 | X | 24 hrs | | 16,300 | | | | | | | | | | | | | | | | |
| 15 | X | 24 hrs | | 7,300 | | | | | | | | | | | | | | | | |
| 16 | X | 24 hrs | | 13,000 | | | | | | | | | | | | | | | | |
| 17 | | 24 hrs | | 13,000 | | | | | | | | | | | | | | | | |
| 18 | | 24 hrs | | 13,000 | | | | | | | | | | | | | | | | |
| 19 | X | 24 hrs | | 11,000 | | | | | | | | | | | | | | | | |
| 20 | X | 24 hrs | | 13,100 | | | | | | | | | | | | | | | | |
| 21 | X | 24 hrs | | 12,000 | | | | | | | | | | | | | | | | |
| 22 | X | 24 hrs | | 15,000 | | | | | | | | | | | | | | | | |
| 23 | X | 24 hrs | | 13,000 | | | | | | | | | | | | | | | | |
| 24 | | 24 hrs | | 13,000 | | | | | | | | | | | | | | | | |
| 25 | | 24 hrs | | 14,900 | | | | | | | | | | | | | | | | |
| 26 | X | 24 hrs | | 10,000 | | | | | | | | | | | | | | | | |
| 27 | X | 24 hrs | | 8,000 | | | | | | | | | | | | | | | | |
| 28 | X | 24 hrs | | 11,400 | | | | | | | | | | | | | | | | |
| 29 | X | 24 hrs | | 6,000 | | | | | | | | | | | | | | | | |
| 30 | X | 24 hrs | | 10,000 | | | | | | | | | | | | | | | | |
| 31 | | 24 hrs | | | | | | | | | | | | | | | | | | |
| | | | | Total | 359,200 | | | | | | | | | | | | | | | |
| | | | | Average | 11,973 | | | | | | | | | | | | | | | |
| | | | | Maximum | 18,600 | | | | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|-----------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: AquaSource Utility, Inc. | | | |
| Contact Person: Michael Fitzgerald | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 1343 NE 17th Road | | City: Ocala | State: FL |
| Contact Person's Telephone Number: (352) 369-4881 | | Zip Code: 34470 | |
| Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com | | Contact Person's Fax Number: (352) 732-3213 | |

B. Water Treatment Plant Information

| | | | | |
|--|---------------|---|-----------------------|-------------------------------|
| Plant Name: Rosalie Oaks | | Plant Telephone Number: (352) 369-4881 | | |
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | Mark March | C | 8287 | 3 Days per week |
| Other Operators: | Chris Gilbert | C | 13107 | 3 Days per week |
| | | | | |
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II. Certification by Lead Chief Operator

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

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|---------------------------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: AquaSource Utility, Inc. | | | |
| Contact Person: Michael Fitzgerald | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 1343 NE 17th Road | | City: Ocala | State: FL Zip Code: 34470 |
| Contact Person's Telephone Number: (352) 369-4881 | | Contact Person's Fax Number: (352) 732-3213 | |
| Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| | | | |
|--|--|---|---------------------------|
| Plant Name: Rosalie Oaks | | Plant Telephone Number: (352) 369-4881 | |
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL Zip Code: 33853 |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |

| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
|----------------------|---------------|---------------|----------------|------------------------|
| Lead/Chief Operator: | Mark March | C | 8287 | 3 Days per week |
| Other Operators: | Chris Gilbert | C | 13107 | 3 Days per week |
| | | | | |
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II. Certification by Lead Chief Operator

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

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

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|--|
| X | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | 24 hrs | | | |
| 9,400 | 9,000 | 8,300 | 7,000 | 7,000 | 8,600 | 5,500 | 8,000 | 8,300 | 6,100 | 6,000 | 6,000 | 7,100 | 4,700 | 7,000 | 5,200 | 5,500 | 5,000 | 5,000 | 8,000 | 6,000 | 6,000 | 5,200 | 6,600 | 7,200 | 6,000 | 5,900 | 6,800 | 5,400 | 9,000 | 9,400 | | | |
| Average | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|---|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Brian Heath | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 | | City: Leesburg | State: FL |
| Contact Person's Telephone Number: 352/787-0980 | | Zip Code: 34748 | |
| Contact Person's E-Mail Address: beheath@aquaamerica.com | | Contact Person's Fax Number: 352/787-6333 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: (352) 369-4881 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | Will Fontaine | C | 6813 | 3 Days per week |
| Other Operators: | Chris Gilbert | C | 13107 | 3 Days per week |
| | David Rodriguez | A | 7880 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | Will Fontaine Printed or Typed Name | C6813 License Number |
|--------------------|--|-------------------------|

