RIGINE

East Lake Harris Estates

Docket No. 060368-WS

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

Florida	CMP
FIOTIDA	COM
VOLUME 6	CTR
Book 7	ECR 1
	GCL
Set 6 of 57	OPC
Containing	RCA
Additional Engineering Requirements	SCR
	SGA
Monthly Operating Reports	SEC
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Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERE

Aqua Utilities Florida, Inc. Monthly Operating Reports

East Lake Harris Estates

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Year: 2005		
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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	tates			PWS Identification Number:	3350322
PWS Type:	Community	Non-Transient Non-Community	ransient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Mont	h: 172		Total	Population Served at End of Month:	429
PWS Owner:	Aqua Utilities Flori	da				
Contact Person:	Brian Heath			Conta	act Person's Title: Area Manage	r
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number:	(352) 787-0980		Conta	act Person's Fax Number: (352) 787-633	33
Contact Person's E-Mail Ad		beheath@aquaamerica.com				
B. Water Treatment Pla	ant Information					
Plant Name:	East Lake Harris Es	tates			Piant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland D	rive		City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by	y Plant:	Z Raw Ground Water Purchased Fin	ished Water			
Permitted Maximum Day C	Dperating Capacity of	Plant, gallons per day:	144,000			
Plant Category (per subsect		.A.C.): V		Plant C	Class (per subsection 62-699.310(4), F.A.C.	
Licensed Operators		A.C.): V Name	License Class			,
			License Class	the second se		,
Licensed Operators			License Class C	License Number	Day(s) / Shift(s	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s Days 1st Shift	,
Licensed Operators Lead/Chief Operator:	Will Fontaine		License Class C C	License Number 6813	Day(s) / Shift(s 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

<u>C-6813</u>

DEP Form 62-555 .900(3)Alternate

Printed or Typed Name

License Number

Page 1

PWS Ic	entification	n Number:		3350322		Plant Name:	East Lake H	arris Esta	tes					
ПП. D	ailv Data	for the M	lonth/Year	of:		January, 2005					·			
			2 Virus Inactiv		al: 🔽 Free C	······································	Chlasing Di		F 0mana	☐ Comt				
1	raviolet R	-		r (Describe):		morane 1	Chiorine Di	oxige	1 Ozone	I Come	oinea Chiorii	ne (Chiorar	nines)	
F.								Charles in		(Chloramine		Chlorine I	N	······
Type of	of Disinie	clant Resid	lual Maintaii		ibution System:								Jioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if A				
						CT Calc	ulations		.	1999 - 1999 -	UVI	Dose		
1							Lowest CT	1						
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					N.	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1		1		Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		1		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L_	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	<u> </u>	24.0	39,000		1.5				<u> </u>					
2	x	24.0	31,250 31,250		1.4			 	<u> </u>			<u>├</u>	1.0	
4	x	24.0	31,250		1.4			<u> </u>	┼───	 			0.7	
5	<u>x</u>	24.0	33,300		1.3			<u> </u>	<u> </u>			<u> </u>	1.0	······
6	X	24.0	28,800		1.2						<u> </u>		0.8	
	- <u>x</u>	24.0	29,700		1.2			<u> </u>					0.7	
8	X	24.0	26,100		1.2	 ,,		<u> </u>						
9		24.0	34,100					1	<u> </u>	1				
10	X	24.0	34,100		1.1				[0.6	
11	Х	24.0	26,000		1.1								0.5	
12	X	24.0	41,800		1.3		_						0.8	
13	X	24.0	31,900		1.4								0.8	
14	X	24.0			1.1			ļ					1.0	
15	X	24.0	23,200		1.3							L		
16	 	24.0	35,050					 	<u> </u>				0.0	
17	X	24.0	35,050		1.4								0.8	
18	X	24.0	300		1.2							<u> </u>	0.7	
19 20	<u> </u>	24.0	22.100		1.2	······································	[<u> </u>	<u> </u>	ł			0.7	· · · · · · · · · · · · · · · · · · ·
20	X X	24.0	22,100 26,600		1.2		<u> </u>		<u> </u>	. 	<u> </u>		0.8	
22	$\frac{x}{x}$	24.0	23,300	<u> </u>	1.2				 -			<u>├</u> ──	0.0	
23	<u> </u>	24.0	26,600		1.2		<u> </u>	t	f				<u> </u>	
24	x	24.0	26,600		1.4			†					0.9	
25	X	24.0	23,700		1.1			· · · ·					0.7	
26	X	24.0	25,400		1.0			[1	1			0.6	
27	X	24.0	19,900		1.3								0,8	
28	Х	24.0	18,800		1.3								0.8	
29	X	24.0	17,100		1.3			I						
30		24.0	26,550					Į			l	<u> </u>	L	
31	X	24.0	26,550		1.2	L	L	1	l	<u> </u>	l		0.7	1
Total			801,300	4										
Avgera			25,848	4										
Maxim	um		41,800											

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	tates					PWS Identification Numbe	r:	3350322	
PWS Type:	Community	Non-Transient Non-Commu	nity 🗌 Ti	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 179				Total P	Population Served at End of	Month:	358	
PWS Owner:	Aqua Utilities Flori	da				_				
Contact Person:	Brian Heath					Contac	at Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesb	urg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	et Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.com	<u>n</u>							
B. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Es	tates					Plant Telephone Number:		352-787-09	80
Plant Address:	13319 Woodland D	rive			City: Astat	ula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000						
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V				Plant Cl	ass (per subsection 62-699.			
Licensed Operators		Name		License Class	License N	umber	Day	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	3	Days 1st Shift			
Other Operators:	Jim Milicic			С	8195	5	Days 1st Shift			
									<u> </u>	
									<u>.</u>	
				L						
				L						
1										

11. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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

<u>C-6813</u>

Printed or Typed Name

License Number

ΜΟΝΤΗLΥ ΟΡΕΑΡΙΟΝ REPORT FOR PW"SS TREATING RAW GROUND WATER OR PURTAGED FINISHED WATER

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											005'555			Total
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				<u>-</u>								54.0		67
	6.0								¢`I		53'600	54.0	X	87
	00										53'600	54.0		LZ
									٤.1		51'800	54.0	X	56
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	6'0			·					t'l		13'000	54.0	Х	54
	0.1								£ 1		20'900	54.0	X	53
	6.0							·· ·· _	1.1			54.0	Х	72
	0.1			····.					21		59'97	54.0	X	17
······································	`										59'92	54.0		0Z
		· · · · · · · · · · · · · · · · · · ·							†'l		20,500	0.4.0	X	61
	L'0	·							2.1		008'22	54.0	Х	81
	6.0								£1		008'12	54.0	Х	L١
	8.0								71		20,800	54'0	X	91
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	8.0								†`l		56,850	24.0	X	71 14
											58'92	54.0		13
									5.1		002'81	54.0	Х	71
	L'O								1.4		50'+00	54.0	X	11
	8.0								0.1			54.0	x	01
	8.0								71		26,800	54.0	X	6
	L'0								2.1		20,900	54'0	X	8
	L'0								£'1		008'92	54'0	X	L
											008'92	54'0		9
						L			£1		000'21	54.0	x	s
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	8.0					L	L		£'I		51,200	54'0	X	£
	8.0								1°t		006'21	54.0	X	7
	L'0								0'1		500	54.0	X	I.
Out of Operation	Jystem, mg/L	zec/cm ²	² mɔ/ɔəs-Wm	J/nim	əldsəilqqA i	Water, ^O C	Juim	sətunim	Peak Flow, mg/L	Rate, gpd.	leg	Operation	("X"	dinoM
Involves Taking Water System Components	notrudrated	-Wm		gm ,bəriupəA		To qmoT	-gm, wol7	Peak Flow,	Customer During	Peak Flow	Producted,	uj	(Place	əqş
Conditions, Repair or Maintenance Work that		Required,	Operating	TD muminiM	1 · · ·	ļ	During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	9200 VU	lsawo.l				Customer	Measurement	(O) notistion (C)		bodzini7 to		Visited by	1
	Disinfectant	muminiM					First	(T) at C	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual	1)	Provided Before or at	Disinfectant Contact Time	Lowest Residual	ļ]		Days Plant	1
								taetsolaisi(]						
							Lowest CT							ļ
	1			1	•	•	snoitsli	CT Calcu	•	· ·· ···	1		ļ]
				I 'UONBAI	VILUS INACT	Sour-Log			T Calculations, or	$\overline{\mathbf{a}}$	1			
									maisys notind			נפוור אבצות	Datuisici J	n odá i
		Chlorine D	<u> </u>	(Chloramine:	adinold') b		- <u> </u>	L Free Chlon						-
										(Describe):			raviolet Ra	
	(səui	е (Срюгат	ninold'S bani	Comb	ənosO —	əpixo	Chlorine Die	hlorine Г	ali 🔽 Free C	ation/Remova	vitus Inactiv	ig Four-Log	nivəidəA te	o snssM
h								February, 2005		:10	onth/Year o	IV sdi rol	sily Data	Ba .III
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1		_			54	Heto H Sim	East Lake Ha			<u> (())))</u>				in sma

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

916m911A(5)006 222-53 mo3 930



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	ates				PWS Identification Number	3350322	
PWS Type:	Community	Non-Transient Non-Communit	у []Т	ransient Non-Comr	nunity	Consecutive		
Number of Service Connect	tions at End of Month		<u> </u>			Population Served at End of N	Month: 358	
PWS Owner:	Aqua Utilities Florid	a			.			
Contact Person:	Brian Heath			- Jan - La	Cont	act Person's Title:	Area Manager	
Contact Person's Mailing A	.ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	idress:	beheath@aquaamerica.com						
3. Water Treatment Pla	ant Information							
Plant Name:	East Lake Harris Est	ates				Plant Telephone Number:	352-787-098	0
Plant Address:	13319 Woodland Dr	ive			City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C	Derating Capacity of	Plant, gallons per day:		144,000				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant	Class (per subsection 62-699.3		······
Licensed Operators		Name		License Class	License Numbe	r Day	v(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Jim Milicic			C	8195	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 License Number

