

Zephyr Shores

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 57 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

00887 JAN 26 6

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Zephyr Shores

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2004

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4199		Contact Person's Fax Number: (407) 598-4217	
Contact Person's E-Mail Address: craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida Zip Code: 33810
Type of Water Treatment 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: 200,000			
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 Days 1st Shift
Other Operators:	Steve Fuller	B	7519 Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez
Printed or Typed Name

A-7880
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

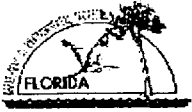
III. Daily Data for the Month/Year of: January, 2004

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 Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	27,000		2.2									1.6	
2	X	24.0	26,000		2.0									1.4	
3	X	24.0	28,000		2.2									1.4	
4		24.0	25,500												
5	X	24.0	25,500		2.4									1.5	
6	X	24.0	27,000		2.0									1.4	
7	X	24.0	25,000		2.1									1.2	
8	X	24.0	22,000		2.5									1.6	
9	X	24.0	29,000		2.4									1.4	
10	X	24.0	21,000		2.2									1.4	
11		24.0	22,000												
12	X	24.0	22,000		2.0									1.2	
13	X	24.0	29,000		2.0									1.2	
14	X	24.0	26,000		2.0									1.1	
15	X	24.0	28,000		2.8									1.8	
16	X	24.0	27,000		1.8									1.0	
17	X	24.0	28,000		2.2									1.1	
18		24.0	24,500												
19	X	24.0	24,500		2.2									1.2	
20	X	24.0	28,000		1.9									1.0	
21	X	24.0	28,000		1.8									1.2	
22	X	24.0	30,000		1.8									1.1	
23	X	24.0	29,000		1.0									0.8	
24	X	24.0	38,000		1.0									0.8	
25		24.0	32,000												
26	X	24.0	32,000		1.0									0.9	
27	X	24.0	27,000		1.4									0.9	
28	X	24.0	33,000		0.9									0.9	
29	X	24.0	32,000		0.9									0.6	
30	X	24.0	29,000		1.4									1.0	
31	X	24.0	32,000		1.8									1.2	
Total			857,000												
Average			27,645												
Maximum			38,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-355.900(3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of		January, 2004		
System Name:	American Condominium	PWS Identification Number:	6515213	
System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Total Population Served at End of Month:		
Number of Service Connections at End of Month:				
System Owner:	Florida Water Services	Contact Person's Title: Vice President of Environmental Services		
Contact Person:	Craig Anderson	State:	FL	Zip Code: 32860-9520
Contact Person's Mailing Address:	P. O. Box 609520	City:	Orlando	Contact Person's Telephone Number: (407) 574-6691
Contact Person's E-Mail Address:	craiga@florida-water.com			

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	7880 A (Chief Operator) License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month Year of: **January, 2004**

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

Day of the Month	Free Chlorine					Day of the Month	Combined Chlorine (Chloramines)				
	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL		a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17					
2	1					18					
3						19	1				
4						20	1				
5	1					21	1				
6	1					22	1				
7	1					23	1				
8	1					24					
9	1					25					
10						26	1				
11						27	1				
12	1					28	1				
13	1					29	1				
14	1					30	1				
15	1					31					
16	1					Total	22				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
 For previous month, V = _____ %

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	February, 2004
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A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC	PWS Identification Number: 6512018		
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: 213	Total Population Served at End of Month: 491		
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson	Contact Person's Title: VP Environmental Services		
Contact Person's Mailing Address: P.O. Box 609520	City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4199	Contact Person's Fax Number: (407) 598-4217		
Contact Person's E-Mail Address: craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC	Plant Telephone Number: 863-858-2504			
Plant Address: 35235 Highway 54 West	City: Zephyrhills	State: Florida Zip Code: 33810		
Type of Water Treatment 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: 200,000				
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	Days 1st Shift
Other Operators:	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: February, 2004

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 Demostate 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 if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	27,500											
2	X	24.0	27,500		2.2								1.2	
3	X	24.0	36,000		2.4								1.4	
4	X	24.0	39,000		2.5								1.6	
5	X	24.0	38,000		2.4								1.5	
6	X	24.0	42,000		2.8								2.0	
7	X	24.0	59,000		2.5								2.0	
8		24.0	28,000											
9	X	24.0	28,000		2.0								1.4	
10	X	24.0	68,000		2.2								1.2	
11	X	24.0	59,000		3.5								2.4	
12	X	24.0	31,000		2.0								1.4	
13	X	24.0	11,000		2.0								1.5	
14	X	24.0	17,000		0.6								0.8	
15		24.0	8,000											
16	X	24.0	8,000		0.7								0.8	
17	X	24.0	11,000		2.0								1.1	
18	X	24.0	17,000		3.0								2.0	
19	X	24.0	12,000		2.2								1.4	
20	X	24.0	9,000		2.0								1.2	
21	X	24.0	18,000		2.2								1.4	
22		24.0	12,500											
23	X	24.0	12,500		1.8								1.2	
24	X	24.0	17,000		1.4								1.0	
25	X	24.0	8,000		0.8								0.8	
26	X	24.0	11,000		0.6								0.8	
27	X	24.0	8,000		1.4								0.9	
28		24.0	16,000											
29	X	24.0	16,000		0.8								0.8	
Total			695,000											
Average			23,966											
Maximum			68,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-955 900(3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February, 2004	
System Name:	American Condominium	PWS Identification Number:	6515213
System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Total Population Served at End of Month:	1080
Number of Service Connections at End of Month:	309	Contact Person's Title:	Vice President of Environmental Services
System Owner:	Florida Water Services	Contact Person's Mailing Address:	P. O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520
Contact Person:	Craig Anderson	Contact Person's Telephone Number:	(407) 574-6691
Contact Person's E-Mail Address:	craiga@florida-water.com		

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	<u>David Rodriguez</u> Printed or Typed Name	<u>7880 A (Chief Operator)</u> License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		February, 2004
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1						17	1				
2	1					18	1				
3	1					19	1				
4	1					20	1				
5	1					21					
6	1					22					
7						23	1				
8						24	1				
9	1					25	1				
10	1					26	1				
11	1					27	1				
12	1					28					
13	1					29					
14						30					
15						31					
16	1					Total	20				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
 For previous month, V = _____ %

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	March, 2004
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A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
		Zip Code: 32860-9520	
Contact Person's Telephone Number: (407) 598-4199		Contact Person's Fax Number: (407) 598-4217	
Contact Person's E-Mail Address: craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
		Zip Code: 33810	
Type of Water Treatment 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: 200,000			
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	Days 1st Shift
Other Operators:	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

	David Rodriguez	A-7880
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC March, 2004

III. Daily Data for the Month/year of:

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

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

Day of the Month	Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Contact Time Before or at First Customer Measurement (T) at C	Lowest CT	CT Calculations				Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, mW-sec/cm ²	UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
								Disinfectant Provided	Disinfectant (T) at C	Measurement Point During Peak Flow, minutes	Customer During Peak Flow, mg-min/L									
1	X		24,000	24,000	13,000	2.0														
2	X		24,000	24,000	21,000	0.7														
3	X		24,000	24,000	12,000	0.8														
4	X		24,000	24,000	16,000	0.8														
5	X		24,000	24,000	10,000	0.8														
6			24,000	23,000																
7	X		24,000	23,000	23,000	3.0														
8	X		24,000	11,000	24,000	0.9														
9	X		24,000	19,000	24,000	3.0														
10	X		24,000	18,000	24,000	1.7														
11	X		24,000	13,000	24,000	1.4														
12	X		24,000	17,000	24,000	2.0														
13	X		24,000	34,000	24,000	2.0														
14			24,000	23,000																
15	X		24,000	23,000	24,000	0.9														
16	X		24,000	17,000	24,000	2.4														
17	X		24,000	16,000	24,000	0.9														
18	X		24,000	20,000	24,000	2.0														
19	X		24,000	45,000	24,000	2.0														
20			24,000	25,000																
21	X		24,000	25,000	24,000	2.4														
22	X		24,000	14,000	24,000	1.8														
23	X		24,000	29,000	24,000	1.6														
24	X		24,000	30,000	24,000	1.6														
25	X		24,000	24,000	24,000	1.8														
26	X		24,000	18,000	24,000	2.0														
27	X		24,000	20,000	24,000	1.5														
28			24,000	32,000																
29	X		24,000	32,000	24,000	1.0														
30	X		24,000	34,000	24,000	2.1														
31	X		24,000	21,000	678,000	1.5														
Average				21,871																
Maximum				45,000																