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Days Staffed | or Visited by Operator | Day of the Month ("X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (T) at C | Disinfectant Contact Time Before or Provided | Customer Temp | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, sec/cm ² | UV Dose Required, sec/cm ² | Minimum UV Dose at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | |
|--------------|------------------------|------------------------|--------------------------|--|---------------------|---|--|---------------|----------------------------|-------------------------------|---|---------------------------------------|--|--|---|---------|
| | | | | | | | | | | | | | | | CT Calculations | UV Dose |
| 1 | X | | 24 hrs | 9,900 | | 1 | | | | | | | | | | |
| 2 | X | | 24 hrs | 6,000 | | 1.9 | | | | | | | | | | |
| 3 | | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 4 | | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 5 | X | | 24 hrs | 8,100 | | 2.8 | | | | | | | | | | |
| 6 | X | | 24 hrs | 7,400 | | 2.2+ | | | | | | | | | | |
| 7 | X | | 24 hrs | 9,000 | | 1 | | | | | | | | | | |
| 8 | | | 24 hrs | 9,000 | | | | | | | | | | | | |
| 9 | X | | 24 hrs | 7,000 | | 1.4 | | | | | | | | | | |
| 10 | | | 24 hrs | 7,000 | | | | | | | | | | | | |
| 11 | | | 24 hrs | 7,600 | | | | | | | | | | | | |
| 12 | X | | 24 hrs | 7,900 | | 1 | | | | | | | | | | |
| 13 | X | | 24 hrs | 3,400 | | 0.9 | | | | | | | | | | |
| 14 | X | | 24 hrs | 8,000 | | 0.9 | | | | | | | | | | |
| 15 | X | | 24 hrs | 5,600 | | 1 | | | | | | | | | | |
| 16 | X | | 24 hrs | 6,000 | | 1 | | | | | | | | | | |
| 17 | | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 18 | | | 24 hrs | 5,700 | | | | | | | | | | | | |
| 19 | X | | 24 hrs | 8,000 | | 0.9 | | | | | | | | | | |
| 20 | X | | 24 hrs | 4,000 | | 0.8 | | | | | | | | | | |
| 21 | X | | 24 hrs | 6,000 | | 0.7 | | | | | | | | | | |
| 22 | X | | 24 hrs | 6,000 | | 0.7 | | | | | | | | | | |
| 23 | X | | 24 hrs | 10,000 | | 0.8 | | | | | | | | | | |
| 24 | | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 25 | | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 26 | X | | 24 hrs | 7,000 | | 0.8 | | | | | | | | | | |
| 27 | | | 24 hrs | 7,000 | | | | | | | | | | | | |
| 28 | X | | 24 hrs | 7,500 | | 0.8 | | | | | | | | | | |
| 29 | | | 24 hrs | 7,500 | | | | | | | | | | | | |
| 30 | X | | 24 hrs | 7,500 | | 0.8 | | | | | | | | | | |
| 31 | | | 24 hrs | 7,500 | | | | | | | | | | | | |
| Total | | | | 223,600 | | | | | | | | | | | | |
| Average | | | | 7,213 | | | | | | | | | | | | |
| Maximum | | | | 10,000 | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

Signature and Date

David Rodriguez
Printed or Typed Name

A7880
License Number



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|------------------------------------|
| PWS Name: | Rosalie Oaks | PWS Identification Number: | 3531546 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 91 | Total Population Served at End of Month: | 192 |
| PWS Owner: | Aqua Utilities Florida | | |
| Contact Person: | Carolyn McFalls | Contact Person's Title: | Area Manager - South Florida |
| Contact Person's Mailing Address: | 6960 Professional Parkway East Suite 400 | City: | Sarasota State: FL Zip Code: 34240 |
| Contact Person's Telephone Number: | (941) 907-7400 | Contact Person's Fax Number: | (941) 907-7401 |
| Contact Person's E-Mail Address: | cfmcfalls@aquaamerica.com | | |

B. Water Treatment Plant Information

| | | | | |
|---|--|---|--------------------------------------|-------------------------------|
| Plant Name: | Rosalie Oaks | Plant Telephone Number: | (863) 858-2504 | |
| Plant Address: | Rosalie Oaks Blvd | City: | Lake Wales State: FL Zip Code: 33853 | |
| Type of Water Treated by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 526,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez
Printed or Typed Name