Signature and Date

Printed or Typed Name

PWS Id	lentification	n Number:		3350322		Plant Name:	East Lake H	arris Estat	es			······································		
III. Daily Data for the Month/Year of: March, 2005														
			g Virus Inactiv				Chlorine Di				·	(C1)		
	traviolet R			т (Describe):		intornic 1	Chiorine Di	oxide	UZOne	I Come	oined Unioru	ne (Chioran	nines)	
F						Free Chlo	· · ·	Carabia	- I Chilenine	(Chloramine		Chlorine I		
1 ype o	of Disinfe	ctant Resid	dual Maintan		ibution System:									
]	C	CT Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if a				
						CT Calc	ulations				UVI	Dose	la sa sa ƙ	
		1					Lowest CT							
{			}	}		Disinfectant	Provided			1]			
	Days Plant				Lowest Residual	Contact Time	Before or at			ļ			Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
1 I	Visited by	ľ	of Finished	1	Concentration (C)	Measurement	Customer		1		Lowest	UV Dose	Concentration at	
Day of		Hours plant	3		Before or at First	Point During	During Peak	T		Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	Required, mg		mW- sec/cm ²	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	11 Applicable	min/L	mW-sec/cm ²	sec/cm	System, mg/L 0.8	Out of Operation
1	X X	24.0	17,300		1.4								0.8	
$\frac{2}{3}$	$\frac{x}{x}$	24.0	19,700	}	1.3					<u> </u>			0.7	
4	X	24.0	29,900		1.2		{			f		{	0.8	
5	X	24.0	19,300	<u> </u>	1.3		<u> </u>							
6		24.0	23,400							<u> </u>				
7	X	24.0	23,400		1.3				¥		<u> </u>	[0.7	
8	X	24.0		1	1.1								1.0	
9	X	24.0			1.0								0.8	
10	X	24.0	500		1.1								0.7	
11	X	24.0	200		1.0		ļ						0.8	
12	X	24.0	ļ		1.0								ļ	
13	<u> </u>	24.0	150								<u> </u>		0.7	
14	X	24.0	150	i	1.0				<u> </u>	 		<u> </u>	0.8	
15	X X	24.0	25,100		1.1		<u> </u>		<u> </u>			<u> </u>	0.8	
17	X	24.0	19,800	+	1.5						<u> </u>	<u> </u>	1.0	
18	X	24.0	17,800	1	1.4		1	<u> </u>	<u> </u>	ļ	<u>├</u>		0.8	
19	x	24.0	10,900		1.3		1				[[
20		24.0	27,150		··				···	1				
21	X	24.0	27,150		1.4								0.8	
22	Х	24.0	20,000		1.3								1.0	
23	X	24.0	21,400		1.3				ļ		<u> </u>	L	0.8	
24	X	24.0	12,800		1.3								0.7	
25	X	24.0	19,100		1.3					<u> </u>		ļ	1.0	
26	x	24.0	21,700		1.3							<u> </u>	+	
27		24.0 24.0	20,950 20,950		1.2			{	<u> </u>				0.7	
28	x x	24.0	20,950		1.2		ŧ	<u> </u>					0.8	
30	x	24.0	15,900		1.2	<u> </u>	 -	<u> </u>				1	0.7	
31	x	24.0	21,200	<u> </u>	1.2						f	<u> </u>	0.7	
Total	ı	1	479,700	<u> </u>	J	L <u></u>	.I	1	·		A	•	*	
Avgera	ge		15,474	1										
Maxim			29,900	1										

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



See Pages 4 for Instructions.

1. General Information for the Month/Year of:

April, 2005

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	tates	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			PWS Identification Number	er: 3350322	
PWS Type:	Community	Non-Transient Non-Com	nunity 🔄 T	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Mont	h: 179			Tota	Population Served at End of	Month: 358	
PWS Owner:	Aqua Utilitics Flori	da						
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980	<u></u>		Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ldress:	beheath@aquaamerica.c	om					
3. Water Treatment Pla	ant Information							
Plant Name:	East Lake Harris Es	tates				Plant Telephone Number:	352-787-09	30
Plant Address:	13319 Woodland D	rive			City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		144,000				·
Plant Category (per subsect	ion 62-699.310(4), F	-A.C.): V			Plant	Class (per subsection 62-699.		
Licensed Operators		Name		License Class	License Numbe	r Da	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Jim Milicic			С	8195	Days 1st Shift		
1								

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 <u>C-6813</u>

License Number

PWS Ic	entification	n Number		3350322		Plant Name:	East Lake H	arris Esta	tes					
TH. D	III. Daily Data for the Month/Year of: April, 2005													
			g Virus Inactiv				Chlorin - Di			Comb	in ad Chlari		ninos)	
	traviolet R	-	-	r (Describe):			Chiorine Di	ONDE	1 Ozone	I Come	nieu Chioni	ne (Chioran	(mes)	
Ľ.						Free Chlo	·	Cambin	ad Chloring	(Chloramine		Chlorine I		
Type of	Disinte	ctant Resid	lual Maintan		ibution System:									
l		ł		C	T Calculations, or	· · · · · · · · · · · · · · · ·		Four-Log	Virus Inac	tivation, if A				
						CT Calc	ulations		·		UV	Dose	1 August 1997	
		ł		}			Lowest CT		ļ					
		Į				Disinfectant	Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at		•				Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	and the second
1	Visited by	1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	•	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	<u> </u>	24.0	18,100		1.2								0.7	
2	X	24.0	16,500		1.3		l						<u> </u>	
4		24.0 24.0	23,000 23,000		1.2			<u> </u>	<u> </u>				0.7	
5	X X	24.0	19,400		1.2		}	<u> </u>		-		<u> </u>	0.7	
6	<u> </u>	24.0	19,400		1.2				<u> </u>				0.7	
7	X	24.0	19,000		1.2				<u> </u>		·		0.9	
8	X	24.0	17,300		1.3				+				0.9	
9	x	24.0	16,600		1.2		<u> </u>							
10		24.0	28,750				[├── ──	<u> </u>					
11	x	24.0	28,750		1.4			h					0.7	
12	X	24.0	28,000		1.3								1.0	
13	Х	24.0	12,500		1.3								0.6	
14	X	24.0	27,500		1.3								0.8	
15	X	24.0	17,700		1.2								0.8	
16	X	24.0	15,000		1.3								ļ	
17		24.0	25,000						L					
18	X	24.0	25,000		1.3		ļ	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>	0.9	
19	X	24.0	16,200		1.2			<u> </u>	l	<u> </u>			0.8	
20	X X	24.0	23,900 19,500		1.1				L	╞╴───		<u> </u>	0.8	
21	<u>x</u>	24.0	19,500		1.2		<u> </u>	{	<u> </u>		<u> </u>	<u>├</u>	0.7	
23	x -	24.0	26,400	ł	1.0			<u>├</u> ───	+					· · · · · · · · · · · · · · · · · · ·
24	<u> </u>	24.0	23,300	{				<u> </u>	+			<u>}</u>	<u> </u>	
25	x	24.0	23,300	t	1.3			ł				t	0.9	
26	X	24.0	20,500	<u> </u>	1.3		<u> · · · -</u>	1		1			1.0	
27	x	24.0	14,300	†	1.4			<u> </u>					0.9	
28	х	24.0	19,000		1.3								0.8	
29	X	24.0	20,600	· · · ·	1.2								0.9	
30	X	24.0	17,900		1.3							L		
31		24.0				l	L		<u> </u> _		l	L	L	L
Total			624,400	1										
Avgera			20,142	-										
Maxim	m		28,750											

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

May, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Esta	ates	· · · ·			PWS Identification N	lumber:	3350322	
PWS Type:	Community	Non-Transient Non-Commi	unity 🔄 T	ransient Non-Com	nunity	Consecutive			
Number of Service Connect	tions at End of Month:	179		· · · · · · · · · · · · · · · · · · ·	Total	Population Served at E	nd of Month:	358	
PWS Owner:	Aqua Utilities Florida	a							
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	act Person's Fax Numbe	er: (352) 787-633	3	
Contact Person's E-Mail Ac	idress:	beheath@aquaamerica.co	m						
B. Water Treatment Pla	ant Information								
Plant Name:	East Lake Harris Esta	ates				Plant Telephone Num	iber:	352-787-09	80
Plant Address:	13319 Woodland Dri	ve			City: Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day C	Operating Capacity of I	Plant, gallons per day:		144,000					
Plant Category (per subsect	ion 62-699.310(4), F./	A.C.): V			Plant C	Class (per subsection 62			
Licensed Operators		A.C.): V Name	·	License Class			-699.310(4), F.A.C.) Day(s) / Shift(s)		
				License Class					
Licensed Operators				License Class C C	License Number				
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class C C	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class C C	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class C C	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class C C	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class C C	License Number 6813	Days 1st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine			License Class C C	License Number 6813	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 <u>C-6813</u>

License Number

PWS Id	lentificaitor	n Number:		3350322		Plant Name:	East Lake H	arris Esta	tes					
III. Daily Data for the Month/Year of: May, 2005														
			g Virus Inactiv				au :	• •	<u> </u>				· 、	
	traviolet R	-	-	r (Describe):		morme [Chlorine Di	oxide	☐ Ozone	I Comb	ined Chloru	ne (Chlorar	nines)	
F F											<u> </u>			
Type of	of Disinfee	ctant Resid	lual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if A	Applicable*	¢		
			1			CT Calc	ulations				UVI	Dose		
						Disinfectant	Lowest CT Provided		1. A. A.					
	Days Plant				Lowest Residual	Contact Time	Before or at	ŀ	1.	1	an a		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	에 가는 것 가지를 통하는 것이 가장했다. 또 가 같은 것이라요. 이 가 있는 것 같은 것 같
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	18,950					·				L		
2	X	24.0	18,950		1.2			 					0.7	
3	X X	24.0 24.0	15,100		1.4			<u> </u>		·····			0.9	
5	X	24.0	9,600		1.3							<u> </u>	0.8	
6	X	24.0	17,800		1.4					<u> </u>			0.9	
	X	24.0	7,400		1.3									
8		24.0	23,850											
9	Х	24.0	23,850		1.3								0.8	
10	Х	24.0	16,100		1.3								0.9	
11	Х	24.0	15,700		1.4								0.8	
12	X	24.0	300		1.1	· · · · · · · · · · · · · · · · · · ·							0.9	
13	Х	24.0	300		1.2					ļ	. <u> </u>		1.0	
14	X	24.0	13,000		1.3			<u> </u>		ļ				
15		24.0	19,350		1.2								0.8	
16	X X	24.0 24.0	19,350		1.1		}	<u> </u>					0,8	
17	<u> </u>	24.0	1,100		1.1					{			0,8	
19	X	24.0	21,200	·	1.4			<u> </u>				·	1.0	
20	x	24.0	18,000		1.2	··			<u> </u>	ļ			0.9	
21	x	24.0	14,000		1.3					<u> </u>				
22		24.0	20,550											
23	x	24.0	20,550		1.3								0.8	
24	X	24.0	15,700		1.2								0.7	
25	X	24.0	16,500	L	1.2								0.8	
26	X	24.0	15,700		1.2					L			0.7	
27	X	24.0	15,000		1.2				┣				0.8	
28	x	24.0	17,000		1.3			<u> </u>	<u> </u>	<u>├</u> ────			<u> </u>	
30	x	24.0	23,600	 	1.4				<u> </u>				0.9	
31	X	24.0	23,600		1.4		┝	<u> </u>	+	<u>├───</u>			0.8	
Total	L	L	496,300			L	I	I	<u>t</u>	1	L,	L		
Avgera	e		16,010	1										
Maxim			24,600	1										

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

June, 2005



See Pages 4 for Instructions.