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

Effective August 28 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March, 2004	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Florida Water Services		
Contact Person:	Craig Anderson	Contact Person's Title:	Vice President of Environmental Services
Contact Person's Mailing Address:	P. O. Box 609520	City:	Orlando
Contact Person's E-Mail Address:	craiga@florida-water.com	State:	FL
		Zip Code:	32860-9520
		Contact Person's Telephone Number:	(407) 574-6691

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	7880 A (Chief Operator) License Number or Title
--------------------	--	--

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **March, 2004**

Type of Disinfectant Residual Maintained in Distribution System:											
						<input checked="" type="checkbox"/> Free Chlorine			<input type="checkbox"/> Combined Chlorine (Chloramines)		
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18	1				
3	1					19	1				
4	1					20					
5	1					21					
6						22	1				
7						23	1				
8	1					24	1				
9	1					25	1				
10	1					26	1				
11	1					27					
12	1					28					
13						29	1				
14						30	1				
15	1					31	1				
16	1					Total	23				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$

For previous month, V = _____ %

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2004

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Florida Water Services	Contact Person's Title:	VP Environmental Services
Contact Person:	Craig Anderson	Contact Person's Mailing Address:	P.O. Box 609520
Contact Person's Telephone Number:	(407) 598-4199	City:	Orlando
Contact Person's E-Mail Address:	craig@florida-water.com	State:	Florida
		Zip Code:	32860-9520
		Contact Person's Fax Number:	(407) 598-4217

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504	
Plant Address:	35235 Highway 54 West	City:	Zephyrhills	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000	Zip Code:	33810	
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	Days 1st Shift
Other Operators:	Steve Fuller	B	7519	Days 1st Shift

II Certification by Lead/Chief Operator

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

Signature and Date _____ David Rodriguez _____ A-7880 _____
 Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: April, 2004

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 Demostate 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/cm ²		
1	X	24.0	26,000		1.4							1.2	
2	X	24.0	21,000		1.5							1.0	
3	X	24.0	30,000		1.4							1.2	
4		24.0	20,000										
5	X	24.0	20,000		0.6							1.0	
6	X	24.0	27,000		0.8							0.9	
7	X	24.0	26,000		1.2							1.1	
8	X	24.0	25,000		0.5							1.0	
9	X	24.0	16,000		0.6							0.8	
10	X	24.0	40,000		0.6							0.7	
11		24.0	16,500										
12	X	24.0	16,500		0.6							0.8	
13	X	24.0	17,000		0.6							0.8	
14	X	24.0	13,000		0.8							0.9	
15	X	24.0	11,000		0.7							0.8	
16	X	24.0	27,000		1.4							1.1	
17	X	24.0	17,000		1.2							1.0	
18		24.0	10,500										
19	X	24.0	10,500		2.4							1.4	
20	X	24.0	21,000		1.0							1.0	
21	X	24.0	23,000		1.4							1.2	
22	X	24.0	16,000		1.2							1.0	
23	X	24.0	18,000		0.6							0.7	
24	X	24.0	13,000		2.5							2.0	
25		24.0	16,500										
26	X	24.0	16,500		2.2							1.6	
27	X	24.0	13,000		2.5							1.8	
28	X	24.0	11,000		2.0							1.8	
29	X	24.0	11,000		0.7							0.8	
30	X	24.0	10,000		0.6							0.7	
Total			559,000										
Average			18,633										
Maximum			40,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: **April, 2004**

System Name: American Condominium PWS Identification Number: 6515213

System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

System Owner: Florida Water Services Contact Person's Title: Vice President of Environmental Services

Contact Person: Craig Anderson State: FL Zip Code: 32860-9520

Contact Person's Mailing Address: P. O. Box 609520 City: Orlando Contact Person's Telephone Number: (407) 574-6691

Contact Person's E-Mail Address: craiga@florida-water.com

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ David Rodriguez 7880 A (Chief Operator)
Printed or Typed Name License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: **April, 2004**

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

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18					
3	1					19					
4						20	1				
5	1					21	1				
6	1					22	1				
7	1					23	1				
8	1					24	1				
9	1					25					
10	1					26	1				
11						27	1				
12						28	1				
13	1					29	1				
14	1					30	1				
15	1					31					
16	1					Total	24				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
 For previous month, V = _____ %

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2004

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
Contact Person's Telephone Number: (407) 598-4199		Contact Person's Fax Number: (407) 598-4217	
Contact Person's E-Mail Address: craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504		
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida	
Type of Water Treatment 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: 200,000				
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	Days 1st Shift
Other Operators:	Steve Fuller	B	7519	Days 1st Shift

II Certification by Lead/Chief Operator

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

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: May, 2004

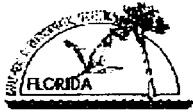
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

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

Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Before or at First Customer Measurement Point During Peak Flow, minutes	Lowest CT	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, mW-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 Demostate Four-Log Virus Inactivation, if Applicable*		UV Dose	
													CT Calculations	UV Dose	UV Dose	UV Dose
1	X	24.0	5,000	0.6									0.5			
2		24.0	1,500													
3	X	24.0	1,500	2.8									1.0			
4	X	24.0	2,000	2.8									1.6			
5	X	24.0	5,000	1.2									1.0			
6	X	24.0	7,000	1.6									1.2			
7	X	24.0	8,000	3.0									2.0			
8	X	24.0	11,000	3.0									1.8			
9		24.0	7,500													
10	X	24.0	7,500	2.4									1.6			
11	X	24.0	12,000	1.1									0.9			
12	X	24.0	7,000	3.5									2.4			
13	X	24.0	9,000	1.0									1.0			
14	X	24.0	7,000	3.5									2.2			
15	X	24.0	16,000	0.6									0.9			
16		24.0	2,000													
17	X	24.0	2,000	3.5									2.2			
18	X	24.0	5,000	3.0									2.0			
19	X	24.0	10,000	2.5									2.0			
20	X	24.0	6,000	3.0									2.0			
21	X	24.0	10,000	3.0									1.4			
22	X	24.0	14,000	1.0									1.0			
23		24.0	10,000													
24	X	24.0	10,000	0.6									0.6			
25	X	24.0	11,000	2.0									1.0			
26	X	24.0	11,000	2.0									1.2			
27	X	24.0	8,000	2.8									1.8			
28	X	24.0	13,000	0.9									1.0			
29	X	24.0	18,000	1.0									1.0			
30		24.0	11,500													
31	X	24.0	11,500	0.8									0.8			
Total		260,000														
Average		8,387														
Maximum		18,000														

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

Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		May, 2004	
System Name:	American Condominium	PWS Identification Number:	6515213
System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Total Population Served at End of Month:	1080
Number of Service Connections at End of Month:	309	Contact Person's Title:	Vice President of Environmental Services
System Owner:	Florida Water Services	State:	FL
Contact Person:	Craig Anderson	City:	Orlando
Contact Person's Mailing Address:	P. O. Box 609520	Zip Code:	32860-9520
Contact Person's E-Mail Address:	craiga@florida-water.com	Contact Person's Telephone Number:	(407) 574-6691