A-7880
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Days Staffed | or Visited by | Hours of Operation | Plant in Operation | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L | Contact Time (T) at C Before or Provided Disinfectant | Lowest CT During Customer Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | |
|--------------|---------------|--------------------|--------------------|--|---------------------|---|---|---|----------------------------|-------------------------------|---|--|--|---|---|--|
| | | | | | | | | | | | | | | Lowest Residual Disinfectant Concentration | UV Dose | |
| 1 | X | | | 19,000 | | 1.2 | | | | | | | | 1.0 | * Hydrotank inspection | |
| 2 | | | | 20,000 | | | | | | | | | | | | |
| 3 | X | | | 25,000 | | 1.0 | | | 7.1 | | | | | 1.0 | | |
| 4 | | | | 11,000 | | | | | | | | | | | | |
| 5 | | | | 11,000 | | | | | | | | | | | | |
| 6 | X | | | 12,000 | | 0.6 | | | | | | | | 0.4 | | |
| 7 | | | | 8,000 | | | | | | | | | | | | |
| 8 | X | | | 8,000 | | 0.6 | | | | | | | | 0.6 | | |
| 9 | | | | 10,000 | | | | | | | | | | | | |
| 10 | X | | | 9,000 | | 0.7 | | | 7.3 | | | | | 0.6 | * Replaced C12 Inj inlet. | |
| 11 | | | | 7,000 | | | | | | | | | | | | |
| 12 | | | | 7,000 | | | | | | | | | | | | |
| 13 | X | | | 8,000 | | 0.6 | | | | | | | | 0.4 | | |
| 14 | | | | 8,000 | | | | | 7.2 | | | | | | | |
| 15 | X | | | 7,000 | | 0.5 | | | | | | | | 0.3 | | |
| 16 | | | | 9,000 | | | | | | | | | | | | |
| 17 | X | | | 9,000 | | 0.7 | | | | | | | | 0.4 | | |
| 18 | | | | 8,000 | | | | | | | | | | | | |
| 19 | | | | 8,000 | | | | | | | | | | | | |
| 20 | X | | | 8,000 | | 0.4 | | | 7.0 | | | | | 0.3 | * Replaced C12 Inj pump sternter tube (#7). | |
| 21 | | | | 10,000 | | | | | | | | | | | | |
| 22 | X | | | 10,000 | | 0.6 | | | | | | | | 0.5 | | |
| 23 | | | | 9,000 | | | | | | | | | | | | |
| 24 | X | | | 8,000 | | 1.2 | | | | | | | | 0.7 | | |
| 25 | | | | 8,000 | | | | | | | | | | | | |
| 26 | | | | 8,000 | | | | | | | | | | | | |
| 27 | X | | | 10,000 | | 0.6 | | | | | | | | 0.5 | | |
| 28 | | | | 8,000 | | | | | | | | | | | | |
| 29 | X | | | 9,000 | | 0.6 | | | | | | | | 0.6 | * Collected NO3 samples | |
| 30 | | | | 13,000 | | | | | | | | | | | | |
| 31 | X | | | 12,000 | | 3.0 | | | | | | | | 0.6 | | |
| | | | | Total Average | 317,000 | | | | | | | | | | | |
| | | | | Maximum | 25,000 | | | | | | | | | | | |

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

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--------------------------------------|--------------------------------------|---|--|--------------------------------------|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm2 | Minimum UV Dose Required, mW-sec/cm2 | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 2 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 3 | X | 24 hrs | 12,000 | | 0.4 | | | | | 7.1 | | | | 0.6 | |
| 4 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 5 | X | 24 hrs | 11,000 | | 0.7 | | | | | | | | | 0.7 | |
| 6 | | 24 hrs | 17,000 | | | | | | | | | | | | |
| 7 | X | 24 hrs | 18,000 | | 0.8 | | | | | | | | | 0.6 | |
| 8 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 9 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 10 | X | 24 hrs | 13,000 | | 0.7 | | | | | 7.0 | | | | 0.6 | *BWN, repair leak at entrance island |
| 11 | | 24 hrs | 14,000 | | | | | | | | | | | | |
| 12 | X | 24 hrs | 15,000 | | 0.9 | | | | | | | | | 0.7 | |
| 13 | | 24 hrs | 9,000 | | | | | | | | | | | | |
| 14 | X | 24 hrs | 10,000 | | 0.7 | | | | | | | | | 0.6 | |
| 15 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 16 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 17 | X | 24 hrs | 9,000 | | 0.8 | | | | | 7.1 | | | | 0.6 | |
| 18 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 19 | X | 24 hrs | 11,000 | | 0.9 | | | | | | | | | 0.6 | |
| 20 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 21 | X | 24 hrs | 10,000 | | 0.8 | | | | | | | | | 0.6 | |
| 22 | | 24 hrs | 9,000 | | | | | | | | | | | | |
| 23 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 24 | X | 24 hrs | 10,000 | | 0.9 | | | | | 7.1 | | | | 0.7 | |
| 25 | | 24 hrs | 12,000 | | | | | | | | | | | | |
| 26 | X | 24 hrs | 12,000 | | 0.9 | | | | | | | | | 0.7 | |
| 27 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 28 | X | 24 hrs | 10,000 | | 1.0 | | | | | | | | | 0.7 | |
| 29 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 30 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 31 | X | 24 hrs | 11,000 | | 0.9 | | | | | | | | | 0.7 | |
| Total | | | 350,000 | | | | | | | | | | | | |
| Average | | | 11,290 | | | | | | | | | | | | |
| Maximum | | | 18,000 | | | | | | | | | | | | |