. General Information for the Month/Year of:

A. Public Water System (PWS) Information

	<u>``</u> ,								
PWS Name:	East Lake Harris Es	states				PWS Identification Numbe	r: 33503	22	
PWS Type:	 Community 	Non-Transient Non-Commu	nity 🗌 T	ransient Non-Com	munity [Consecutive			
Number of Service Connect	tions at End of Mont	h: 179	····	- <u> </u>	Tot	al Population Served at End of	Month: 358		
PWS Owner:	Aqua Utilities Flori	da							
Contact Person;	Brian Heath				Сог	ntact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Co	ode: 34749	
Contact Person's Telephone	e Number:	(352) 787-0980			Cor	itact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	ldress:	beheath@aquaamerica.cor	<u>n</u>						
. Water Treatment Pla	ant Information				· <u> </u>				
Plant Name:	East Lake Harris Es	states	<u></u>			Plant Telephone Number:	352-7	87-0980	
Plant Address:	13319 Woodland D	Prive			City: Astatula	State: Florida	Zip Co	ode: 34705	
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day C	Derating Capacity of	f Plant, gallons per day:		144,000					
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.): V			Plant	Class (per subsection 62-699.)	310(4), F.A.C.):	с	
Licensed Operators		Name		License Class	License Numb	er Day	y(s) / Shift(s) Worl	ced	
Lead/Chief Operator:				С	6813	Days 1st Shift			
Other Operators:	Jim Milicic			С	8195	Days 1st Shift			
				1					
				1					
				1					
					i *				
								_	
		<u>.</u> ,	······································						

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that 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

<u>C-6813</u>

Signature and Date

Printed or Typed Name

License Number

PWS Ic	WS Identification Number: 3350322 Plant Name: East Lake Harris Estates													
	aily Data	for the N	lonth/Year	of:		June, 2005								
			g Virus Inactiv								. <u></u>			
						nionine	Chlorine Di	oxide	☐ Ozone	1 Comt	oined Chlorit	ne (Chloran	nines)	
F.	traviolet R			r (Describe):										
Type of	of Disinfe	ctant Resid	lual Maintai		bution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if A	Applicable*	•		
						CT Calc	ulations	$\{y_{i_1}, \dots, y_{i_k}\}$			UV 1	Dose		
							I. OT							
						Disinfectant	Lowest CT Provided							
1.	Days Plant	· ·			Lowest Residual	Contact Time	Before or at						Lowest Residual	1월 28일 ⁻ 1일 - 1일
	Staffed or		Net Quantity		Disinfectant	(T) at C	First			(Minimum	Disinfectant	
	Visited by	an a	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	1	1	Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	13,600		1.5	~	· · · · · · · · · · · · · · · · · · ·						1.2	
2	X	24.0	14,800		1.5						<u> </u>		1.0 0.8	·
3	X X	24.0	12,600	ļ	1.3								0.8	
5	·	24.0	16,800			~~~~	<u> </u>		<u> </u>	}				· · · · · · · · · · · · · · · · · · ·
$\frac{3}{6}$	x	24.0	16,800		1.1				· · · · · · · · · · · · · · · · · · ·				0.5	
7	x	24.0	800		1.1								1.0	
8	X	24.0	15,600	h	1.2								0.9	
9	X	24.0	12,400		1.3	· <u> </u>							0.8	
10	X	24.0	12,000		1.2								0.7	
11	Х	24.0	11,800		1.3									
12		24.0	15,200											
13	Х	24.0	15,200		1.4					ļ		L	0.8	
14	X	24.0	11,000		1.4			L					0.6	
15	X	24.0	13,800		1.2							l	0.8	
16	X X	24.0 24.0	16,400		1.2								0.7	
18	X	24.0	11,000		1.2	···					<u>├─</u> ───		0.7	
19		24.0	19,900				}		<u> </u>	<u> </u>				
20	х	24.0	19,900		1.3		<u> </u>		1		<u> </u>		0.6	
21	x	24.0	11,400		1.4								0.8	
22	Х	24.0	19,200		1.4								0.9	
23	Х	24.0	11,400		1.4							ļ	0.8	
24	X	24.0	12,800		1.5				ļ				1.0	
25	<u>x</u>	24.0	16,700		1.4									
26	l	24.0	19,000	ļ						<u> </u>	<u> </u>	ļ	0.9	
27	X	24.0	19,000		1.2				 				0.9	
28	X X	24.0	9,700 12,900	·····	<u> </u>				ł	<u> </u>	<u>├</u> ────		0.8	
30	X	24.0	8,700	<u> </u>	1.3		<u> </u>				<u> </u>	<u> </u>	0.8	
31		24.0	0,700	 						<u> </u>		1		
Total	1	1	417,000	<u> </u>	L	• <u></u>	_	<u>م</u>	• • • • • • • • • • • • • • • • • • • •	•		•		
Avgera	ge -		13,452	1										
Maxim			19,900	1										

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

July, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name: East Lake Harris Estates Image: PWS Identification Number: 3350322 PWS Type: Image: PWS Identification Number: Image: PWS Identification Number: 3350322 PWS Owner: Aqua Utilities Florida Total Population Served at End of Month: 358 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fast Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fast Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fast Number: (352) 787-6980 Raw Tareatment Plant Information East Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive Caty Astaula State: Florida Zip Code: 34705 Permited Maximum Day Operating Capacity of Plant galons per day 144,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C C 8195 Day(s) / Shiff(s) Worked Lace/Science Number: Sign of the subsection 62-699.310(4), F.A.C.): C Lead/Chief Operators: Jim Milicie C										
Number of Service Connections at End of Month: 179 Total Population Served at End of Month: 358 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Fax Number: (352) 787-6333 Contact Person's Fa-Mail Address. beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6980 B. Water Treatment Plant Information Fast Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: I Raw Ground Water Purchased Finished Water State: Florida Zip Code: 34705 Type of Water Treatment by Plant: I Raw Ground Water Purchased Finished Water Zip Code: 34705 Plant Claegory (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Claegory (per	PWS Name:	East Lake Harris Es	itates	····· •···			PWS Identification Number:	3350	322	
PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: Deheath@aquaamerica.com B. Water Treatment Plant Information East Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: I Raw Ground Water Purchased Finished Water Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: I Raw Ground Water Purchased Finished Water Purchased Finished Water East Lake Harris Estates Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C	PWS Type:	Community	Non-Transient Non-Commu	unity 🗌 T	ransient Non-Com	munity	Consecutive			
Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6933 Image: Contact Person's Fax Number: (352) 787-6930 Image: State: Florida State: S	Number of Service Connec	tions at End of Mont	h: 179		*** · · · · · · · · · · · · · · · · · ·	Total	Population Served at End of M	1onth: 358		
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6333 B.Water Treatment Plant Information Plant Name: East Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: Image: Aga Ground Water Purchased Finished Water Verchased f	PWS Owner:	Aqua Utilities Flori	da	······································						
Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: East Lake Harris Estates Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: Image: Ima	Contact Person:	Brian Heath				Conta	act Person's Title: A	rea Manager		
Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Telephone Number: 352-787-0980 Plant Name: East Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: Image: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000 Image: Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C License Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Will Fontaine C 6813 Days 1st Shift	Contact Person's Mailing A	ddress:	PO Box 490310	· · · · · · ·	· · · · · · · · · · · · · · ·	City: Leesburg	State: Florida	Zip (Code: 34	4749
B. Water Treatment Plant Information Plant Name: East Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: Image: City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: Image: City: Astatula State: Florida Zip Code: 34705 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000 Image: City: Astatula State: Florida City: Astatula City: Astatula State: State: City: Astatula City: Astatula State: City: Astatula State: Florida City: Astatula City: Astatula <	Contact Person's Telephone	e Number:	(352) 787-0980			Conta	act Person's Fax Number: (.	352) 787-6333		
Plant Name: East Lake Harris Estates Plant Telephone Number: 352-787-0980 Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant: Image: Capacity of Plant, gallons per day: Purchased Finished Water Image: Capacity of Plant, gallons per day: 144,000 Image: Capacity of Plant, gallons per day: Image: Capacity of Plant, gallons pe	Contact Person's E-Mail Ad	ddress:	beheath@aquaamerica.co	m						
Plant Address: 13319 Woodland Drive City: Astatula State: Florida Zip Code: 34705 Type of Water Treatment by Plant:	. Water Treatment Pl	ant Information				· · · · · · · · · · · · · · · · · · ·				
Type of Water Treatment by Plant:	Plant Name:	East Lake Harris Es	states				Plant Telephone Number:	352-	787-0980	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name Lead/Chief Operator: Will Fontaine C 6813 Days 1st Shift	Plant Address:	13319 Woodland D	rive			City: Astatula	State: Florida	Zip (Code: 34	4705
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	Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Will Fontaine C 6813 Days 1st Shift	Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		144,000					
Lead/Chief Operator: Will Fontaine C 6813 Days 1st Shift	Plant Category (per subsect	tion 62-699.310(4), F	-(A.C.): V			Plant C	Class (per subsection 62-699.31	0(4), F.A.C.):	С	
	Licensed Operators		Name		License Class	License Number	Day(s) / Shift(s) Wo	ked	
Other Operators: Jim Milicic C 8195 Days 1st Shift	Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift			
	Other Operators:	Jim Milicic			С	8195	Days 1st Shift			
									-	
					T					

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

PWS lo	WS Identification Number: 3350322 Plant Name. East Lake Harris Estates													
ПІ. D	aily Data	for the N	lonth/Year	of:		July, 2005								
			g Virus Inactiv				Chlorine Di		E 0			(()))	·>	
	traviolet R			r (Describe):		name i	Chiorine Di	oxide	1 Ozone	I Comt	oined Chlori	ne (Chiorar	nines)	
F							·			(Chloramine	· -		<u></u>	
Type of	Disinfe	clant Resid	lual Maintai		ibution System:	Free Chlo						Chlorine I	Jioxide	
]]			C	T Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if				
						CT Calo	ulations	· · · ·			UVI	Dose	1	
	ł						Lowest CT			1.1.1.16		1		
	1					Disinfectant	Provided			1. Sec. 1997.				
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
1	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	<u> </u>	24.0	17,000		1.4				1				0.8	
2		24.0	14,000									<u> </u>		· · · · · · · · · · · · · · · · · · ·
3	X	24.0	14,000		1.5									······································
4	<u> </u>	24.0	15,000		1.2		ļ	 	ļ				0.8	······································
5	X X	24.0	22,000		1.2		<u> </u>		}	·	<u> </u>	h	0.8	
7	X	24.0	26,700 14,600		1.3								0.9	······································
8	X	24.0	25,900		1.2				i		 		0.8	
9	- <u>x</u>	24.0	11.600		1.3		· · · -						0.0	
10	<u> </u>	24.0	20,200							t			1	
11	X	24.0	20,200		1.1			<u>├</u>		1	· · · · ·	f	0.5	
12	X	24.0	10,700		1.4								1.0	
13	X	24.0	14,500		1.6		1						1.2	
14	X	24.0	18,800		1.2						_		0.8	
15	X	24.0	8,400		1.0								0.6	
16	Х	24.0	19,000		1.1					l		·		
17		24.0	18,950											
18	X	24.0	18,950		1.4				<u> </u>		_	l	0.8	······
19	<u> </u>	24.0 .	100		1.1						 	- <u>-</u>	0.4	
20	<u> </u>	24.0	3,400		1.0					<u> </u>		l	0.7	
21	X	24.0	400		<u> </u>					<u> </u>			0.8	
22	X	24.0	23,600		1.3					<u> </u>	<u> </u>	ł	0.8	
23	X	24.0	19,800		1.3		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
24	x	24.0	19,800		1.2					1	<u> </u>	<u>†</u>	0.5	
26	X	24.0	19,800		1.2		<u> </u>					t	0.8	
20	$\frac{x}{x}$	24.0	17,000		1.3		+		1		<u> </u>	<u> </u>	0.8	
28	x	24.0	19,000		1.3	· · · · · · · · · · · · · · · · · · ·	<u> </u>	t	1	1		t	0.7	
29	x	24.0	17,700		1.3			1					0.8	
.30	x	24.0	14,700	1	1.3									
31		24.0	19,850											
Total			491,450											
Avgera	ge		15,853]										
Maxim	um .		26,700											