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	7880 A (Chief Operator) License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **May, 2004**

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

Day of the Month	Free Chlorine					Day of the Month	Combined Chlorine (Chloramines)				
	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL		a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1						17	1				
2						18	1				
3	1					19	1				
4	1					20	1				
5	1					21	1				
6	1					22					
7	1					23					
8						24	1				
9						25	1				
10	1					26	1				
11	1					27	1				
12	1					28	1				
13	1					29					
14	1					30					
15						31	1				
16						Total	21				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
 For previous month, V = _____ %

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Zephyr Shores

June 2004

Aqua Utilities Florida, Inc.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2004

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34748	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33810	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000			
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:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
--------------------	--	--------------------------

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: July, 2004

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 Demostate 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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Temp of Water, °C if Applicable		
1	X	24.0			2.0							1.2	
2	X	24.0	2,000		2.2							1.4	
3	X	24.0	3,000		2.0							1.2	
4		24.0	2,500										
5	X	24.0	2,500		1.0							1.0	
6	X	24.0	4,000		1.2							1.0	
7	X	24.0	4,000		0.6							0.8	
8	X	24.0	3,000		1.2							0.9	
9	X	24.0	4,000		0.8							0.9	
10	X	24.0	3,000		2.5							1.4	
11		24.0	11,000										
12	X	24.0	11,000		0.6							0.8	
13	X	24.0	6,000		0.6							0.9	
14	X	24.0	4,000		3.0							1.8	
15	X	24.0	4,000		3.0							2.2	
16	X	24.0	4,000		1.5							1.2	
17	X	24.0	1,000		1.4							1.0	
18		24.0	2,000										
19	X	24.0	2,000		0.9							1.0	
20	X	24.0	1,000		3.0							1.2	
21	X	24.0	11,000		3.0							2.0	
22	X	24.0	2,000		2.4							1.4	
23	X	24.0	1,000		2.5							1.2	
24	X	24.0	4,000		2.0							1.0	
25		24.0	2,500										
26	X	24.0	2,500		1.4							1.2	
27	X	24.0	6,000		2.2							1.4	
28	X	24.0	1,000		1.8							1.1	
29	X	24.0	1,000		1.4							1.4	
30	X	24.0	1,000		1.2							1.0	
31	X	24.0	5,000		1.3							1.0	
Total			111,000										
Average			3,581										
Maximum			11,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		July, 2004	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Brain Heath	Contact Person's Title:	Vice President of Environmental Services
Contact Person's Mailing Address:	2315 Griffin Road	City: Leesburg	State: FL Zip Code: 34748
Contact Person's E-Mail Address:	beheath@aquaamerica.com		Contact Person's Telephone Number: (4C (352) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		July, 2004									
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)											
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17					
2	1					18					
3						19	1				
4						20	1				
5	1					21	1				
6	1					22	1				
7	1					23	1				
8	1					24					
9	1					25					
10						26	1				
11						27	1				
12	1					28	1				
13	1					29	1				
14	2					30	1				
15	2					31					
16	1					Total	23				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$

For previous month, V = _____ %

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	August, 2004
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A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	David Rodriguez	A	7880
	Steve Fuller	B	7519

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
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MONTHLY OPERATION REPORT FOR PW'SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC August, 2004

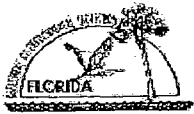
III. Daily Data for the Month/year of:

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

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

Days Plant Started or Visted by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L	Contact Time (T) at C	Lowest CT Before or at First Customer Measurement Point During Peak Flow, min	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Concentration at Disinfectant UV Dose	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*			
														UV Dose	CT	UV Dose	
1	X	24.0	500	1.0													
2	X	24.0	500	1.0													
3	X	24.0	2,000	0.8													
4	X	24.0	2,000	2.5													
5	X	24.0	1,000	3.0													
6	X	24.0	2,000	1.8													
7	X	24.0	1,000	1.2													
8		24.0	1,000														
9	X	24.0	1,000	0.6													
10	X	24.0	2,000	0.6													
11	X	24.0	7,000	2.0													
12	X	24.0	1,000	0.8													
13	X	24.0	1,000	0.8													
14	X	24.0	2,000	2.5													
15		24.0	3,000														
16	X	24.0	3,000	0.6													
17	X	24.0	6,000	2.0													
18	X	24.0	3,000	1.0													
19	X	24.0	5,000	3.5													
20	X	24.0	10,000	1.0													
21	X	24.0	8,000	3.0													
22		24.0	2,500														
23	X	24.0	2,500	0.8													
24	X	24.0	7,000	1.0													
25	X	24.0	6,000	1.0													
26	X	24.0	4,000	3.5													
27	X	24.0	3,000	0.9													
28	X	24.0	7,000	2.0													
29		24.0	3,500														
30	X	24.0	3,500	3.5													
31	X	24.0	8,000	1.4													
Total		109,000															
Average		3,516															
Maximum		10,000															

* Refer to the instructions for this report to determine which plants must provide this information. DEPRM 62-985 9001 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		August, 2004	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Brain Heath	Contact Person's Title:	Vice President of Environmental Services
Contact Person's Mailing Address:	2315 Griffin Road	City:	Leesburg State: FL Zip Code: 34748
Contact Person's E-Mail Address:	beheath@aquaamerica.com		Contact Person's Telephone Number: (407) 352-787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C-6813</u> License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **August, 2004**

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

Day of the Month	Free Chlorine					Day of the Month	Combined Chlorine (Chloramines)				
	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL		a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16						Total					

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
 For previous month, V = _____ %

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2004

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	David Rodriguez	A	7880
	Steve Fuller	B	7519

II. Certification by Lead/Chief Operator

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

	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: September, 2004

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 Demostate 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/cm ²		
1	X	24.0	4,000		3.5							2.0	
2	X	24.0	7,000		0.6							1.0	
3	X	24.0	7,000		0.8							0.8	
4	X	24.0	4,000		3.5							2.0	
5		24.0	1,500										
6	X	24.0	1,500		2.0							1.0	
7	X	24.0	1,000		1.4							1.0	
8	X	24.0	4,000		0.6							0.8	
9	X	24.0	8,000		1.0							1.0	
10	X	24.0	4,000		0.8							0.9	
11	X	24.0	9,000		0.7							0.6	
12		24.0	4,500										
13	X	24.0	4,500		3.0							2.0	
14	X	24.0	16,000		0.6							0.8	
15	X	24.0	21,000		0.6							0.6	
16	X	24.0	18,000		0.7							0.8	
17	X	24.0	18,000		1.8							1.1	
18		24.0	20,500										
19	X	24.0	20,500		1.4							1.0	
20	X	24.0	8,000		0.9							1.0	
21	X	24.0	20,000		0.8							0.8	
22	X	24.0	22,000		3.0							1.6	
23	X	24.0	21,000		0.8							1.2	
24	X	24.0	23,000		0.5							0.6	
25	X	24.0	27,000		0.8							0.8	
26		24.0	16,000										
27	X	24.0	16,000		0.7							1.0	
28	X	24.0			0.5							0.8	
29	X	24.0	21,000		0.7							0.7	
30	X	24.0	20,000		0.6							0.6	
31		24.0											
Total			368,000										
Average			11,871										
Maximum			27,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 DE P Form 62-935 900(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2004

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	David Rodriguez	A	7880
	Steve Fuller	B	7519