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



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

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

A. Public Water System (PWS) Information

| | | | |
|---|--|--|-----------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: South Region Manager | |
| Contact Person's Mailing Address: 6960 Professional Parkway East, : | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: (941) 907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com | | Contact Person's Fax Number: (941) 907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: (863) 858-2504 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per month: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | | | |
| Plant Class (per subsection 62-699.310(4), F.A.C.): | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|---|---------------------------------|
| Signature and Date | <u>David Rodriguez</u> Printed or Typed Name | <u>A-7880</u> License Number |
|--------------------|---|---------------------------------|



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

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

A. Public Water System (PWS) Information

| | | | |
|---|--|--|-----------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| | | <input type="checkbox"/> Transient Non-Community | |
| | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: South Region Manager | |
| Contact Person's Mailing Address: 6960 Professional Parkway East, : | | City: Sarasota | State: FL |
| | | Zip Code: 34240 | |
| Contact Person's Telephone Number: (941) 907-7400 | | Contact Person's Fax Number: (941) 907-7401 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: (863) 858-2504 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| | | Zip Code: 33853 | | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

Signature and Date

David Rodriguez

Printed or Typed Name

A-7880

License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--------------------------------------|--------------------------------------|--|---|--|
| | | | | CT Calculations | | | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm2 | Minimum UV Dose Required, mW-sec/cm2 | | | |
| 1 | | 24 hrs | 8,500 | | | | | | | | | | | | |
| 2 | X | 24 hrs | 8,500 | | 0.7 | | | | | 7.0 | | | | 0.5 | |
| 3 | | 24 hrs | 10,500 | | | | | | | | | | | | |
| 4 | X | 24 hrs | 10,500 | | 0.9 | | | | | | | | | 0.5 | |
| 5 | | 24 hrs | 12,667 | | | | | | | | | | | | |
| 6 | | 24 hrs | 12,667 | | | | | | | | | | | | |
| 7 | X | 24 hrs | 12,667 | | 0.5 | | | | | | | | | 0.4 | |
| 8 | | 24 hrs | 17,500 | | | | | | | | | | | | |
| 9 | X | 24 hrs | 17,500 | | 0.8 | | | | | 7.1 | | | | 0.6 | |
| 10 | | 24 hrs | 19,000 | | | | | | | | | | | | |
| 11 | X | 24 hrs | 19,000 | | 0.6 | | | | | | | | | 0.5 | |
| 12 | | 24 hrs | 9,667 | | | | | | | | | | | | |
| 13 | | 24 hrs | 9,667 | | | | | | | | | | | | |
| 14 | X | 24 hrs | 9,667 | | 0.4 | | | | | | | | | 0.3 | |
| 15 | | 24 hrs | 13,000 | | | | | | | | | | | | |
| 16 | X | 24 hrs | 13,000 | | 0.7 | | | | | 7.1 | | | | 0.5 | |
| 17 | | 24 hrs | 8,000 | | | | | | | | | | | | |
| 18 | X | 24 hrs | 8,000 | | 1.7 | | | | | | | | | 1.3 | |
| 19 | | 24 hrs | 9,333 | | | | | | | | | | | | |
| 20 | | 24 hrs | 9,333 | | | | | | | | | | | | |
| 21 | X | 24 hrs | 9,333 | | 2.0 | | | | | | | | | 1.4 | |
| 22 | | 24 hrs | 8,000 | | | | | | | | | | | | |
| 23 | X | 24 hrs | 8,000 | | 1.8 | | | | | 7.0 | | | | 1.4 | |
| 24 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 25 | X | 24 hrs | 10,000 | | 1.4 | | | | | | | | | 1.0 | |
| 26 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 27 | | 24 hrs | 11,000 | | | | | | | | | | | | |
| 28 | X | 24 hrs | 11,000 | | 1.8 | | | | | | | | | 1.3 | |
| 29 | | 24 hrs | 10,000 | | | | | | | | | | | | |
| 30 | X | 24 hrs | 10,000 | | 1.5 | | | | | | | | | 1.0 | |
| 31 | | 24 hrs | | | | | | | | | | | | | |
| Total | | | 337,001 | | | | | | | | | | | | |
| Average | | | 11,233 | | | | | | | | | | | | |
| Maximum | | | 19,000 | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|-----------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|---------------------------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL Zip Code: 34240 |
| Contact Person's Telephone Number: 941/907-7400 | | Contact Person's Fax Number: 941/907-7401 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|---------------------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL Zip Code: 33853 | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead/Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|---|-----------------|---|---|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: | | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|-----------------------|----------------|
| | David Rodriguez | A7880 |
| Signature and Date | Printed or Typed Name | License Number |