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

August, 2005

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	tates		·····	<u>, , , , , , , , , , , , , , , , , , , </u>	PWS Identification Number:	3350322
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	nunity	Consecutive	
Number of Service Connect	tions at End of Mont	h: 179			Te	otal Population Served at End of Month:	358
PWS Owner:	Aqua Utilities Flori	da					
Contact Person:	Brian Heath				Co	ontact Person's Title: Area Man	ager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Co	ontact Person's Fax Number: (352) 787	-6333
Contact Person's E-Mail Ac	Idress:	beheath@aquaamerica.co	<u>om</u>				
B. Water Treatment Pla	ant Information						
Plant Name:	East Lake Harris Es	tates				Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland D	rive			City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day C	perating Capacity of	f Plant, gallons per day:	_	144,000			
Plant Category (per subsect	ion 62-699.310(4), F	-A.C.): V				nt Class (per subsection 62-699.310(4), F.	
Licensed Operators	1	Name		License Class	License Num	Der Day(s) / Shi	ft(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Jim Milicic			С	8195	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

Printed or Typed Name

C-6813

License Number

Signature and Date

PWS Ic	PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates													
111. D	aily Data	for the N	lonth/Year	of:		August, 2005								
_			g Virus Inactiv		al Francis									
1		-	+			niorine	Chlorine Di	oxide	C Ozone	Comt	oined Chlorin	ne (Chlorar	nines)	
F	traviolet R			r (Describe):										
Type of	of Disinfe	ctant Resid	lual Maintair	ned in Distr	ibution System:	I Free Chlo	orine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable*	• 		
]				CT Calc					UVI		1	
					[[
			1		and the provide states		Lowest CT							물 이 모두 물란 것 같은 것이 없다.
	Den Direct					Disinfectant	Provided							
	Days Plant	1	NHO		Lowest Residual	Contact Time	Before or at				5 1 4 1 4	Minimum	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	UV Dose	Disinfectant	
Davis	Visited by	1	of Finished		Concentration (C)	Measurement	Customer		fi tek dag	Minimum CT	Operating	Required,	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	1	Deale Floor	Before or at First	Point During	During Peak	Temp of	TT - CAN-	Required, mg		mW-	Remote Point in	Conditions; Repair or Maintenance Work that
Month	(Place "X")	Operation	Producted, gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water %	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1	<u>x</u>	24.0	19,850	Kate, gpu.	1.5	minutes		water, C	n Applicable		mw-sec/cm	sec/cin	0.8	
2	X	24.0	13,900		1.1								0.6	
3	X	24.0	9,100		1.2	·	├───-						0.6	· · · · · · · · · · · · · · · · · · ·
4	X	24.0	13,300		1.2			<u> </u>					0.8	
5	x	24.0	16,600		1.4			<u> </u>		<u> </u>			0.8	
6	X	24.0	17,400		1.3					<u> </u>				
7		24.0	18,050							<u> </u>				
8	x	24.0	18,050		1.4								0.8	
9	Х	24.0	18,200		1.2								0.8	
10	X	24.0	17,500		1.4					1			0.8	
11	X	24.0	20,500		1.4								0.7	
12	х	24.0	17,700		1.3								0.7	
13	Х	24.0	14,600		1.3									
14		24.0	18,250											
15	X	24.0	18,250		1.3								0.8	
16	X	24.0	300		1.1								0.6	
17	Х	24.0	200		1.3								0.7	
18	Х	24.0	2,000		1.0								0.5	
19	Х	24.0	1,800		1.0				L				0.8	
20	X	24.0	200		1.0					<u> </u>				
21	L	24.0	100											
22	X	24.0	100		1.0					L			0.7	
23	X	24.0	100		0.9					Į			0.8	
24	X	24.0	300		1.3				ļ				0.7	
25	X	24.0	400	L	1.3				······	ł			0.8	
26	X	24.0	300		1.3			<u> </u>					0.7	
27	X	24.0	100		1.3								<u> </u>	
28	x	24.0	150		1.2				<u>├</u>	1			0.8	
30	X	24.0	150		1.2			<u> </u>					0.7	
31	X	24.0	200		1.0				<u> </u>	<u>+</u>			0.7	
Total	L	24.0	257,750		<u>1.0</u>	I	I.—			i	L	· · · · ·	1	
Avgera	e		8.315	1										

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

20,500

DEP Form 62-555.900(3)Alternate

Maximum



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	tates					PWS Identification Numbe	er: 3	3350322	
PWS Type:	Community	Non-Transient Non-Comm	nunity 🔄 Tr	ansient Non-Com	munity		Consecutive			
Number of Service Connect	ions at End of Month	h: 179	· · · · · · · · · · · · · · · · · · ·			Total I	Population Served at End of	Month: 3	358	
PWS Owner:	Aqua Utilities Florie	da								
Contact Person:	Brian Heath					Contac	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leest	ourg	State: Florida	12	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	om							
B. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Es	tates					Plant Telephone Number:		352 - 787-09	80
Plant Address:	13319 Woodland Di	rive			City: Astat	ula	State: Florida	2	Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000						· ···
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V				Plant C	lass (per subsection 62-699.		<u> </u>	
Licensed Operators		Name		License Class	License N	lumber	Da	y(s)/Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	3	Days 1st Shift			
Other Operators:	Jim Milicic			С	8195	5	Days 1st Shift			
and the second se										
		···· · · ·								
1 1 1 A 1 A										

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

PWS Ic	WS Identification Number: 3350322 Plant Name: East Lake Harris Estates													
III. D	aily Data	for the N	lonth/Year	of:		September, 200	15							
			g Virus Inactiv				Chlorine Di		C Ozone					
1	traviolet R	-		r (Describe):		morme [Chlorine Di	oxide	Ozone	Comb	nnea Chiorii	ne (Unioran	nines)	
F .											->		<u></u>	
Type of	of Disinfee	ctant Resid	lual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if A				
1						CT Calc	ulations				UVI	Dose		
							Lowest CT							
{						Disinfectant	Provided	· ·						
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
ł	Staffed or		Net Quantity		Disinfectant	(T) at C	First		1			Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1.00			Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	Tomos		Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	Required, mg	mW-sec/cm ²	ブリト・オール ひと	Distribution	Involves Taking Water System Components Out of Operation
Month	"X") X	Operation	gal. 200	Rate, gpd.	Peak Flow, mg/L 1.0	minutes	min/L	water, C	II Applicable	min/L	mw-sec/cm	sec/cm ²	System, mg/L 0.8	Out of Operation
2	X	24.0	50		1.0					<u> </u>			0.8	
3	<u> </u>	24.0	50	<u>-</u>	1.0					1				
4		24.0	12,150	[]		· · · · · · · · · · · · · · · · · · ·			T					
5	X	24.0	12,150		1.3		<u> </u>						0.6	
6	Х	24.0	18,300		1.3								0.6	
7	X	24.0	16,300		1.2	·		ļ	L				0.7	
8	X	24.0	18,400	-	1.4			ļ		<u> </u>	ļ		0.8	
9	X	24.0	16,900		1.4	<u> </u>		ļ					1.0	
10	X	24.0	20,700	}	1.3			<u> </u>	<u> </u>	┨───────			<u> </u>	
11	x	24.0 24.0	19,800 19,800		1.2			<u>├</u>	h	+	<u> </u>		0.7	
13	$\frac{x}{x}$	24.0	19,800		1.2			<u>├</u> ───					0.8	
14	$\frac{x}{x}$	24.0	17,700		1.4		{			<u> </u>	[0.8	
15	X	24.0	17,900		1.4	····	1			<u> </u>			0.8	
16	x	24.0	21,700		1.3		1						0.8	
17	X	24.0	15,800		1.3									
18		24.0	26,650										<u> </u>	
19	X	24.0	26,650		1.2					<u> </u>			0.8	
20	x	24.0	14,600		1.1		Ļ	ļ					0.7	
21	X	24,0	17,000		1.4			ļ	ļ	<u> </u>	{	{	0.6	
22	x	24.0	15,700		1.2		ļ		<u> </u>		<u> </u>		1.0	
23	X	24.0	22,600		1.5		ł		<u> </u>	 	<u> </u>	}	1.0	
24	x	24.0	23,600		1.0									
26	x	24.0	17,700	<u> </u>	1.1		ł ~~	<u> </u>	<u> </u>	ł			0,6	
20	x	24.0	5,700		1.2			<u> </u>		<u> </u>	1		1.0	
28	X	24.0	200		0.9			1					0.8	
29	x	24.0	200	<u> </u>	1,1								0.7	
30	x	24.0	200	t	1.0								0.8	
31		24.0					L					1	<u> </u>	L
Total	:		434,700											
Avgera			14,023	1										
Maxim	um		26,650											

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



See Pages 4 for Instructions.

1. General Information for the Month/Year of:

October, 2005

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	tates					PWS Identific	ation Numbe	er:	3350322	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity T	ransient Non-Com	munity		Consecutive				
Number of Service Connect	tions at End of Mont	h: 179				Total	Population Serv	ed at End of	Month:	358	
PWS Owner:	Aqua Utilities Flori	da									
Contact Person:	Brian Heath					Conta	ct Person's Title	ð:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City:	Leesburg	State: Florid	da		Zip Code:	34749
Contact Person's Telephone	Number	(352) 787-0980				Conta	ect Person's Fax	Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	<u>om</u>								
B. <u>Water Treatment Pla</u>	ant Information										
Plant Name:	East Lake Harris Es	states					Plant Telepho	ne Number:		352-787-09	80
Plant Address:	13319 Woodland D	rive			City:	Astatula	State: Florid	da		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water							
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000			_				
Plant Category (per subsect	ion 62-699.310(4), F	F.A.C.): V							.310(4), F.A.C.):		
Licensed Operators		Name		License Class	Licen	ise Number		Da	y(s) / Shift(s)	Worked	<u> </u>
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift	<u>.</u>			
Other Operators:	Jim Milicic			С		8195	Days 1st Shift	L			
			<u> </u>								
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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

C-6813

Printed or Typed Name

License Number

Ult. D21/P D114 Oracle D2000/D300/D300/D300/D300/D300/D300/D300	PWS Id	WS Identification Number: 3350322 Plant Name: East Lake Harris Estates													
Main of Aldebring I war J war		aily Data	for the N	lonth/Year	of:		October 2005								
Cluster Control Control Control Control Control type of Disinfectant Residual Maintained in Distribution System: IF there (horns) Control Chorpe Disact Days Plant Net Queeting Insert Residual Maintained in Distribution System: IF there (horns) UV Dose Days Plant Net Queeting Insert Residual Maintained in Distribution System: If there (horns) UV Dose Insert Residual Maintained in Distribution System: If there (horns) UV Dose Insert Residual Maintained in Distribution System: If there (horns) UV Dose Insert Residual Maintained in Distribution System: If there (horns) If there (horns) <tdi< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>· · · ·</td><td></td><td>······</td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td><u></u></td><td></td></tdi<>							· · · ·		······		· · · · · · · · · · · · · · · · · · ·			<u></u>	
Type of Disinfectant Residual Maintained in Distribution System Prior Charme Calabase Charme Colorance Colorane Distribution Colorane Distribution best Plant State Colorance CT Calculations, or U Dones, to Demostate Four-Log Virus Inscivution, if Applicable* UV Dose UV Dose State Colorance Maintained Distribution System Ref Cambin CT Calculations, or U Dones, to Demostate Four-Log Virus Inscivution, if Applicable* UV Dose UV Dose State Colorance State Colorance Net Cambin Desinformant Operator Net Cambin Desinformant Operator Numinin Condent State State Colorance State Colorance State Colorance Numinin Desinformant Operator Numinin Desinformant Operator Numinin Desinformant Operator Numinin Desinformant Operator Numinin Numinin Dispersion of Abornal Operator State Colorance Numinin Numinin Numinin Dispersion of Abornal Operator 1 X X 200 100 Path Point P							hlorine	Chlorine Di	oxide	C Ozone	Coml	oined Chlori	ne (Chlorar	nines)	
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	Maxim			16,000	1										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