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/year of: October, 2004

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

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

Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time 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 UV Dose, mW-sec/cm ²	Minimum UV Dose, mW-sec/cm ²	System, mg/L	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
												UV Dose	CT Calculations
1	X	24,000	24,000	0.7									
2		42,500	24,000	0.9									
3	X	42,500	24,000	1.5									
4	X	19,000	24,000	1.5									
5	X	43,000	24,000	0.7									
6	X	58,000	24,000	1.1									
7	X	60,000	24,000	0.8									
8	X	58,000	24,000	0.7									
9	X	89,000	24,000	0.8									
10		61,000	24,000										
11	X	61,000	24,000	0.6									
12	X	81,000	24,000	0.6									
13	X	116,000	24,000	0.8									
14	X	80,000	24,000	0.8									
15	X	63,000	24,000	0.6									
16	X	110,000	24,000	0.7									
17		80,000	24,000										
18	X	80,000	24,000	0.6									
19	X	94,000	24,000	0.6									
20	X	97,000	24,000	1.5									
21	X	98,000	24,000	2.2									
22	X	97,000	24,000	1.6									
23	X	137,000	24,000	1.8									
24		84,500	24,000										
25	X	84,500	24,000	1.2									
26	X	10,000	24,000	1.0									
27	X	18,000	24,000	1.2									
28	X	23,000	24,000	2.0									
29	X	25,000	24,000	1.4									
30	X	38,000	24,000	2.0									
31		1,972,000	24,000										

Total	1,972,000
Average	63,613
Maximum	137,000

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

Effective August 28, 2003

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2004

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
		Zip Code: 34748	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504		
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida	
		Zip Code: 33810		
Type of Water Treatment 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: 200,000				
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:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: November, 2004

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 Demostate 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/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	37,000		1.0								1.0	
2	X	24.0	26,000		1.4								1.0	
3	X	24.0	29,000		2.0								1.6	
4	X	24.0	27,000		1.5								1.2	
5	X	24.0	26,000		1.4								1.0	
6	X	24.0	41,000		2.0								1.4	
7		24.0	19,500											
8	X	24.0	19,500		1.5								1.2	
9	X	24.0	27,000		1.4								1.0	
10	X	24.0	27,000		1.5								1.1	
11	X	24.0	31,000		1.4								1.1	
12	X	24.0	31,000		1.2								1.0	
13	X	24.0	58,000		1.0								1.0	
14		24.0	23,500											
15	X	24.0	23,500		1.2								1.0	
16	X	24.0	29,000		1.4								1.1	
17	X	24.0	29,000		1.8								1.2	
18	X	24.0	30,000		1.6								1.1	
19	X	24.0	30,000		2.2								1.4	
20		24.0	33,500											
21	X	24.0	33,500		1.0								0.8	
22	X	24.0	21,000		1.8								1.2	
23	X	24.0	30,000		0.8								0.8	
24	X	24.0	33,000		1.4								1.0	
25	X	24.0	34,000		1.5								1.0	
26	X	24.0	30,000		1.5								1.0	
27	X	24.0	23,000		1.0								0.7	
28		24.0	26,000											
29	X	24.0	26,000		0.9								0.7	
30	X	24.0	28,000		0.8								0.7	
31		24.0												
Total			882,000											
Average			28,452											
Maximum			58,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DE-PR-0001
 Effective August 28, 2003

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



I. General Information for the Month/Year of: December, 2004

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400	City:	Sarasota
		State:	Florida
		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:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West	City:	Zephyrhills
		State:	Florida
		Zip Code:	33810
Type of Water Treatment 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:	200,000		

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	Days 1st Shift	
Other Operators:	Steve Fuller	B	7519	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

_____ Signature and Date	David Rodriguez _____ Printed or Typed Name	A-7880 _____ License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: December, 2004

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 Demostate 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/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	26,000		1.4								1.0	
2	X	24.0	29,000		1.2								1.0	
3	X	24.0	29,000		1.4								0.8	
4	X	24.0	40,000		1.2								1.0	
5		24.0	37,500											
6	X	24.0	37,500		1.4								0.9	
7	X	24.0	34,000		1.2								0.8	
8	X	24.0	31,000		0.6								0.6	
9	X	24.0	36,000		1.4								1.0	
10	X	24.0	30,000		1.3								1.0	
11	X	24.0	45,000		1.0								0.9	
12		24.0	24,000											
13	X	24.0	24,000		1.0								0.8	
14	X	24.0	33,000		0.9								0.9	
15	X	24.0	30,000		2.0								1.2	
16	X	24.0	31,000		1.8								1.2	
17	X	24.0	34,000		3.0								3.0	
18	X	24.0	40,000		1.8								1.0	
19		24.0	25,500											
20	X	24.0	25,500		2.0								1.6	
21	X	24.0	33,000		1.8								1.2	
22	X	24.0	35,000		2.2								1.8	
23	X	24.0	40,000		2.5								2.0	
24	X	24.0	49,000		1.3								1.0	
25	X	24.0	20,000		1.5								1.0	
26		24.0	22,500											
27	X	24.0	22,500		1.8								1.0	
28	X	24.0	31,000		1.4								1.0	
29	X	24.0	31,000		1.8								1.1	
30	X	24.0	35,000		2.2								1.4	
31	X	24.0	58,000		2.0								1.4	
Total			1,019,000											
Average			32,871											
Maximum			58,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-955.900(3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2004	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400	City:	Sarasota State: FL Zip Code: 34240
Contact Person's E-Mail Address:	cfmcfalls@aquamerica.com	Contact Person's Telephone Number:	(94 (941) 907-7400

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	<u>David Rodriguez</u> Printed or Typed Name	<u>A-7880</u> License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:						December, 2004					
Type of Disinfectant Residual Maintained in Distribution System:						<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18					
3	1					19					
4						20	1				
5						21	1				
6	1					22	1				
7	1					23	1				
8	1					24	1				
9	1					25					
10	1					26					
11						27	1				
12						28	1				
13	1					29	1				
14	1					30	1				
15	1					31	1				
16	1					Total	23				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =

For previous month, V = _____ %

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



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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida 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:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504	
Plant Address:	35235 Highway 54 West		City:	Zephyrhills	State: Florida Zip Code: 33640	
Type of Water Treatment 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:	200,000					
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	Days 1st Shift		
Other Operators:	Steve Fuller	B	7519	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: January, 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 Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	24,000		1.8									1.0	
2		24.0	24,500												
3	X	24.0	24,500		1.5									0.9	
4	X	24.0	46,000		1.4									1.0	
5	X	24.0	37,000		0.6									0.6	
6	X	24.0	36,000		1.2									1.0	
7	X	24.0	40,000		0.6									0.7	
8	X	24.0	46,000		0.8									0.7	
9		24.0	32,500												
10	X	24.0	32,500		0.8									0.6	
11	X	24.0	48,000		1.0									0.9	
12	X	24.0	39,000		1.0									0.8	
13	X	24.0	39,000		0.5									0.5	
14	X	24.0	36,000		0.6									0.6	
15	X	24.0	49,000		1.2									1.0	
16		24.0	23,000												
17	X	24.0	23,000		0.8									0.8	
18	X	24.0	41,000		1.0									0.8	
19	X	24.0	38,000		2.0									1.2	
20	X	24.0	39,000		1.6									1.0	
21	X	24.0	35,000		2.0									1.4	
22	X	24.0	49,000		2.0									1.5	
23		24.0	35,500												
24	X	24.0	35,500		1.7									1.2	
25	X	24.0	39,000		1.4									1.0	
26	X	24.0	44,000		1.1									0.8	
27	X	24.0	47,000		1.7									1.1	
28	X	24.0	29,000		1.6									1.0	
29	X	24.0	35,000		1.5									1.0	
30		24.0	42,000												
31	X	24.0	42,000		1.6									1.1	
Total			1,151,000												
Average			37,129												
Maximum			49,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