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Days Started or Visited | Plant Hours | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L | Disinfectant Contact Time (T) at C | Before or Lowest CT | Temp of Water, C | pH of Water, if Applicable | Required, mg-mn/L CT | Lowest Operating UV Dose, mW-sec/cm2 | Minimum UV Dose Required, mW-sec/cm2 | Distribution Point in System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | |
|-------------------------|-------------|--|---------------------|---|------------------------------------|---------------------|------------------|----------------------------|----------------------|--------------------------------------|--------------------------------------|------------------------------------|--|---|---------|---------|
| | | | | | | | | | | | | | | UV Dose | UV Dose | UV Dose |
| 1 | X | 12,000 | 24 hrs | 1.1 | | | | | | | | | | | | |
| 2 | | 8,333 | 24 hrs | | | | | | | | | | | | | |
| 3 | | 8,333 | 24 hrs | | | | | | | | | | | | | |
| 4 | X | 8,333 | 24 hrs | 1.2 | | | | | | | | | | | | |
| 5 | | 6,000 | 24 hrs | | | | | | | | | | | | | |
| 6 | X | 6,000 | 24 hrs | 1.2 | | | | | | | | | | | | |
| 7 | | 6,000 | 24 hrs | | | | | | | | | | | | | |
| 8 | X | 6,000 | 24 hrs | 1.3 | | | | | | | | | | | | |
| 9 | | 8,667 | 24 hrs | | | | | | | | | | | | | |
| 10 | | 8,667 | 24 hrs | | | | | | | | | | | | | |
| 11 | X | 8,667 | 24 hrs | 1.2 | | | | | | | | | | | | |
| 12 | | 6,000 | 24 hrs | | | | | | | | | | | | | |
| 13 | X | 6,000 | 24 hrs | 1.0 | | | | | | | | | | | | |
| 14 | | 6,500 | 24 hrs | | | | | | | | | | | | | |
| 15 | X | 6,500 | 24 hrs | 1.2 | | | | | | | | | | | | |
| 16 | | 7,000 | 24 hrs | | | | | | | | | | | | | |
| 17 | | 7,000 | 24 hrs | | | | | | | | | | | | | |
| 18 | X | 7,000 | 24 hrs | 1.0 | | | | | | | | | | | | |
| 19 | | 7,000 | 24 hrs | | | | | | | | | | | | | |
| 20 | X | 7,000 | 24 hrs | 0.8 | | | | | | | | | | | | |
| 21 | X | 7,500 | 24 hrs | | | | | | | | | | | | | |
| 22 | | 7,500 | 24 hrs | 0.9 | | | | | | | | | | | | |
| 23 | | 7,000 | 24 hrs | | | | | | | | | | | | | |
| 24 | | 7,000 | 24 hrs | | | | | | | | | | | | | |
| 25 | X | 7,000 | 24 hrs | 1.0 | | | | | | | | | | | | |
| 26 | | 5,000 | 24 hrs | | | | | | | | | | | | | |
| 27 | X | 5,000 | 24 hrs | 1.0 | | | | | | | | | | | | |
| 28 | | 7,000 | 24 hrs | | | | | | | | | | | | | |
| 29 | X | 7,000 | 24 hrs | 1.0 | | | | | | | | | | | | |
| 30 | | 0 | 24 hrs | | | | | | | | | | | | | |
| 31 | | 0 | 24 hrs | | | | | | | | | | | | | |
| Total | | 207,000 | | | | | | | | | | | | | | |
| Average | | 6,677 | | | | | | | | | | | | | | |
| Maximum | | 12,000 | | | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| | | | |
|--|--|---|-----------|
| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | |
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
|----------------------|-----------------|---------------|----------------|------------------------|
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|---------------------------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL Zip Code: 34240 |
| Contact Person's Telephone Number: 941/907-7400 | | Contact Person's Fax Number: 941/907-7401 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|---------------------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL Zip Code: 33853 | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--------------------------------------|--------------------------------------|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm2 | Minimum UV Dose Required, mW-sec/cm2 | | | |
| 1 | | 24 hrs | 5,000 | | | | | | | | | | | | |
| 2 | X | 24 hrs | 5,000 | | 0.8 | | | | | | | | | 0.7 | |
| 3 | | 24 hrs | 5,667 | | | | | | | | | | | | |
| 4 | | 24 hrs | 5,667 | | | | | | | | | | | | |
| 5 | X | 24 hrs | 5,667 | | 1.0 | | | | | 7.1 | | | | 0.7 | |
| 6 | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 7 | X | 24 hrs | 6,000 | | 0.6 | | | | | | | | | 0.7 | |
| 8 | | 24 hrs | 4,000 | | | | | | | | | | | | |
| 9 | X | 24 hrs | 4,000 | | 1.0 | | | | | | | | | 0.9 | |
| 10 | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 11 | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 12 | X | 24 hrs | 6,000 | | 1.4 | | | | | 7.0 | | | | 1.0 | |
| 13 | | 24 hrs | 7,000 | | | | | | | | | | | | |
| 14 | X | 24 hrs | 7,000 | | 1.0 | | | | | | | | | 0.8 | |
| 15 | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 16 | X | 24 hrs | 6,000 | | 1.2 | | | | | | | | | 1.0 | |
| 17 | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 18 | | 24 hrs | 6,000 | | | | | | | | | | | | |
| 19 | X | 24 hrs | 6,000 | | 1.0 | | | | | | | | | 0.8 | |
| 20 | | 24 hrs | 4,500 | | | | | | | | | | | | |
| 21 | X | 24 hrs | 4,500 | | 0.8 | | | | | | | | | 0.7 | |
| 22 | | 24 hrs | 5,000 | | | | | | | | | | | | |
| 23 | X | 24 hrs | 5,000 | | 0.7 | | | | | 7.0 | | | | 0.6 | |
| 24 | | 24 hrs | 5,000 | | | | | | | | | | | | |
| 25 | | 24 hrs | 5,000 | | | | | | | | | | | | |
| 26 | X | 24 hrs | 5,000 | | 0.7 | | | | | | | | | 0.7 | |
| 27 | | 24 hrs | 5,000 | | | | | | | | | | | | |
| 28 | X | 24 hrs | 5,000 | | 1.2 | | | | | | | | | 1.0 | |
| 29 | | 24 hrs | 4,500 | | | | | | | | | | | | |
| 30 | X | 24 hrs | 4,500 | | 1.0 | | | | | 7.1 | | | | 0.8 | |
| 31 | | 24 hrs | | | | | | | | | | | | | |
| Total | | | 162,001 | | | | | | | | | | | | |
| Average | | | 5,400 | | | | | | | | | | | | |
| Maximum | | | 7,000 | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|---|--|--|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead/Chief Operator