November, 2005

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	ates				PWS Identification Numb	er: 3	350322	
PWS Type:	Community	Non-Transient Non-Com	munity 🔄 Ti	ransient Non-Com	nunity	Consecutive			
Number of Service Connect	tions at End of Month	n: 179			Tota	I Population Served at End o	f Month: 3	58	
PWS Owner:	Aqua Utilities Florid	la							
Contact Person:	Brian Heath				Con	tact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Z	ip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333	_	
Contact Person's E-Mail Ad	ddress:	beheath@aquaamerica.c	com						
B. Water Treatment Pla	ant Information								
Plant Name:	East Lake Harris Est	ates				Plant Telephone Number:	3	52-787-098	30
Plant Address:	13319 Woodland Dr	ive			City: Astatula	State: Florida	Z	ip Code:	34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O	Operating Capacity of	Plant, gallons per day:		144,000					
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): V	r		Plant	Class (per subsection 62-699		C	
Licensed Operators		Name		License Class	License Numbe	r Da	y(s) / Shift(s) V	Vorked	
Lead/Chief Operator:	Will Fontaine			C	6813	Days 1st Shift			
Other Operators:	Jim Milicic			С	8195	Days 1st Shift			
			-						
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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

PWS I	WS Identification Number: 3350322 Plant Name: East Lake Harris Estates													
HI. D	aily Data	for the M	lonth/Year	of:		November, 200)5							
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the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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6		24.0	100											
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* Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	states					PWS Identification Numb	er:	3350322	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity 🔄 Ti	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	th: 179	****			Total I	Population Served at End o	f Month:	358	
PWS Owner:	Aqua Utilities Flori	ida								
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager	-	
Contact Person's Mailing A	ddress:	PO Box 490310			City: 1	_eesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad	Idress:	beheath@aquaamerica.c	om							
B. Water Treatment Pla	ant Information	<u>ــــــــــــــــــــــــــــــــــــ</u>								
Plant Name:	East Lake Harris Es	states					Plant Telephone Number:		352-787-09	80
Plant Address:	13319 Woodland E	Drive			City: A	Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	perating Capacity o	f Plant, gallons per day:		144,000						
Plant Category (per subsection	ion 62-699.310(4), I	F.A.C.): V					lass (per subsection 62-699			·
Licensed Operators		Name		License Class	Licen	se Number	Da	ıy(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Jim Milicic			С		8195	Days 1st Shift			
	_									
								<u>,</u>		
							[

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that 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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AP Identification Number: 3350322 [Plant Name: Estates								<u>(</u>	December, 2005		:10	onth/Year	for the M	eted vlie	11° D.
	· · · · · · · · · · · · · · · · · · ·					Sə	uris Estat	East Lake Ha	Plant Name:	T	2220322		nuper	entification	PISM

Page 2

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	tates					PWS Identification Numb	per:	3350322	
PWS Type:	Community	Non-Transient Non-Cor	nmunity 🔄 1	ransient Non-Com	munity		Consecutive			
Number of Service Connect	ions at End of Month	h: 173				Total F	Population Served at End o	of Month:	431	
PWS Owner:	Florida Water Servio	ces								
Contact Person:	Craig Anderson					Contac	et Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				Contac	et Person's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.co	<u>om</u>							
B. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Est	tates					Plant Telephone Number:		352-787-09	80
Plant Address:	13319 Woodland Di	rive			City:	Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	🗹 Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000						
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.):	v			Plant Cl	lass (per subsection 62-699			
Licensed Operators		Name	a de la constante	License Class	Licen	ise Number	Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
	John Worrell			С		6597	Days 1st Shift			
	Gary Kissick			С		7846	Days 1st Shift			
	Mike Ponticelli			С	1	8450	Days 1st Shift			
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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
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2/9/2004 0:00

Will Fontaine Printed or Typed Name C-6813

License Number

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Emergency of Abronnal Operating Conditions, Repair of Maintenance Work that Involves Taking, Water System Components	Lowest Residual Disinfectant Concentration at Remote Point in Remote Point in	Minimum UV Dose Required, mW-	isəwo. İ əsoQ. VU əsoQ VU	T) مسمنی کلیمیسی کمپیون	, TateW fo Hq	lo qnsT	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Disinfectant Contact Time (T) at C Measurement Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customet During	Beak Flow	Net Quantity of Finished Water	nnslq zuvoH	Days Plant Staffed or Visited by Operator (Place	Day of
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					Se	teted sime	East Lake Ha	Smant Name:	J	7750555		Mumber	Totionditue	ri sma

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

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See Pages 4 for Instructions.

1. General Information for the Month/Year of: February, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es					PWS Identification Number:	3350322
PWS Type:	✓ Community	Non-Transient Non-Comm	unity	Transient Non-Com	munity	Consecutive	5550544
Number of Service Connec	tions at End of Mont					Population Served at End of Month:	434
PWS Owner:	Florida Water Servi			·····			
Contact Person:	Craig Anderson				Con	tact Person's Title: VP Enviro	onmental Services
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				tact Person's Fax Number: (407) 598	
Contact Person's E-Mail Ac	ldress:	craiga@florida-water.com					
B. Water Treatment Pla	ant Information						
Plant Name:	East Lake Harris Es	states				Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland D	rive			City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased	Finished Water	•		
Permitted Maximum Day C	perating Capacity of	f Plant, gallons per day:		144,000			
Plant Category (per subsect	ion 62-699.310(4), F	F.A.C.): V			Plant	Class (per subsection 62-699.310(4), F.A	A.C.): C
Licensed Operators		Name	and the state	License Class			ft(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	<u> </u>
Other Operators:	Brian Heath		_	С	5825	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
	Gary Kissick			С	7846	Days 1st Shift	
the gradient sector is	Mike Ponticelli			С	8450	Days 1st Shift	
and the second second							
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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

3/9/2004 0:00

Will Fontaine Printed or Typed Name C-6813 License Number

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III. Daily Data for the MonthA ear of: Means of Achieving Four-Log Virus Inactivation/Removal: V Free Chlorine Dioxide T Ozone T Combined Chlorine (Chloramines) T Ultraviolet Radiation T Other (Describe):		<u>I</u>			• · · · · · · · · · · · · · · · · · · ·			····			••••••••••••••••••••••••••••••••••••••				L
Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine T Chlorine Dioxide T Ozone T Combined Chlorine (Chloramines)	l 	əpixoi	Chlorine D	(§	(Chloramine)) eninoldO be	nidmoD		L Free Chlor				hiza A Inst	oəfnisi(I f	o anvī
III. Daily Data for the MonthA ear of: Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine Dioxide 🔽 Ozone 🧲 Combined Chlorine (Chloramines)											(Descupe):	ы Отре	uorinibi	raviolet Ra	но 🔟
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ows Identification Number: 3350322 [Plant Name: East Lake Harris Estates	<u> </u>			<u> </u>				· · · · · · · · · · · · · · · · · · ·	February 2004		:10	area (/dtao			
						sa	mis Estat	East Lake Ha	Plant Name:		2220525		Number	entification	PISMd

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

916 Form 62-55-58 mod 930



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

March, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	tates				I	WS Identification Number	er: 3	350322	
PWS Type:	Community	Non-Transient Non-Co	ommunity 🔄 Tr	ransient Non-Com	munity		onsecutive			
Number of Service Connect	tions at End of Month	h: 172				Total Po	opulation Served at End of	Month: 4	29	
PWS Owner:	Florida Water Servio	ces								
Contact Person:	Craig Anderson					Contact	Person's Title:	VP Environmenta	I Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orland	lo 5	State: Florida	Z	ip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				Contact	Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.c	com							
B. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Es	tates				H	Plant Telephone Number:	3	52-787-09	80
Plant Address:	13319 Woodland D	тіve			City: Astatu	la S	State: Florida	Z	ip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day		144,000						·······
Plant Category (per subsect		(A.C.):	v				ss (per subsection 62-699		<u> </u>	
Licensed Operators		Name		License Class	License N	imber	Da	y(s) / Shift(s) V	Vorked	
Lead/Chief Operator:	Will Fontaine			С	6813	I	Days 1st Shift			<u> </u>
Other Operators:	Brian Heath			с	5825	1	Days 1st Shift			
	John Worrell			С	6597	I	Days 1st Shift			
	Gary Kissick			С	7846	1	Days 1st Shift			
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

e and Date

4/8/2004 0:00

Will Fontaine Printed or Typed Name C-6813

License Number

Signature and Date

Page 1

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

<u>3</u>

				3350322		Plant Name:	East Lake H	larris Esta	tes					
III. D	aily Data	for the N	lonth/Year	of:		March, 2004								
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F.							. r		1.011 :	(Chloramine	<u> </u>			
Type of	of Disinfed	ctant Resid	lual Maintai		ibution System:	Free Chlo				-		Chlorine I	Dioxide	P
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	, Virus Inac	tivation, if	Applicable			
						CT Calc	ulations				UV	Dose		
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1.11						Disinfectant -	Provided							
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	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	▲ 상황학을 수많을 수 있는 것이다. 이 가지 않는 것은 것이 있는 것을 가지 않는 것을 가지 않는 것이다. 것이다. 것이 같은 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 가 있다. 가지 않는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 있다. 것이 있는 것이 있다. 것이 있는 것이 없는 것이 있는 것이 있 것이 있는 것이 있다. 것이 있는 것이 있
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	Time of		Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	, Required, mg min/L		mW- sec/cm ²	Distribution	Involves Taking Water System Components
Month 1	"X") X	Operation 24.0	gal. 18,100	Rate, gpd.	Peak Flow, mg/L 1.5	minutes	min/L	water, C	п Аррисаон		mW-sec/cm ²	sec/cm	System, mg/L	Out of Operation
2	x	24.0	30,500		1.5			<u> </u>	<u> </u>				1.1	
3	X	24.0			1.4		[1			1.1	······································
4	х	24.0	33,100		1.4			1					1.0	
5	X	24.0	25,000		1.5								1.1	
6		24.0	23,650											
. 7.	X	24.0	23,650		1.4									
8	X	24.0	28,500	ļ	1,5				<u></u>			L	1.0	
. 9	X	24.0	26,800		1.4			I		ļ			1.0	
10	X	24.0	18,000		1.4			 					1.0	
12	X X	24.0	24,000 21,200		1.4		ļ			 _			1.0	
12	X	24.0			1.3			1					1.1	
14	~ ~	24.0					<u> </u>	†						· · · · · · · · · · · · · · · · · · ·
15	х	24.0			1.4		t	1		1			1.0	
16	x	24.0			1.4				· · · · ·				0.9	
17	Х	24.0	18,200		1.4								1.0	
18	Х	24,0	19,300		1.5								1.0	
19	х	24.0	26,800		1.5								1.0	
20	x	24.0	19,900		1.5							I		····
21		24.0	30,400					ļ	<u> </u>		 		10	
22	X X	24.0	30,400		1.5	· · · · · ·							1.0	
24	X	24.0	22,200 22,500		1.3						i		1.0	
25	X	24.0	22,300		1.4	···		+	· · · · · ·				0.9	
26	x	24.0	21,800		1.3	··	<u> </u>						0.9	
27	X	24.0	16,600		1.3				1	1	 			
28		24.0	28,000	1			· · · · · · · · · · · · · · · · · · ·							
29	Х	24.0	28,000		1.3								0.9	
30	Х	24.0	26,000		1.3								0.9	
31	Х	24.0	22,400		1.4		l		I			1	1.0	
Total			741,200	1										
Avgerag		<u></u>	23,910	4										
Maximi	m 9784 i i i i i i i i i i i i i i i i i i i	ang ang ka	33,100	1										

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



See Pages 4 for Instructions. I. General Information for the Month/Year of:

April, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	tates				PWS Identification Number	er: 3350322	
PWS Type:	Community	Non-Transient Non-Commun	nity 🔄 T	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Mont	h: 173			To	tal Population Served at End of	f Month: 431	·
PWS Owner:	Florida Water Servi	ces		_				
Contact Person:	Craig Anderson				Co	ontact Person's Title:	VP Environmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			Co	ntact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	idress:	craiga@florida-water.com						
B. Water Treatment Pla	ant Information							
Plant Name:	East Lake Harris Es	tates				Plant Telephone Number:	352-787-09	80
Plant Address:	13319 Woodland D	rive			City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O				144,000				
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V			Plar	t Class (per subsection 62-699	.310(4), F.A.C.): C	
Licensed Operators		Name	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	License Class	License Numb	ber Da	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath	· · · · · · · · · · · · · · · · · · ·		С	5825	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
	Adam Michaelsen				Trainee	Days 1st Shift		

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

5/7/2004 0:00

Will Fontaine Printed or Typed Name C-6813

5.