I. General Water System Information for the Month/Year of:		January, 2005	
System Name: American Condominium		PWS Identification Number: 6515213	
System 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: 309		Total Population Served at End of Month: 1080	
System Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: South Regional Manager	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: FL Zip Code: 34240
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com		Contact Person's Telephone Number: (408) 907-7400	

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **January, 2005**

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

Day of the Month	Free Chlorine					Day of the Month	Combined Chlorine (Chloramines)				
	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL		a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2						18	1				
3	1					19	1				
4	1					20	1				
5	1					21	1				
6	1					22					
7	1					23					
8						24	1				
9						25	1				
10	1					26	1				
11	1					27	1				
12	1					28	1				
13	1					29					
14	1					30					
15						31	1				
16						Total					

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =

For previous month, V = _____ %

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



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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
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, Suite 400		City:	Sarasota	State: Florida 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:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504	
Plant Address:	35235 Highway 54 West		City:	Zephyrhills	State: Florida Zip Code: 33810	
Type of Water Treatment 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:	200,000					
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	Days 1st Shift		
Other Operators:	Steve Fuller	B	7519	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date _____ David Rodriguez _____ A-7880 _____
 Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

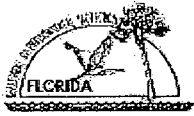
III. Daily Data for the Month/Year of: February, 2005

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 Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	64,000		1.2									1.0	
2	X	24.0	19,000		1.3									1.0	
3	X	24.0	61,000		1.4									1.1	
4	X	24.0	21,000		1.2									1.0	
5	X	24.0	46,000		1.3									1.0	
6		24.0	38,500												
7	X	24.0	38,500		1.4									1.0	
8	X	24.0	54,000		1.4									0.9	
9	X	24.0	39,000		1.5									1.0	
10	X	24.0	43,000		1.5									1.1	
11	X	24.0	32,000		1.4									1.0	
12	X	24.0	48,000		1.6									1.0	
13		24.0	38,500												
14	X	24.0	38,500		1.2									1.0	
15	X	24.0	47,000		1.5									1.0	
16	X	24.0	48,000		2.0									1.2	
17	X	24.0	41,000		1.8									1.0	
18	X	24.0	38,000		0.5									0.6	
19	X	24.0	42,000		0.6									0.6	
20		24.0	19,000												
21	X	24.0	19,000		0.6									0.5	
22	X	24.0	43,000		0.8									0.6	
23	X	24.0	35,000		0.6									0.6	
24	X	24.0	34,000		0.7									0.7	
25	X	24.0	29,000		1.2									1.0	
26	X	24.0	34,000		0.8									0.8	
27		24.0	16,500												
28	X	24.0	16,500		0.7									0.6	
29		24.0													
30		24.0													
31		24.0													
Total:			1,043,000												
Average:			33,645												
Maximum:			64,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-955 900(3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

I. General Water System Information for the Month/Year of:		March, 2005	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	South Region Manager
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400	City:	Sarasota State: FL Zip Code: 34240
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com	Contact Person's Telephone Number:	(408) 907-7400

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	David Rodriguez	A-7880
Signature and Date	Printed or Typed Name	License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		March, 2005									
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine					<input type="checkbox"/> Combined Chlorine (Chloramines)				
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18	1				
3	1					19					
4	1					20					
5						21	1				
6						22	1				
7	1					23	1				
8	1					24	1				
9	1					25	1				
10	1					26					
11	1					27					
12						28	1				
13						29	1				
14	1					30	1				
15	1					31	1				
16	1					Total	23				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =

For previous month, V = _____ %

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



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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
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, suite 400		City: Sarasota	State: Florida
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: Zephyrhills MHC		Plant Telephone Number: 863-858-2504			
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida		
Type of Water Treatment 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: 200,000					
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	Days 1st Shift
Other Operators:	Steve Fuller		B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

	David Rodriguez	A-7880
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: March, 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 Demostate 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/cm ²		
1	X	24.0	36,000		1.3							1.0	
2	X	24.0	26,000		1.0							0.8	
3	X	24.0	31,000		1.5							1.1	
4	X	24.0	22,000		1.4							1.2	
5	X	24.0	42,000		1.8							1.3	
6		24.0	22,500										
7	X	24.0	22,500		1.5							1.1	
8	X	24.0	34,000		0.5							0.6	
9	X	24.0	24,000		0.6							0.6	
10	X	24.0	15,000		2.5							1.8	
11	X	24.0	17,000		0.9							0.8	
12	X	24.0	24,000		0.5							0.5	
13		24.0	27,000										
14	X	24.0	27,000		0.8							0.8	
15	X	24.0	7,000		0.6							0.7	
16	X	24.0	16,000		1.8							1.1	
17	X	24.0	19,000		0.7							0.7	
18	X	24.0	9,000		0.9							0.8	
19	X	24.0	34,000		0.7							0.5	
20		24.0	13,500										
21	X	24.0	13,500		0.6							0.3	
22	X	24.0	8,000		1.1							0.7	
23	X	24.0	21,000		0.6							0.4	
24	X	24.0	21,000		0.7							0.5	
25	X	24.0	20,000		1.4							0.8	
26	X	24.0	12,000		1.2							1.0	
27		24.0	13,500										
28	X	24.0	13,500		0.9							0.9	
29	X	24.0	19,000		0.8							0.6	
30	X	24.0	10,000		0.9							0.8	
31	X	24.0	19,000		0.9							0.9	
Total			639,000										
Average			20,613										
Maximum			42,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		April, 2005	
System Name: American Condominium		PWS Identification Number: 6515213	
System 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: 309		Total Population Served at End of Month: 1080	
System Owner: Aqua Utilities Florida		Contact Person's Title: Vice President of Environmental Services	
Contact Person: Brain Heath		Contact Person's Telephone Number: (407) 787-0980	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: FL Zip Code: 34748
Contact Person's E-Mail Address: beheath@aquamerica.com			

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:						April, 2005					
Type of Disinfectant Residual Maintained in Distribution System:						<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17					
2						18	1				
3						19	1				
4	1					20	1				
5	1					21	1				
6	1					22	1				
7	1					23					
8	1					24					
9						25	1				
10						26	1				
11	1					27	1				
12	1					28	1				
13	1					29	1				
14	1					30					
15	1					31					
16						Total					

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
 For previous month, V = _____ %

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



#VALUE!

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
		Zip Code: 34748	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504		
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida	
		Zip Code: 33810		
Type of Water Treatment 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: 200,000				
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	Days 1st Shift
Other Operators:	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

	David Rodriguez	A-7880
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: April, 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 Demostate 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/cm ²		
1	X	24.0	18,000		1.1							0.9	
2	X	24.0	17,000		1.0							0.8	
3		24.0	9,000										
4	X	24.0	9,000		1.1							0.8	
5	X	24.0	21,000		0.8							0.6	
6	X	24.0	16,000		1.4							1.6	*Install new flow meter register.
7	X	24.0	25,000		1.5							1.2	
8	X	24.0	4,000		1.4							1.1	
9	X	24.0	20,000		2.0							1.2	
10		24.0	14,500										
11	X	24.0	14,500		1.2							1.1	
12	X	24.0	24,000		1.2							1.0	
13	X	24.0	12,000		1.0							0.9	
14	X	24.0	15,000		1.4							1.1	
15	X	24.0	18,000		1.5							0.9	
16	X	24.0	16,000		0.6							0.6	
17		24.0	15,000										
18	X	24.0	15,000		0.8							0.8	
19	X	24.0	17,000		0.9							0.7	
20	X	24.0	22,000		1.2							1.1	
21	X	24.0	20,000		1.1							0.9	
22	X	24.0	21,000		1.2							0.8	
23	X	24.0	21,000		0.8							0.8	
24		24.0	7,000										
25	X	24.0	7,000		0.8							0.7	
26	X	24.0	13,000		1.0							0.8	
27	X	24.0	4,000		1.2							1.0	
28	X	24.0	5,000		1.0							1.0	
29	X	24.0	13,000		1.0							0.8	
30	X	24.0	9,000		1.0							0.7	
31		24.0											
Total			442,000										
Average			14,258										
Maximum			25,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		May, 2005	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Brain Heath	Contact Person's Title:	Vice President of Environmental Services
Contact Person's Mailing Address:	2315 Griffin Road	City: Leesburg	State: FL Zip Code: 34748
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Contact Person's Telephone Number:	(407) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:						May, 2005					
Type of Disinfectant Residual Maintained in Distribution System:						<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1						17	1				
2	1					18	1				
3	1					19	1				
4	1					20	1				
5	1					21					
6	1					22					
7						23	1				
8						24	1				
9	1					25	1				
10	1					26	1				
11	1					27	1				
12	1					28					
13	1					29					
14						30	1				
15						31	1				
16	1					Total	22				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
 For previous month, V = _____ %