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

| | | |
|--------------------|--|-------------------------|
| Signature and Date | David Rodriguez Printed or Typed Name | A7880 License Number |
|--------------------|--|-------------------------|

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

III. Daily Data for the Month Year of:

October-05

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

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Days | Plant Staffed | or Visted by Operator | Day of the Month (Place "X") | Operation Plant in Hours | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Disinfectant Contact Time | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, sec/cm ² | UV Dose Required, mW | Emergency or Abnormal Operating Conditions. Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | | | | | | |
|---------|---------------|-----------------------|------------------------------|--------------------------|--|---------------------|---|-------------------|----------------------------|-------------------------------|---|----------------------|--|---|-----------------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | Lowest CT | CT Calculations | UV Dose | | | | | | | | | | | | | |
| 1 | | | | 24 hrs | 5,667 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | 24 hrs | 5,667 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | X | | | 24 hrs | 5,667 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | X | | 24 hrs | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | X | | 24 hrs | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | 24 hrs | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | X | | 24 hrs | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | 24 hrs | 10,667 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | 24 hrs | 10,667 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | X | | 24 hrs | 10,667 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | 24 hrs | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | X | | 24 hrs | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | 24 hrs | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | X | | 24 hrs | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | 24 hrs | 5,333 | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | 24 hrs | 5,333 | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | X | | 24 hrs | 5,333 | | | | 7.0 | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | 24 hrs | 7,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | X | | 24 hrs | 7,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | 24 hrs | 6,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | X | | 24 hrs | 6,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | 24 hrs | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | 24 hrs | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | X | | 24 hrs | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | 24 hrs | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | X | | 24 hrs | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | 24 hrs | 9,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | X | | 24 hrs | 9,000 | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | 24 hrs | 4,333 | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | 24 hrs | 4,333 | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | X | | 24 hrs | 4,333 | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | 189,000 | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | 6,097 | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | 10,667 | | | | | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|---------------------------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL Zip Code: 34240 |
| Contact Person's Telephone Number: 941/907-7400 | | Contact Person's Fax Number: 941/907-7401 | |
| Contact Person's E-Mail Address: cfmcfalls@aquamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|-----------------|---|---------------------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL Zip Code: 33853 | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | David Rodriguez | A | 7880 | 3 Days per week |
| Other Operators: | Steve Fuller | B | 7519 | 3 Days per week |
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II. Certification by Lead Chief Operator