License Number

PWS Id	entificaito	n Number:		3350322		Plant Name:	East Lake H	arris Esta	tes					
	aily Data	for the M	lonth/Year	of		April, 2004								
			g Virus Inactiv			Chlorine	Chlorine Di	oxide	C Ozone	Comt	oined Chlori	ne (Chlorar	nines)	
F	traviolet R			r (Describe):										
Type o	f Disinfe	ctant Resid	lual Maintai	ned in Distr	ribution System:	🔽 Free Chle	orine Г	Combir	ed Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	
			영상 나라는	C	CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation. if	Applicable [*]	•		
				24423673			ulations	_			UVI			
				The state of the second s	PL C		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		14 Mg (1 / 15		$\mathcal{M} = \left\{ \begin{array}{c} \mathcal{M} & \mathcal{M} \\			
	5 A.					11.11.645	Lowest CT.							
	Dep					Disinfectant	Provided						Contraction Contractor	
а — — — — — — — — — — — — — — — — — — —	Days Plant Staffed or		NAC		Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Disinfectant	Emergency or Abnormal Operating
Day of		Hours plant	 The second s		Before or at First	Point During	During Peak			Minimum CT	- 「ないたたた」 アイト・ディー	Required,	Concentration at Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	20,000		1.4					1			1.0	
2	Х	24.0	29,400		1.3		1						0.9	
3	X	24.0	21,600		1.5			1		1				
. 4		24.0	26,250											
5	X	24.0	26,250		1.4								1.0	
6	X	24.0	20,600		1.4								1.0	
7	X	24.0	18,100		1.3								1.0	
8	X	24.0	22,000		1.4								0.9	
9	<u>X</u>	24.0	20,500		1.3								0.9	
10	<u>x</u>	24.0	24,300		1.5			L						
<u>11</u> 12		24.0	25,850		12		ļ			ļ				
12	x x	24.0	25,850 17,300		1.3			<u> </u>					0.9	
14	x	24.0	17,300		1.3								0.9	
15	X	24.0	20,200		1.2								0.9	
16	X	24.0	17,800		1.2		<u> </u>		<u> </u>				0.9	
17	Х	24.0	16,800		1.4									
18		24.0	23,850											
19	X	24.0	23,850		1.4								1.0	
20	X	24.0	18,500		1.4								1.0	
21	X	24.0	14,700		1.3					[0.9	
22	X	24.0	26,700		1.3	·							0.9	
23	X	24.0	26,500		1.4								0.9	
24	x	24.0	17,100		1.5					<u> </u>				
25 26		24.0	20,950			[l
26	X X	24.0	20,950		1.3								0.8	
28	X	24.0	19,600		1.2								0.8	
29	<u>x</u>	24.0	21,700		1.4				<u> </u>	<u> </u>			0.8	·····
30	X	24.0	17,000		1.2	[·							0.9	<u>}</u>
	<u>_</u>	24.0			1.2			<u> </u>			· · · - · · · · · · · · · · · · · · · ·		0.7	
Total			634,100				L			· · · · · · · · · · · · · · · · · · ·	·····			L
Avgerag	e		21,137	1										

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

29,400

DEP Form 62-555.900(3)Alternate

Maximum



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

May, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	states					PWS Identification Numb	er:	3350322	
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 170				Total	Population Served at End of	f Month:	424	
PWS Owner:	Florida Water Servi	ces								
Contact Person:	Craig Anderson					Conta	ct Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orla	ndo	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Conta	ct Person's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ad	ddress:	craiga@florida-water.com								
8. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Es	states					Plant Telephone Number:		352-787-09	80
Plant Address:	13319 Woodland D	rive			City: Asta	tula	State: Florida		Zip Code:	34705
Type of Water Treatment by	<u></u>	✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	Dperating Capacity of	f Plant, gallons per day:		144,000						
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.): V					lass (per subsection 62-699			
Licensed Operators		Name		License Class	License 1	Number		ıy(s) / Shift(s)	Worked	이는 나람이 많이 봐?
Lead/Chief Operator:	Will Fontaine			С	681	3	Days 1st Shift			
Other Operators:	Brian Heath			С	582	25	Days 1st Shift			
	John Worrell			С	659	97	Days 1st Shift			
	Gary Kissick			С	784	6	Days 1st Shift			
	Adam Michaelsen				Trair	nee	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

6/8/2004 0:00

Will Fontaine Printed or Typed Name C-6813 License Number

NATER OR PURCHASED FINISHED WATER	W GNUOAD WAA DNITAJAT & 2"W	ΝΟ ΠΕΙΕΛΟΙΑ ΜΟΙΤΑΡΟΑ ΤΑΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ ΑΝΟΜΑΡΟΑ
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II. Phily Data for the Month/Year of: May. 2004 Please of Achrong Four-Log Vinus Inscrivation/Removal Prec Chlorine [Chlorine Doxide [Ozone [Combined Chlorine Chlorinines)] Ultravolet Relation [Other (Decrifie)] Days Plant May. 2004 Days Plant May. 2004 Days Plant Mattrice (Thoramines) Days Plant Mattrice (Thoramines	······	0.													
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II. Data for the Month/Year of: May. 2004		71				······					· · · · · · · · · · · · · · · · · · ·				
II. Daily Data for file Month/Y car of: May, 2004 Current of Activening Four-Log Virus Inactivation/Removal: Free Chlorine [Combined Chlorine Control Combined Chlorine (Chloramines) Current of Active Weights Relation Control Description Combined Chlorine (Chloramines) Chlorine Disxide Current of Chloramines) Composition Free Chlorine Compined Chloramines) Chloramines) Current of Chloramines) Compined Chloramines) Chloramines) Chloramines) Lowest Residual Current of Chloramines) Compined Chloramines) Chloramines) Chloramines) Lowest Residual Current of Chloramines) Compined Chloramines) Chloramines) Lowest Residual Days Plant Marci Origonal Operation, if Applicable* UV Dose Namung Days Plant Marci Origonal Operation, if Applicable* Disniferam Disniferam Days Plant Marci Origonal Operation, if Applicable* Disniferam Disniferam Days Plant Marci Origonal Operation, if Applicable* Disniferam Disniferam Days Officiant Provided Provided Provided Disniferam Days Officiant Provided Provided		<u> </u>													
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II. Daily Data for the Month/Year of: May, 2004 Plays Four-Log Virus Inactivation/Removal: Pree Chlorine Combined Chlorine (Chloramines) Ultraviolet Radiation Contraviolet Radiations, if Applicablet Distincectant Distince Distince Distince Dist	·····				ł								·····		
I. Daily Data for the Month/Year of: May, 2004 Weats of Actioving Four-Log Virus Inactivation/Removal: 										31			····· ···	<u> </u>	
Month Matrix										0.1					
Image: State of the Month/Y ear of: May, 2004	At the month to mo	T Am Sumska	1110/006	IIIO COC-IATII	Maleronia / St	a indiana an	Control Party	7 41111	SOMMER		rene; gpu				
1. Daily Data for the Month/Year of: May, 2004 When of the Month/Year of: Wash, 2004 Wash of Chicking Four-Log Virus Inactivation/Removal: We of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorianines) Combined Chlorianines) Combined Chlorianines) Combined Chlorianines) Chlorine Dioxide View of Distribution System: Free Chlorine Combined Chlorianines) Chlorine Dioxide View of Distribution Cystemation, if Applicable* Combined Chlorianines) 	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components	Distribution at Concentration at Remote Point in Distribution	OV Dose Required, Wm-	UV Dose,	Minimum CI Ban, banung	, Tate Water,	10 qm9T 2 ⁰ -anw	Provided Before or at First Customer Plow, mg-	Contact Time (T) at C Measurement Point During Peak Flow,	Disinfectant Concentration (C) Before or at First Customer During		of Finished Water Producted,	i ui	Statfed or Visited by Operator (Place	the Day of
Mark for the Month/Year of: Mark for the Month/Year of: Ultraviolet Rediation Oliter (Describe): Whe of Disinfectant Residual Maintained in Distribution System: We of Disinfectant Residual Maintained in Distributions, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*]		!	1		
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	tates				PWS Identification Numbe	ar: <u>3350322</u>	
PWS Type:	Community	Non-Transient Non-Comm	unity	Transient Non-Comr	nunity	Consecutive		
Number of Service Connect	tions at End of Month	n: 172			T	otal Population Served at End of	Month: 429	
PWS Owner:	Florida Water Servio	ces	· · · · · · · · · · · · · · · · · · ·					
Contact Person:	Craig Anderson				C	ontact Person's Title:	VP Environmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			C	Contact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.com						
8. Water Treatment Pla	ant Information							
Plant Name:	East Lake Harris Est	tates				Plant Telephone Number:	352-787-09	80
Plant Address:	13319 Woodland Dr	rive			City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000				
Plant Category (per subsection	ion 62-699.310(4), F	.A.C.): V				nt Class (per subsection 62-699.		
Licensed Operators		Name		License Class	License Num	ber Da	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
	Will Fontaine Brian Heath			CC	6813 5825	Days 1st Shift Days 1st Shift		· · · · · · · · · · · · · · · · · · ·
				C C C				
	Brian Heath			С С С С	5825	Days 1st Shift		
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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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* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

July, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Esta	tes				PV	VS Identification Numb	per:	3350322	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 Tr	ansient Non-Com	munity	Cor	secutive			
Number of Service Connect	tions at End of Month:	172				Total Pop	ulation Served at End o	of Month:	429	
PWS Owner:	Aqua Utilities Florida	L							_	
Contact Person:	Brian Heath			-		Contact P	erson's Title:	Area Manager		
Contact Person's Mailing A	ddress: 2	2315 Griffin Rd			City: Leesbu	rg Sta	ate: Florida		Zip Code:	34748
Contact Person's Telephone	Number: ((352) 787-0980				Contact P	erson's Fax Number:	(352) 787-0980		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	om							
B. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Esta	ites				Pla	ant Telephone Number:		352-787-09	80
Plant Address:	13319 Woodland Driv	ve			City: Astatula	a Sta	ate: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	perating Capacity of P	Plant, gallons per day:		144,000						
Plant Category (per subsect							(per subsection 62-699		С	
Licensed Operators		Name		License Class	License Nu	mber		ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Da	ys 1st Shift			
Other Operators:	Brian Heath			С	5825	Da	ys 1st Shift			
	John Worrell			С	6597	Da	iys 1st Shift			
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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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Daily Data for the Month/Year of: Daily Data for the Month/Year of: Data for the Month Memoral Data for the Memoral	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Thyoles: Tairng Water System Components	Lowest Residual Disinfectant Concentration at Remote Point in Remote Point in	Minimun UV Dose Required, MM-	Lowest Operating UV Dose,	Required, mg	PH of Water,	یر روسا مر	Provided Before or at Uning Peak Powing Peak	Contact Time (T) at C Measurement Point During	Disinfectant Concentration (C) Before or at First Customer During		of Finished Water Producted,	ni Intelq sruoH	Statfed or Visited by Operator (Place	Jo yb Day of
I. Daily Data for the Month/Year of: July, 2004 C. Daily Data for the Month/Year of: July, 2004 C. Direviolet Radiation Other (Describe): C. Combined Chlorine (Chloramines) Creatibution System: C. Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*	그는 김 아이는 것은 그렇는 것을 했다.		ə so(1 10	1. S.		0 - M90	snottali	CL Calcu			1		1963 - A.	1.00
L. Daily Data for the Month/ ear of: - Ultraviolet Radiation [Other (Describe): ype of Disinfectant Residual Maintained in Distribution System: V Free Chlorine Dioxide [Ozone [Combined Chlorine (Chloranines) ype of Disinfectant Residual Maintained in Distribution System: V Free Chlorine Dioxide [Ozone [Combined Chlorine (Chloranines) The of Disinfectant Residual Maintained in Distribution System: V Free Chlorine Dioxide [Combined Chlorine (Chloranines)					V II 'UOIIBAI	DENT SUTI V	Sort-ino	1 analate 1	0 A DOSC' 10 T	10 'suomennoie' of	2	1			(*
- Ultraviolet Radiation - Other (Describe): - Ultraviolet Radiation - Other (Describe):		14 m 17 8 28 596 19 1			,							L		L	
				·						D 257 T	ation/Remova (Describe):	Virus Inactiv	ıg Four-Log adiation	tivsidəA te raviolet Ra	niu – Means c
MS Identification Number: 3350322 Plant Name: East Lake Harris Estates	·								July, 2004		:10	onth/Year o	[/] adt rot	stad ylis	3 U .11
						Sə	inis Estat	East Lake Ha	Plant Name:		7720525		: Number:	ioneoilina	PI SM

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

August, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	tates				PWS Identification Number:	3350322
PWS Type:	✓ Community	Non-Transient Non-Co	ommunity 🗌 T	ransient Non-Com	nunity	Consecutive	_
Number of Service Connect	ions at End of Month	h: 172			Total I	Population Served at End of Month:	429
PWS Owner:	Aqua Utilities Florid	ja					
Contact Person:	Brian Heath				Conta	ct Person's Title: Area M	lanager
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352) 7	/87-0980
Contact Person's E-Mail Ad	dress:	beheath@aquaameric	a.com				
3. Water Treatment Pla	int Information						
Plant Name:	East Lake Harris Est	tates				Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Dr	rive			City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by	/ Plant:	Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000			
Plant Category (per subsection		.A.C.):	V		Plant C	lass (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Number	Day(s) / S	Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Brian Heath			С	5825	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	······
				_		ĺ	

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

C-6813 License Number

Printed or Typed Name

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									†1		058'05	54.0	x	30
									V 1		058'08	54'0		67
	·····								81	·····	005'81	54.0	x	87
	0.1							·	↓ 		002'82	54.0	x	LT
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	01								<i>b</i> `l	·	50'100	54.0	x	54
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S noused of Optimo	System, mg/L	_ui))))	mo/oos-Wm	Juna	if Applicable	Water, C	J/nim	sətunim	Peak Flow, mg/L	Rate, gpd.	Bal .	Operation	("X"	Month
Involves Taking Water System Components	noitudinteid	-Wm	'ason vu	Required, mg	pH of Water,	to qm51	-2m ,wol7	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	əyn
Conditions, Repair or Maintenance Work that	ni tniof stoms?	Required,	Snusiad O	Minimum CT			During Peak	Point During	Before or at First		Water	nnsig smoH	Operator	Day of
Entergency or Abnormal Operating	Concentration at	UV Dose	ISOWOJ				Customer	Measurement	Concentration (C)		benzini To		Visited by	
	Disinfectant	mmmM					First	C1)at C	Disinfectant		Vet Quantity	1	Staffed or	
이 방법에 영향을 통합하는 것을 가지 않지 않는 것을 하는 것이 가지?	Lowest Residual					14 C	Before or at	Contact Time	Lowest Residual		1993 1997		Days Plant	
그 같은 것 같은		1. 1. A.					Provided	Disinfectant			a second	1		
			ja Solo				TO Vest CT		in the second					
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		· · ·	*oldsoilqq	A fi ,nottevi	Virus Inact	soJ-no	T state F	UV Dose, to I	T Calculations, or	ວ		<u> </u>		<u> </u>
	əpixoi	Chlorine I	1 (9	Chloramine:	ed Chlorine	nidmoD	l snir	Lree Chlo	bution System:	insid ni bər	rietnieM leu	tant Resid	oofnisiO t	Type of
			<u>`````````````````````````````````````</u>				<u></u>			:(Describe):			raviolet Ra	-
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	(304)						Chlorine Dic	······			Virus Inactiv			
								August, 2004		:]0	onth/Year o	for the M	eted vlie	RU .III
					52	ILIS E SUI	East Lake Ha	Small Name:	T	3320355		Jagunni	notication	LWS IG
							-11 offer 1 100 H		L					13.5/110

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

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

September, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Estates				PWS Identification Numbe	er: 335	0322	
PWS Type:	Community Non-Trans	sient Non-Community	Fransient Non-Comr	nunity	Consecutive			
Number of Service Connect	ions at End of Month:	172		Total	Population Served at End of	Month: 429	1	
PWS Owner:	Aqua Utilities Florida	· · · · · · · · · · · · · · · · · · ·						
Contact Person:	Brian Heath			Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: 2315 Griffin Rd			City: Leesburg	State: Florida	Zip	Code:	34748
Contact Person's Telephone	Number: (352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-0980		
Contact Person's E-Mail Ad	dress: beheath@aq	uaamerica.com						
B. Water Treatment Pla	ant Information							
Plant Name:	East Lake Harris Estates				Plant Telephone Number:	352	-787-098	80
Plant Address:	13319 Woodland Drive			City: Astatula	State: Florida	Zip	Code:	34705
Type of Water Treatment by	Plant: 🛛 Raw Grour	nd Water Purchased Fir	nished Water					
Permitted Maximum Day O	perating Capacity of Plant, gallons per o	day:	144,000					
Plant Category (per subsect	ion 62-699.310(4), F.A.C.):	V			lass (per subsection 62-699.		C	
Licensed Operators	Na	me	License Class	License Number	, Day	y(s)/Shift(s)Wo	orked	
Lead/Chief Operator:	Will Fontaine		С	6813	Days 1st Shift			
Other Operators:	Jim Milicic		С	8195	Days 1st Shift			
100 C 100 L 100								<u> </u>
				-				
								4

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

C-6813

Printed or Typed Name

License Number

PWS Id	lentificaitor	n Number:		3350322		Plant Name:	East Lake H	arris Estat	es					
TT. D	aily Data	for the N	lonth/Year	of:		September, 200	94							
			3 Virus Inactiv				Chlorine Di		F 0	F 0 1		(01)	· · · · · ·	
	traviolet R		T Othe			informe l	Chiorine Di	oxide	☐ Ozone	I Comb	ined Chlori	ne (Chloran	nines)	
+										(0)				
Type of	of Disinfec	ctant Resid	lual Maintair		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if /				
						CT Calc	ulations				UV	Dose		
11.0							T OT							
					(1993) - 2017 1993 - 2017 - 2017	Disinfectant	Lowest CT Provided		1					
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	it for the				Minimum	Disinfectant 4	
N.G.	Visited by	5	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		[™] m₩-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	·s minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	28,500		1.5								1.1	· · · · · · · · · · · · · · · · · · ·
2	X X	24.0	27,500		1.5			 					1.1	
4	X	24.0 24.0	21,200 17,200		1.5			┟─────				<u> </u>	1.1	
5		24.0	17,200		1.5								·	· · · · · · · · · · · · · · · · · · ·
6	x	24.0	17,350		1.6		<u> </u>	<u> </u>	<u> </u>				1.0	
7	X	24,0	26,100		1.4			<u> </u>				<u> </u>	1.0	
8	X	24.0	18,300		1.4								1.0	
9	X	24.0	23,800		1.5								1.1	
10	Х	24.0	23,000		1.5								1.1	
11	X	24.0	17,000		1.5									
12		24.0	24,400				Ļ		ļ					
13	X	24.0	24,400		1.4							ļ	1.0	·
14	X	24.0	19,000		1.8								0.4	
15	X	24.0	31,300		1.5								0.5	
17	X X	24.0 24.0	22,000 25,700		1.1				<u></u>	· · · · · · · · · · · · · · · · · · ·			0.5	······································
18	x	24.0	22,100		1.5			<u> </u>	<u>+</u>	<u> </u>		<u> </u>		
19		24.0	23,800	<u> </u>		h	<u> </u>		1	<u></u>		<u> </u>		
20	x	24.0	23,800		1.2		<u> </u>			<u> </u>		1	0.4	
21	- <u>x</u>	24.0	18,900		1.2					<u> </u>			0.8	
22	x	24.0	20,300		1.4								0.7	
23	Х	24.0	19,800		1.5							ļ	0.9	
24	X	24.0			1.1		ļ			<u> </u>			0.6	
25	x	24.0	16,100		1.5			ļ		<u> -</u>	L	<u> </u>	 	
26	· · · · · · · · · · · · · · · · · · ·	24.0	17,200	_			ļ	<u> </u>	ļ				0.6	
27	X	24.0	17,200		1.5			 		<u> </u>	<u> </u>	+	1.0	l
28 29	X	24.0	24,700	L	1.5		<u> </u>	<u>├</u>	<u> </u>				0.7	
30	X X	24.0	25,500	<u> </u>	1.2					<u> </u>		+		
30	<u> </u>	24.0	<u> </u>				·····	1	1	†		+	t	· · · · · · · · · · · · · · · · · · ·
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Maxim			31,300	1										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

October, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Est	tates					PWS Identification Numb	ber:	3350322	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	1. 172				Total	Population Served at End o	of Month:	429	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Le	esburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	<u>m</u>							
8. Water Treatment Pla	ant Information									
Plant Name:	East Lake Harris Est	tates					Plant Telephone Number:		352-787-09	80
Plant Address:	13319 Woodland Dr	rive			City: As	statula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		144,000						
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V		_			lass (per subsection 62-699			
Licensed Operators		Name	<u> </u>	License Class	License	e Number	Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			с	6	813	Days 1st Shift			
Other Operators:	Jim Milicic			С	8	195	Days 1st Shift			
							L			
1.000										
										<u></u>