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



#VALUE!

See Pages 4 for Instructions.

I. General Information for the Month/Year of:	May, 2005
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A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33810	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000			
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	Days 1st Shift
Other Operators:	Steve Fuller	B	7519	Days 1st Shift

II Certification by Lead/Chief Operator

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

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number
--------------------	--	--------------------------

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: May, 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 Demostate 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/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	5,000											
2	X	24.0	5,000		1.2								0.8	
3	X	24.0	5,000		1.1								0.9	
4	X	24.0	5,000		1.0								0.7	
5	X	24.0	2,000		3.0								1.8	
6	X	24.0	7,000		1.5								0.9	
7	X	24.0	9,000		1.2								0.9	
8		24.0	7,000											
9	X	24.0	7,000		1.1								0.7	
10	X	24.0	9,000		0.8								0.6	
11	X	24.0	10,000		1.1								0.8	
12	X	24.0	6,000		1.6								1.0	
13	X	24.0	7,000		0.8								0.9	
14		24.0	8,000											
15	X	24.0	8,000		0.9								0.8	
16	X	24.0	8,000		0.6								0.6	
17	X	24.0	8,000		1.0								0.8	
18	X	24.0	7,000		0.8								0.8	
19	X	24.0	10,000		1.0								0.9	
20	X	24.0	10,000		0.9								0.7	
21		24.0	10,000											
22	X	24.0	10,000		0.7								0.7	
23	X	24.0	9,000		0.8								0.9	
24	X	24.0	11,000		0.6								0.6	
25	X	24.0	10,000		0.8								0.7	
26	X	24.0	11,000		0.8								0.8	
27	X	24.0	10,000		0.8								0.7	
28		24.0	8,500											
29	X	24.0	8,500		0.7								0.7	
30	X	24.0	8,000		0.6								0.3	
31	X	24.0	9,000		0.7								0.5	
Total			248,000											
Average			8,000											
Maximum			11,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		June, 2005	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Brain Heath	Contact Person's Title:	Vice President of Environmental Services
Contact Person's Mailing Address:	2315 Griffin Road	City:	Leesburg
		State:	FL
		Zip Code:	34748
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Contact Person's Telephone Number:	(407) (352) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:						June, 2005					
Type of Disinfectant Residual Maintained in Distribution System:						<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18					
3	1					19					
4						20	1				
5						21	1				
6	1					22	1				
7	1					23	1				
8	1					24	1				
9	1					25					
10	1					26					
11						27	1				
12						28	1				
13	1					29	1				
14	1					30	1				
15	1					31					
16	1					Total	22				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$

For previous month, V = _____ %

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	David Rodriguez	A	7880
	Steve Fuller	B	7519

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018	Plant Name: Zephyrhills MHC
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III. Daily Data for the Month/Year of: June, 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 Demostate 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/cm ²		
1	X	24.0	2,000		0.7							0.7	
2	X	24.0	1,000		0.9							0.8	
3	X	24.0	4,000		2.2							1.6	
4	X	24.0	4,000		1.9							1.0	
5		24.0	1,000										
6	X	24.0	1,000		0.9							0.9	
7	X	24.0	3,000		1.6							1.1	
8	X	24.0	3,000		1.4							1.1	
9	X	24.0	2,000		0.6							0.6	
10	X	24.0	1,000		2.0							1.4	
11	X	24.0	8,000		1.8							1.2	
12		24.0	3,500										
13	X	24.0	3,500		0.7							0.8	
14	X	24.0	8,000		1.0							0.9	
15	X	24.0	5,000		0.8							0.8	
16	X	24.0	5,000		0.8							0.7	
17	X	24.0	10,000		0.9							0.8	
18	X	24.0	8,000		0.8							0.6	
19		24.0	7,500										
20	X	24.0	7,500		0.7							0.6	
21	X	24.0	6,000		2.0							1.2	
22	X	24.0	19,000		1.0							0.8	
23	X	24.0	3,000		1.0							0.9	
24	X	24.0	3,000		0.9							0.9	
25		24.0	5,000										
26	X	24.0	5,000		0.6							0.7	
27	X	24.0	7,000		0.6							0.5	
28	X	24.0	4,000		0.8							0.7	
29	X	24.0	3,000		1.0							0.8	
30	X	24.0	5,000		0.7							0.8	
31		24.0											
Total			148,000										
Average			4,774										
Maximum			19,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-995, 600 (3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		July, 2005	
System Name: American Condominium		PWS Identification Number: 6515213	
System 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: 309		Total Population Served at End of Month: 1080	
System Owner: Aqua Utilities Florida			
Contact Person: Brain Heath		Contact Person's Title: Vice President of Environmental Services	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: FL Zip Code: 34748
Contact Person's E-Mail Address: beheath@aguamerica.com		Contact Person's Telephone Number: (407) (352) 787-0980	

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		July, 2005									
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines)									
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17					
2	1					18	1				
3						19	1				
4	1					20	1				
5	1					21	1				
6	1					22	1				
7	1					23					
8	1					24					
9						25	1				
10						26	1				
11	1					27	1				
12	1					28	1				
13	1					29	1				
14	1					30					
15	1					31	1				
16						Total	23				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
 For previous month, V = %

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	2315 Griffin Road	City:	Leesburg
		State:	Florida
		Zip Code:	34748
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West	City:	Zephyrhills
		State:	Florida
		Zip Code:	33810
Type of Water Treatment 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:	200,000		
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:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

_____ Signature and Date	Will Fontaine _____ Printed or Typed Name	C-6813 _____ License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: July, 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 Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	4,000		0.8										0.7	
2	X	24.0	2,000		0.9										0.8	
3		24.0	2,500													
4	X	24.0	2,500		0.8										0.6	
5	X	24.0	3,000		0.9										0.8	
6	X	24.0	6,000		0.8										0.7	
7	X	24.0	6,000		1.1										0.9	
8	X	24.0	6,000		1.0										1.1	
9		24.0	3,500													
10	X	24.0	3,500		1.0										1.0	
11	X	24.0	5,000		0.8										0.7	
12	X	24.0	6,000		0.8										0.8	
13	X	24.0	5,000		1.2										1.0	
14	X	24.0	3,000		1.4										1.1	
15	X	24.0	6,000		0.7										0.6	
16	X	24.0	9,000		0.6										0.5	
17		24.0	4,000													
18	X	24.0	4,000		0.7										0.6	
19	X	24.0	6,000		0.7										0.7	
20	X	24.0	21,000		0.8										1.0	
21	X	24.0	7,000		0.6										0.8	
22	X	24.0	11,000		0.7										0.9	
23	X	24.0	15,000		0.8										0.9	
24		24.0	5,000													
25	X	24.0	5,000		0.8										1.2	
26	X	24.0	2,000		1.0										1.1	
27	X	24.0	6,000		0.7										1.0	
28	X	24.0	7,000		0.6										1.1	
29	X	24.0	10,000		0.7										0.9	
30		24.0	9,500													
31	X	24.0	9,500		0.8										1.0	
Total			195,000													
Average			6,290													
Maximum			21,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-985 900(3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		August, 2005	
System Name:	American Condominium	PWS Identification Number:	6515213
System 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:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Brain Heath	Contact Person's Title:	Vice President of Environmental Services
Contact Person's Mailing Address:	2315 Griffin Road	City:	Leesburg
		State:	FL
		Zip Code:	34748
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Contact Person's Telephone Number:	(407) (352) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		August, 2005	
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Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines)