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

| | | |
|--------------------|-----------------------|----------------|
| Signature and Date | Steve Fuller | B-7519 |
| | Printed or Typed Name | License Number |

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--------------------------------------|--------------------------------------|--|---|--|--|
| | | | | CT Calculations | | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm2 | Minimum UV Dose Required, mW-sec/cm2 | | | | |
| 1 | | 24 hrs | 4,000 | | | | | | | | | | | | | |
| 2 | | 24 hrs | 4,000 | | 0.9 | | | | | 7.2 | | | | | 0.6 | |
| 3 | X | 24 hrs | 3,000 | | | | | | | | | | | | | |
| 4 | | 24 hrs | 3,000 | | 1 | | | | | | | | | | 0.8 | |
| 5 | X | 24 hrs | 6,667 | | | | | | | | | | | | | |
| 6 | | 24 hrs | 6,667 | | | | | | | | | | | | | |
| 7 | X | 24 hrs | 6,667 | | 0.7 | | | | | | | | | | 0.6 | |
| 8 | | 24 hrs | 5,000 | | 1.1 | | | | | | | | | | 0.5 | |
| 9 | | 24 hrs | 11,000 | | 1.1 | | | | | | | | | | 0.6 | |
| 10 | X | 24 hrs | 4,000 | | 1 | | | | | | | | | | 0.5 | |
| 11 | | 24 hrs | 8,000 | | 0.6 | | | | | 7.3 | | | | | 0.4 | |
| 12 | X | 24 hrs | 8,000 | | | | | | | | | | | | | |
| 13 | | 24 hrs | 8,000 | | | | | | | | | | | | | |
| 14 | X | 24 hrs | 8,000 | | 0.5 | | | | | | | | | | 0.4 | |
| 15 | | 24 hrs | 7,000 | | 1 | | | | | | | | | | 0.6 | |
| 16 | | 24 hrs | 7,000 | | 0.6 | | | | | | | | | | 0.5 | |
| 17 | X | 24 hrs | 12,000 | | 0.7 | | | | | | | | | | 0.5 | |
| 18 | | 24 hrs | 6,000 | | 2 | | | | | 7.2 | | | | | 0.9 | |
| 19 | X | 24 hrs | 7,667 | | | | | | | | | | | | | |
| 20 | | 24 hrs | 7,667 | | | | | | | | | | | | | |
| 21 | X | 24 hrs | 7,667 | | 1.4 | | | | | | | | | | 0.8 | |
| 22 | | 24 hrs | 8,000 | | 1.5 | | | | | | | | | | 0.9 | |
| 23 | | 24 hrs | 10,000 | | 1.5 | | | | | | | | | | 0.8 | |
| 24 | X | 24 hrs | 7,000 | | 1.4 | | | | | | | | | | 0.9 | |
| 25 | | 24 hrs | 5,000 | | 1.5 | | | | | | | | | | 0.9 | |
| 26 | X | 24 hrs | 5,333 | | | | | | | | | | | | | |
| 27 | | 24 hrs | 5,333 | | | | | | | | | | | | | |
| 28 | X | 24 hrs | 5,333 | | 1.3 | | | | | 7.3 | | | | | 0.8 | |
| 29 | | 24 hrs | 1,000 | | 2.1 | | | | | | | | | | 0.9 | |
| 30 | | 24 hrs | 8,000 | | 1.3 | | | | | | | | | | 0.8 | |
| 31 | X | 24 hrs | | | | | | | | | | | | | | |
| Total | | | 196,001 | | | | | | | | | | | | | |
| Average | | | 6,533 | | | | | | | | | | | | | |
| Maximum | | | 12,000 | | | | | | | | | | | | | |