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that 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

ASTAW GEREALDARD REPORT FOR PW"SS TREATING WAY GROUND WATER OR PURCHASED FINISHED WATER

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											53,435			9geragv
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						<u> </u>	<u> </u>	1	£'1	<u> </u>	005'17	54.0	x	30
	8.0			1			1		21		56'60	54.0	X	67
	9'0								11		34'000	54.0	X	87
	9.0	1	1						21		008'EZ	54.0	X	LZ
	8.0			1					1.1		005'51	54.0	X	97
	8.0						1	<u> </u>	151		001'87	54.0	x	57
										1	001'82	54.0		54
	9.0			1					2.1	1	008,41	54.0	x	53
	5.0			1					1 T		009'12	54.0	x	77
	L'0				1		1		1/1		008'81	54.0	x	17
	0.1			T					5.1		54'300	54.0	X	07
	6.0								£'I	1	005'61	54.0	X	61
	8.0								21		567 057	54.0	X	81
										1	05*67	54.0	<u> </u>	21
					1				†'I		12,100	54.0	X	91
	8.0								SI	1	56'100	54.0	X	51
	0.3								91		006'61	54.0	X	14
	L'0								0.1		52,800	54.0	x	13
	8.0		-						6.0		5,100	54.0	X	15
	9.0								6.0		051'08	54.0	X	11
										<u> </u>	051'05	54.0	<u> </u>	01
									£'I		005'61	54.0	X	6
	8.0								6'0			54.0	X	8
	9.0								£.1		54,800	54.0	x	L
	9.0								2.1		009'22	54.0	x	9
	8.0								5.1		005'95	54.0	X	Ś
	8.0								21		055'05	54.0	x	1
											055'05	54.0		3
									2.1		50,500	54.0	x	7
2	8.0								2.1		005'22	54.0	x	$\frac{1}{1}$
Emergency or Abnormal Operating Conditions: Repair or Manutenance Work Ihat Involves Taking Water System Components Involves Taking Water System Components	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Minimun Winimun Required. Win Seccin ²		Minimum (T) Minimum (T) Required, mg	pH of Water,	Temp of Water, ^O C	Lowest CT Provided First Customer First Customer First	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd	Net Quantity of Finished Water Producted, gal.	hours plant in Operation	Days Plant Staffed or Visited by Operator (Place ("X")	Vonth Uay of Unolv
			ΙΛΟ				suonelu	CL Calci		n nya santa ina. Nya Nana Per	1.		1	
				II 'UOMBAI	DENT SUTI V	Our-LOG			T Calculations, or	~	4	Į		
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		neroldO) sr Chlorine I		dmoJ –] Chloranines			Chlorine Did	Plorine L		(Descripe):		noi neibe	raviolet Ra	ч <u>п</u>
								+007 '1200120						
								October, 2004		• • •	onth/Year o	<u>N 941 101</u>	RTR(1 VIII	a n

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



See Pages 4 for Instructions. I. General Information for the Month/Year of:

f: November, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Esta	tes					PWS Identification Number	er:	3350322	
PWS Type:	Community	Non-Transient Non-Cor	mmunity Tr	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month:	172				Total	Population Served at End of	Month:	429	
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: 2	2315 Griffin Rd			City:	Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone		352) 787-0980				Conta	ect Person's Fax Number:	(352) 787-0980)	<u> </u>
Contact Person's E-Mail Ad		beheath@aquaamerica	<u></u>				······································			
B. Water Treatment Pla	ant Information		······							
Plant Name:	East Lake Harris Esta	tes					Plant Telephone Number:		352-787-09	
Plant Address:	13319 Woodland Driv				City:	Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O				144,000						
Plant Category (per subsect			<u>v</u>				lass (per subsection 62-699.			en an internet and date structure and a
Licensed Operators		Name		License Class	Licen			y(s)/Shift(s)	Worked	
Lead/Chief Operator:				С	ļ	6813	Days 1st Shift			
Other Operators:	Jim Milicic		·····	С		8195	Days 1st Shift			
		·	·····		ļ					
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				l	<u> </u>					
							<u> </u>			

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that 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

<u>C-6813</u>

Printed or Typed Name

License Number

PWS Id	entificaito	n Number:		3350322		Plant Name:	East Lake H	larris Esta	tes					
ПЦ. D	aily Data	for the N	lonth/Year	of		November, 200								
			g Virus Inacti		ul En c									
1	traviolet R					hlorine	Chlorine Di	oxide	C Ozone	Comt	oined Chlori	ne (Chlorar	nines)	
F.				er (Describe)										
Туре с	f Disinfe	ctant Resid	dual Maintai		ibution System:	✓ Free Chlo				e (Chloramine		Chlorine I	Dioxide	
1		1.1.1.1.1.1		C	CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inad	tivation, if	Applicable	• <u>14</u> 4		
					Contractor and the second		ulations			10 h	UV			
									的人物建立					
						Disinfectant	Lowest CT Provided							
1	Days Plant Staffed or		N-O-O		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First- Customer				Lowest	Minimum UV Dose	Disinfectant	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	And the second second second second	Required,	Concentration at Remote Point in	Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components.
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	mīn/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	<u>X</u>	24.0	56,100		1.6								1.2	
2	X	24.0	26,400		1.3								0.8	
4	X X	24.0 24.0	25,300 22,900		1.2					ļ			0.6	
5	X	24.0	22,900		1.1								0.6	
6	X	24.0	19,300		1.2			{		<u> </u>			0.8	
7		24.0	31,150		1.2				<u> </u>	<u> </u>			<u> </u>	
8	Х	24.0	31,150		1.1					+			0.6	······································
. 9	Х	24.0	22,500		1.3					1			0.8	
10	X	24.0	18,500		1.4								0.8	
11	X	24.0	6,200		1.3								0.8	
12	X	24.0	28,000	L	1.3			L					0.8	
13	<u> </u>	24.0 24.0	21,500		1.3					ļ				
14	x	24.0	26,600 26,600		1.3			<u> </u>	<u> </u>				0.9	
16	X	24.0	20,000		1.0								0.9	
17	X	24.0	20,600		1.3			t	<u> </u>				0.6	
18	X	24.0	30,700		1.2								0.8	
19	Х	24.0	20,700		1.2								0.8	
20	<u>X</u>	24.0	18,500		1.2	_								
21		24.0	28,250											
22 23	<u>X</u>	24.0	28,250		1.2								0.8	
23	<u>x</u> x	24.0 24.0	23,200 21,300		<u>1.2</u> 1.3				ļ	ļ			0.8	
25	X	24.0	30,100		1.3								0.8	
26	X	24.0	31,300		1.2								0.9	
27	X	24.0	29,800		1.2								0.9	
28		24.0	25,000							1				
29	X	24.0	25,000		1.2								0.9	
30	X	24.0	27,200		-1.2								0.9	
31		24.0												
Total			746,900											
Avgerag			24,094											
Maximu	n - 22 - 21		56,100	ł										

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



Polymer Page 3 Due in December

See Pages 4 for Instructions. I. General Information for the Month/Year of:

Of: December, 2004

A. Public Water System (PWS) Information

PWS Name:	East Lake Harris Es	states			PWS Identification Number:			3350322	
PWS Type:	Community	Non-Transient Non-Con	nmunityT	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Mont	h: 172			Total	Population Served at E	nd of Month:	429	
PWS Owner:	Aqua Utilities Flori	da							
Contact Person:	Brian Heath				Conta	ect Person's Title:	Area Manage	r	
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	ct Person's Fax Numbe	r: (352) 787-09	30	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica	.com						
. Water Treatment Pla	ant Information								
Plant Name:	East Lake Harris Es	states				Plant Telephone Num	iber:	352-787-09	80
Plant Address:	13319 Woodland D	Drive			City: Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		144,000				· · · · ·	
Plant Category (per subsect	tion 62-699.310(4), I		v		Plant C	Class (per subsection 62	-699.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number		Day(s) / Shift() Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift			
Other Operators:	Jim Milicic			С	8195	Days 1st Shift			
[14] 가운 소설가 좋는 것이									
		······································							
		" <u> </u>						_	
		······································							
· · · · · · · · · · · · · · · · · · ·									

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that 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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates														
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 Coher (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: 🔽 Free Chlorine 🔽 Combined Chlorine (Chloramines)														
	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*													
							ulations				UV	Dose		
													4. 202 2	
						-	Lowest CT						ante a comunication Regionalista de la comunicación de	
[]	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water, if Applicable	Required, mg min/L		mW- sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
Month 1	<u>"X")</u> X	Operation 24.0	gal. 26,100	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	11 Applicable		mW-sec/cm ²	sec/cm	System, mg/L 0.9	Our on Operation - Source Ander
2	<u>x</u>	24.0	25,500		1.2		<u> </u>			<u>}</u>		<u>├</u>	0.8	
3		24.0	20,100		1.2		<u> </u>					<u>├</u> ────	0.8	
4	X	24.0	15,900		0.7									
5		24.0	150											
6	Х	24.0	150		1.0					1	<u> </u>	ļ	0.7	
7	X	24.0			1.1			ļ	<u> </u>	ļ	 	<u></u>	0.9	
8	<u>X</u>	24.0	500	L	1.1		<u> </u>	ļ		<u> </u>	<u>}</u>		0.8	
<u>9</u> 10	X X	24.0			1.2	·	<u> </u>		<u>↓</u>			<u> </u>	1.0	
10	<u> </u>	24.0	100		1.4							<u> </u>		
12		24.0												
13	x	24.0			1.5						L	L	1.1	
14	X	24.0			1.4		L	ļ		<u> </u>	<u> </u>		1.1	
15	X	24.0			1.4		<u> </u>			<u> </u>	<u> </u>	f	1.1	
16 17	X	24.0 24.0			1.4					<u> </u>	<u> </u>	<u> </u>	1.0	
18	X X	24.0	<u> </u>		1.4			+	<u>├</u>			1		
19		24.0	f	t	1.9	<u> </u>	<u> </u>	t	1	1				
20	x	24.0	ţ	<u>├</u> ─────	1.4								1.1	
21	x	24.0			1.3					ļ	L		1.1	
22	х	24.0			1.3		┨	<u> </u>	ļ	<u> </u>	<u> </u>		0.5	
23	X	24.0	27,700		0.9	l			┟────	<u> </u>		<u> </u>	0.7	
24 25	x	24.0	17,500	<u> </u>	1.0		<u> </u>	<u> </u>		┼────	┿	<u> </u>	0.7	
25	x	24.0	27,800	<u> </u>	1.1	<u></u>		<u>+</u>		┨────		1		
20	X	24.0	29,500		1.3	ł		<u> </u>	<u> </u>	1	1	1	0.9	
28	X	24.0	30,500		1.2	<u> </u>						1	0.9	
29	X	24.0	33,000		1.3							ļ	1.0	
30	X	24.0	33,300		1.3	1	ļ	<u> </u>	ļ	<u> </u>	<u> </u>		1.0	
31	Х	24.0	25,000	L	1.2	1	<u> </u>	L	L	<u> </u>	<u> </u>	l	10.9	<u> </u>
Total			340,600	-										
Avgerag	C		. 10,98/	1										

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

33,300

DEP Form 62-555.900(3)Alternate

Maximum

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