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18	1				
3	1					19	1				
4	1					20					
5	1					21					
6						22	1				
7						23	1				
8	1					24	1				
9	1					25	1				
10	1					26	1				
11	1					27					
12	1					28					
13						29	1				
14						30	1				
15	1					31	1				
16	1					Total	23				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =

For previous month, V = _____ %

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
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:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	11,000		1.0									1.2	
2	X	24.0	17,000		0.7									0.8	
3	X	24.0	12,000		0.6									0.9	
4	X	24.0	23,000		0.6									0.8	
5	X	24.0	27,000		0.7									0.9	
6	X	24.0	23,000		0.8									0.8	
7		24.0	14,000												
8	X	24.0	14,000		0.8									0.9	
9	X	24.0	10,000		0.9									0.8	
10	X	24.0	16,000		0.8									0.8	
11	X	24.0	16,000		0.6									0.7	
12	X	24.0	15,000		0.7									0.8	
13	X	24.0	19,000		0.6									0.8	
14		24.0	13,000												
15	X	24.0	13,000		0.7									0.9	
16	X	24.0	14,000		0.6									0.6	
17	X	24.0	16,000		0.8									0.8	
18	X	24.0	16,000		0.8									0.9	
19	X	24.0	15,000		0.6									0.7	
20	X	24.0	18,000		0.7									0.8	
21		24.0	17,000												
22	X	24.0	17,000		0.6									0.7	
23	X	24.0	13,000		0.7									0.7	
24	X	24.0	9,000		0.8									0.8	
25	X	24.0	10,000		0.8									0.9	
26	X	24.0	15,000		0.7									0.7	
27	X	24.0	22,000		1.1									1.0	
28		24.0	13,500												
29	X	24.0	13,500		2.5									1.8	
30	X	24.0	14,000		1.1									1.1	
31	X	24.0	17,000		0.9									0.9	
Total:			483,000												
Average:			15,581												
Maximum:			27,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 6003, 6003 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		August, 2005
System Name:	American Condominium	PWS Identification Number: 6515213
System 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:	309	Total Population Served at End of Month: 1080
System Owner:	Aqua Utilities Florida	
Contact Person:	Brain Heath	Contact Person's Title: Vice President of Environmental Services
Contact Person's Mailing Address:	2315 Griffin Road	City: Leesburg State: FL Zip Code: 34748
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Contact Person's Telephone Number: (407) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month Year of: **August, 2005**

Type of Disinfectant Residual Maintained in Distribution System:						<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines)				
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18	1				
3	1					19	1				
4	1					20					
5	1					21					
6						22	1				
7						23	1				
8	1					24	1				
9	1					25	1				
10	1					26	1				
11	1					27					
12	1					28					
13						29	1				
14						30	1				
15	1					31	1				
16	1					Total	23				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
 For previous month, V = _____ %

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	David Rodriguez	A	7880
	Steve Fuller	B	7519

II Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
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MONTHLY OPERATION REPORT FOR PW'SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrithis MHC

III. Daily Data for the Month/year of: September, 2005

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

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

Month	Day of the Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) at Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time Before or at First Customer Measurement (T) at C	Flow, mg-min/L During Peak	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*			Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
											Lowest CT Provided	Lowest UV Dose	UV Dose, mW-sec/cm ²	
1	X		15,000	24.0	0.8									
2	X		17,000	24.0	1.2									0.8
3	X		21,000	24.0	0.9									1.0
4			20,000	24.0										0.8
5	X		20,000	24.0	1.0									0.7
6	X		12,000	24.0	2.8									2.0
7	X		20,000	24.0	1.6									1.1
8	X		21,000	24.0	1.1									1.0
9	X		19,000	24.0	1.2									1.0
10	X		35,000	24.0	1.1									0.8
11			14,500	24.0										
12	X		14,500	24.0	1.2									0.9
13	X		20,000	24.0	1.8									1.4
14	X		23,000	24.0	0.6									0.8
15	X		23,000	24.0	2.5									1.6
16	X		30,000	24.0	2.0									1.4
17	X		20,000	24.0	1.8									1.5
18			25,500	24.0										
19	X		25,500	24.0	1.6									1.2
20	X		12,000	24.0	1.0									1.0
21	X		32,000	24.0	2.0									1.4
22	X		18,000	24.0	2.5									1.8
23	X		17,000	24.0	0.9									1.0
24	X		33,000	24.0	1.0									0.9
25			15,000	24.0										
26	X		15,000	24.0	2.0									1.6
27	X		19,000	24.0	2.4									1.8
28	X		25,000	24.0	1.2									1.0
29	X		19,000	24.0	0.8									0.8
30	X		18,000	24.0	0.9									0.7
31				24.0										
Total			619,000											
Average			19,968											
Maximum			35,000											

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

Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: September, 2005

System Name: American Condominium PWS Identification Number: 6515213

System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

System Owner: Aqua Utilities Florida

Contact Person: Brain Heath Contact Person's Title: Vice President of Environmental Services

Contact Person's Mailing Address: 2315 Griffin Road City: Leesburg State: FL Zip Code: 34748

Contact Person's E-Mail Address: beheath@aquaaamerica.com Contact Person's Telephone Number: (407) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Will Fontaine License Number or Title: C-6813

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: September, 2005

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

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17					
2	1					18					
3						19	1				
4						20	1				
5						21	1				
6	1					22	1				
7	1					23	1				
8	1					24					
9	1					25					
10						26	1				
11						27	1				
12	1					28	1				
13	1					29	1				
14	1					30	1				
15	1					31					
16	1					Total	21				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
For previous month, V = _____ %

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC	PWS Identification Number: 6512018		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	Total Population Served at End of Month: 491		
Number of Service Connections at End of Month: 213			
PWS Owner: Aqua Utilities Florida	Contact Person's Title: Area Manager		
Contact Person: Brian Heath	City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Mailing Address: 2315 Griffin Road	Contact Person's Fax Number: (352) 787-6333		
Contact Person's Telephone Number: (352) 787-0980	Contact Person's E-Mail Address: beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC	Plant Telephone Number: 863-858-2504		
Plant Address: 35235 Highway 54 West	City: Zephyrhills	State: Florida	Zip Code: 33810
Type of Water Treatment 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: 200,000			
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			
Lead/Chief Operator: Will Fontaine	Name	License Class	License Number
Other Operators: David Rodriguez		C	6813
Steve Fuller		A	7880
		B	7519
			Days 1st Shift
			Days 1st Shift
			Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: _____ Printed or Typed Name: Will Fontaine
C-6813 License Number: _____