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

| | | | |
|---|--|--|-----------|
| PWS Name: Rosalie Oaks | | PWS Identification Number: 3531546 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 91 | | Total Population Served at End of Month: 192 | |
| PWS Owner: Aqua Utilities Florida | | | |
| Contact Person: Carolyn McFalls | | Contact Person's Title: Area Manager - Florida | |
| Contact Person's Mailing Address: 6960 Professional Parkway East | | City: Sarasota | State: FL |
| Contact Person's Telephone Number: 941/907-7400 | | Zip Code: 34240 | |
| Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com | | Contact Person's Fax Number: 941/907-7401 | |

B. Water Treatment Plant Information

| Plant Name: Rosalie Oaks | | Plant Telephone Number: 941/907-7400 | | |
|--|--------------|---|----------------|------------------------|
| Plant Address: Rosalie Oaks Blvd | | City: Lake Wales | State: FL | |
| Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator: | Steve Fuller | B | 7519 | 3 Days per week |
| Other Operators: | | | | |
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II. Certification by Lead Chief Operator

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

Signature and Date

Steve Fuller

Printed or Typed Name

B7519

License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--------------------------------------|--------------------------------------|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm2 | Minimum UV Dose Required, mW-sec/cm2 | | | | |
| 1 | X | 24 hrs | 7,000 | | 1.5 | | | | | | | | | | 1 | |
| 2 | X | 24 hrs | 6,000 | | 1.6 | | | | | 7.9 | | | | | 1 | |
| 3 | | 24 hrs | 6,667 | | | | | | | | | | | | | |
| 4 | | 24 hrs | 6,667 | | | | | | | | | | | | | |
| 5 | X | 24 hrs | 6,667 | | 1.2 | | | | | | | | | | 0.9 | |
| 6 | X | 24 hrs | 6,000 | | 2.3 | | | | | | | | | | 1.1 | |
| 7 | X | 24 hrs | 9,000 | | 1.4 | | | | | | | | | | 0.7 | |
| 8 | X | 24 hrs | 6,000 | | 1.5 | | | | | | | | | | 1 | |
| 9 | X | 24 hrs | 8,000 | | 1.8 | | | | | | | | | | 1.6 | |
| 10 | | 24 hrs | 8,667 | | | | | | | | | | | | | |
| 11 | | 24 hrs | 8,667 | | | | | | | | | | | | | |
| 12 | X | 24 hrs | 8,667 | | 1.3 | | | | | 8 | | | | | 1.2 | |
| 13 | | 24 hrs | 8,000 | | | | | | | | | | | | | |
| 14 | X | 24 hrs | 8,000 | | 1.2 | | | | | | | | | | 1 | |
| 15 | X | 24 hrs | 10,000 | | 1.3 | | | | | | | | | | 0.9 | |
| 16 | X | 24 hrs | 12,000 | | 1.2 | | | | | 7.9 | | | | | 0.8 | |
| 17 | | 24 hrs | 7,000 | | | | | | | | | | | | | |
| 18 | | 24 hrs | 7,000 | | | | | | | | | | | | | |
| 19 | X | 24 hrs | 7,000 | | 1.2 | | | | | | | | | | 1.3 | |
| 20 | X | 24 hrs | 8,000 | | 1.3 | | | | | | | | | | 1 | |
| 21 | X | 24 hrs | 5,000 | | 1.2 | | | | | 8.1 | | | | | 0.8 | |
| 22 | X | 24 hrs | 7,000 | | 1.2 | | | | | | | | | | 0.7 | |
| 23 | X | 24 hrs | 10,000 | | 1.2 | | | | | | | | | | 0.8 | |
| 24 | | 24 hrs | 8,333 | | | | | | | | | | | | | |
| 25 | | 24 hrs | 8,333 | | | | | | | | | | | | | |
| 26 | X | 24 hrs | 8,333 | | 1.2 | | | | | | | | | | 0.7 | |
| 27 | X | 24 hrs | 9,000 | | 1.1 | | | | | | | | | | 0.8 | |
| 28 | X | 24 hrs | 11,000 | | 1 | | | | | | | | | | 0.8 | |
| 29 | X | 24 hrs | 7,000 | | 1.2 | | | | | | | | | | 0.8 | |
| 30 | X | 24 hrs | 9,000 | | 1.1 | | | | | | | | | | 0.9 | |
| 31 | | 24 hrs | | | | | | | | | | | | | | |
| Total | | | 238,001 | | | | | | | | | | | | | |
| Average | | | 7,933 | | | | | | | | | | | | | |
| Maximum | | | 12,000 | | | | | | | | | | | | | |

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