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

III. Daily Data for the Month/Year of: October, 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 Demostate 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 if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	35,000		0.9								0.7	
2		24.0	15,500											
3	X	24.0	15,500		3.5								2.2	
4	X	24.0	25,000		2.0								1.4	
5	X	24.0	16,000		1.1								0.9	
6	X	24.0	25,000		0.7								0.6	
7	X	24.0	9,000		1.5								1.1	
8	X	24.0	29,000		0.7								0.8	
9		24.0	16,500											
10	X	24.0	16,500		0.7								0.7	
11	X	24.0	26,000		2.5								1.6	
12	X	24.0	20,000		2.4								1.5	
13	X	24.0	23,000		2.2								1.6	
14	X	24.0	24,000		2.5								1.5	
15		24.0	21,000											
16	X	24.0	21,000		2.5								1.0	
17	X	24.0	9,000		1.6								1.0	
18	X	24.0	28,000		2.5								1.4	
19	X	24.0	33,000		1.0								0.8	
20	X	24.0	20,000		2.5								1.6	
21	X	24.0	26,000		0.8								0.9	
22	X	24.0	25,000		2.2								1.4	
23		24.0	16,500											
24	X	24.0	16,500		0.9								0.8	
25	X	24.0	23,000		0.9								0.8	
26	X	24.0	23,000		2.5								1.6	
27	X	24.0	22,000		2.0								1.2	
28	X	24.0	28,000		1.8								1.1	
29		24.0	33,000											
30	X	24.0	33,000		1.6								1.0	
31	X	24.0	10,000		1.5								1.1	
Total			684,000											
Average			22,065											
Maximum			35,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-355 300(3)
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: **October, 2005**

System Name: American Condominium PWS Identification Number: 6515213

System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

System Owner: Aqua Utilities Florida

Contact Person: Brain Heath Contact Person's Title: Vice President of Environmental Services

Contact Person's Mailing Address: 2315 Griffin Road City: Leesburg State: FL Zip Code: 34748

Contact Person's E-Mail Address: beheath@aquaaamerica.com Contact Person's Telephone Number: (407) (352) 787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Will Fontaine License Number or Title: C-6813

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: **October, 2005**

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

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1						17	1				
2						18	1				
3	1					19	1				
4	1					20	1				
5	1					21	1				
6	1					22					
7	1					23					
8						24	1				
9						25	1				
10	1					26	1				
11	1					27	1				
12	1					28	1				
13	1					29					
14	1					30					
15						31	1				
16						Total	21				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 = _____ %
 For previous month, V = _____ %

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



#VALUE!

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment 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: 200,000			
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

II. Certification by Lead/Chief Operator

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

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

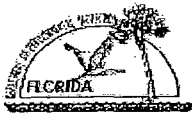
III. Daily Data for the Month/Year of: November, 2005

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 Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	29,000		1.4								1.0	
2	X	24.0	26,000		1.6								1.4	
3	X	24.0	44,000		2.2								1.6	
4	X	24.0	30,000		1.8								1.4	
5	X	24.0	34,000		2.0								1.2	
6		24.0	33,000											
7	X	24.0	33,000		1.6								1.1	
8	X	24.0	30,000		1.8								1.2	
9	X	24.0	34,000		1.6								1.4	
10	X	24.0	30,000		1.4								1.0	
11	X	24.0	34,000		1.2								0.9	
12	X	24.0	27,000		1.0								0.8	
13		24.0	36,000											
14	X	24.0	36,000		1.1								0.8	
15	X	24.0	12,000		1.0								0.9	
16	X	24.0	34,000		0.8								0.8	
17	X	24.0	49,000		1.1								0.8	
18	X	24.0	13,000		1.0								0.7	
19	X	24.0	45,000		1.0								0.8	
20		24.0	36,500											
21	X	24.0	36,500		1.3								1.0	
22	X	24.0	32,000		1.1								0.8	
23	X	24.0	16,000		1.2								0.8	
24	X	24.0	44,000		1.8								1.5	
25	X	24.0	37,000		2.1								1.6	
26	X	24.0	20,000		1.9								1.4	
27		24.0	43,500											
28	X	24.0	43,500		1.6								1.4	
29	X	24.0	21,000		1.8								1.2	
30	X	24.0	27,000		1.5								1.3	
31		24.0												
Total			966,000											
Average			31,161											
Maximum			49,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2005	
System Name: American Condominium		PWS Identification Number: 6515213	
System 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: 309		Total Population Served at End of Month: 1080	
System Owner: Aqua Utilities Florida			
Contact Person: Brain Heath		Contact Person's Title: Vice President of Environmental Services	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: FL Zip Code: 34748
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Telephone Number: (407) 352-787-0980	

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C-6813</u> License Number or Title
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II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **December, 2005**

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

Day of the Month	Free Chlorine					Day of the Month	Combined Chlorine (Chloramines)				
	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL		a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18					
3	1					19	1				
4						20	1				
5	1					21	1				
6	1					22	1				
7	1					23	1				
8	1					24	1				
9	1					25					
10	1					26	1				
11						27	1				
12	1					28	1				
13	1					29	1				
14	1					30	1				
15	1					31	1				
16	1					Total	21				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
 For previous month, V = _____ %

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



#VALUE!

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 2315 Griffin Road		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34748	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504		
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33810		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000		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	Days 1st Shift
Officer Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Steve Fuller Printed or Typed Name	B-7519 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 Demostate 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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Temp of Water, °C		
1	X	24.0	18,000		1.9							1.1	
2	X	24.0	40,000		1.8							1.2	
3	X	24.0	20,000		1.6							1.0	
4		24.0	24,500										
5	X	24.0	24,500		1.7							1.2	
6	X	24.0	53,000		1.2							1.0	
7	X	24.0	21,000		1.1							0.9	
8	X	24.0	13,000		1.8							1.2	
9	X	24.0	27,000		1.6							1.0	
10	X	24.0	44,000		1.6							1.1	
11		24.0	23,000										
12	X	24.0	23,000		1.7							1.0	
13	X	24.0	40,000		1.5							1.1	
14	X	24.0	14,000		1.6							1.4	
15	X	24.0	29,000		1.6							1.2	
16	X	24.0	26,000		1.5							0.9	
17	X	24.0	39,000		1.6							1.1	
18		24.0	16,000										
19	X	24.0	16,000		1.3							1.0	
20	X	24.0	47,000		1.3							0.8	
21	X	24.0	17,000		1.4							1.0	
22	X	24.0	29,000		1.4							0.7	
23	X	24.0	32,000		1.8							1.2	
24	X	24.0	43,000		1.6							1.1	
25		24.0	27,500										
26	X	24.0	27,500		0.6							0.5	
27	X	24.0	22,000		1.6							1.0	
28	X	24.0	27,000		2.5							1.6	
29	X	24.0	50,000		2.5							1.8	
30	X	24.0	21,000		2.0							1.2	
31	X	24.0	47,000		2.0							1.4	
Total			901,000										
Average			29,065										
Maximum			53,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

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

System Name: American Condominium PWS Identification Number: 6515213

System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

System Owner: Aqua Utilities Florida

Contact Person: Brain Heath Contact Person's Title: Vice President of Environmental Services

Contact Person's Mailing Address: 2315 Griffin Road City: Leesburg State: FL Zip Code: 34748

Contact Person's E-Mail Address: beheath@aquaaamerica.com Contact Person's Telephone Number: (407) 352-787-0980

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Will Fontaine License Number or Title: C-6813

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: December, 2005

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

Day of the Month	<input checked="" type="checkbox"/> Free Chlorine					Day of the Month	<input type="checkbox"/> Combined Chlorine (Chloramines)				
	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL		a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					17	1				
2	1					18					
3	1					19	1				
4						20	1				
5	1					21	1				
6	1					22	1				
7	1					23	1				
8	1					24	1				
9	1					25					
10	1					26	1				
11						27	1				
12	1					28	1				
13	1					29	1				
14	1					30	1				
15	1					31	1				
16	1					Total	21				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
For previous month, V = _____ %