Lake Gibson Estates

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

CMP COM Set 24 of 57 CTR Containing ECR Additional Engineering Requirements SCI. Monthly Operating Reports RCA SCR SGA SEC

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE 00854 JAN 265

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Lake Gibson Estates

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

January, 2004

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates						PWS Identification Number:	6532347	
PWS Type:	Community	Non-Transient Non-Commu	nity 🔄 1	ransient Non-Com	munity		Consecutive		
Number of Service Connect	tions at End of Month	: 806				Total I	Population Served at End of Month:	2,023	
PWS Owner:	Florida Water Servic	es							
Contact Person:	Craig Anderson					Conta	ct Person's Title: VP Envir	ronmental Services	
Contact Person's Mailing A	ddress	P.O. Box 609520			City: Orlande	5	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				Conta	ct Person's Fax Number: (407) 59	8-4217	
Contact Person's E-Mail Ac	ldress:	craiga@florida-water.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Lake Gibson Estates						Plant Telephone Number:	863-858-25	04
Plant Address:	415 West Daughtery	Road			City: Lakelar	ıd	State: Florida	Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	ished Water					
Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		900,000					
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): II]	Plant C	lass (per subsection 62-699.310(4), F.		
Licensed Operators	ta an	Name		License Class	License Nu	mber	Day(s) / Sh	ift(s) Worked	
Lead/Chief Operator:	David Rodriguez			Α	7880		Days 1st Shift		
Other Operators:	Steve Fuller			В	7519		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

David Rodriguez Printed or Typed Name A-7880

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

License Number

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

February, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	;				PWS Identification Number:	6532347	
PWS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-Com	nunity	Consecutive		
Number of Service Connec	ctions at End of Month	1: 806		, <u>, , , , , , , , , , , , , , , , , , </u>	Total	Population Served at End of Month:	2,023	
PWS Owner:	Florida Water Servic	xes						
Contact Person:	Craig Anderson				Contz	ct Person's Title: VP Env	ironmental Services	
Contact Person's Mailing A	Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	ie Number:	(407) 598-4199			Conta	act Person's Fax Number: (407) 59	98-4217	
Contact Person's E-Mail Ad	\ddress:	craiga@florida-water.cor	<u>n</u>					
B. <u>Water Treatme</u> nt Pl	lant Information		· · · · ·					
Plant Name:	Lake Gibson Estates					Plant Telephone Number:	863-858-250	4
Plant Address:	415 West Daughtery	Road			City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment b	by Plant:	✓ Raw Ground Water	Purchased Fi	nished Water				
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		900,000				
Plant Category (per subsect		A.C.): II			Plant C	Class (per subsection 62-699.310(4), I	² .A.C.): C	
Licensed Operators		Name		License Class	License Number	Day(s) / S	hift(s) Worked	
Lead/Chief Operator:	David Rodriguez			Α	7880	Days 1st Shift		
Other Operators:	Steve Fuller			В	7519	Days 1st Shift		

II. Certification by Lead/Chief Operator

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Signature and Date

David Rodriguez

Printed or Typed Name

A-7880

License Number

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1. Daily Data for the Month/Year of: Pears of Achieving Four-Log Virus Inacuvation/Removal: 🔽 Free Chlorine F Chlorine Dioxide F Ozone C Combined Chlorine (Chloramines)		sbixoi	Chlorine D		Chloramines) əninoldƏ be	Combine		L Free Chlo	bution Svstem:	intei Distri	nietnieM leu	tant Resid	oətnizi U t	ο эανΤ
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1. Daily Data for the Month/Year of: February, 2004		(səni	e (Chloran	ined Chlorin	L Comp	əuozO 🔟	əpixo	Chlorine Dic					g rour-Log	шүэндэА то	o suseM
		<u></u>													
WS Identification Number: 6532347 Plant Name: Lake Gibson Estates									VUUL MEILING			, a.s., (/4100			_
							Estates	Lake Gibson	Plant Name:		L\$EZES9		Number	noitsoffitna	PI SMJ

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

Effective August 28, 2003



See Pages 4 for Instructions. 1. General Information for the Month/Year of:

March, 2004

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate	is				PWS Identification Numbe	xr:	6532347	
PWS Type:	✓ Community	Non-Transient Non-Community	Fransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	th: 806			Total P	opulation Served at End of	Month:	2,023	
PWS Owner:	Florida Water Servi	ices							
Contact Person:	Craig Anderson				Contac	t Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520		City: Orlande	0	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number	(407) 598-4199			Contac	t Person's Fax Number:	(407) 598-4217	7	
Contact Person's E-Mail Ac	ldress:	craiga@florida-water.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Lake Gibson Estate	s				Plant Telephone Number:		863-858-25	04
Plant Address:	415 West Daughter	y Road		City: Lakelar	nd	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water Purchased Fir	nished Water						
Permitted Maximum Day O	perating Capacity of	f Plant, gallons per day:	900,000						
Plant Category (per subsect	ion 62-699.310(4), F	F.A.C.): II		I	Plant Cl	ass (per subsection 62-699.			
Licensed Operators		Name	License Class	License Nu	mber	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	David Rodriguez		Α	7880		Days 1st Shift			
Other Operators:	Steve Fuller		В	7519		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

David Rodriguez Printed or Typed Name A-7880

License Number

$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	PWS Id	entificatio	n Number:		6532347		Plant Name:	Lake Gibsor	n Estates						
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Type of Disinfectant Residual Maintained in Distribution System: If Fee Chlorine If Combined Chlorine (Chloramines) If Chlorine Doxide Days Plant Net Quantity Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*. UV Dose. UV Dose. Staffed or Visited for Visited for Visited or Visited or Visited for the Power Plant P	1						I I	Chiorine Di	oxide	l Ozone	I Come	oinea Chiori	ne (Cniorar	nines)	
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* Refer to the instructions good is report to determine which plants must provide this information. Effective August 28, 2003



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	s		·		PWS Identification Number	6532347
PWS Type:	Community	Non-Transient Non-Com	munity T	ransient Non-Com	nunity	Consecutive	
Number of Service Connec	tions at End of Mont	h: 806				otal Population Served at End of 1	Month: 2,023
PWS Owner:	Florida Water Servi	ces					
Contact Person:	Craig Anderson				C	Contact Person's Title:	VP Environmental Services
Contact Person's Mailing A	Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199			C	Contact Person's Fax Number:	(407) 598-4217
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com	m				
3. Water Treatment Pla	ant Information						
Plant Name:	Lake Gibson Estates	<u> </u>				Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery	Road			City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water			
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		900,000			
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.):	1		Pla	ant Class (per subsection 62-699.3	
Licensed Operators		Name		License Class	License Num	iber Day	(s) / Shift(s) Worked
Lead/Chief Operator:	David Rodriguez			Α	7880	Days 1st Shift	
Other Operators:	Steve Fuller			В	7519	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

David Rodriguez
Printed or Typed Name

A-7880

License Number

ASTAW GARRINIA GASAHORUP AD ASTAW GROUND WAR SNITASAT &2"W9 ROTARA NOITARAGO Y JHTNOM

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 						Lake Gibson	March, 2004			onth/Year o	for the N		111 <u>.</u> Da

* Refer to the provide the superior to determine which plants must provide this information.

Effective August 28, 2003

April, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate	s				PWS Identification N	lumber:	6532347	
PWS Type:	Community	Non-Transient Non-Commu	unity 🗌 Ti	ransient Non-Com	munity	Consecutive			
Number of Service Connec	tions at End of Mont	:h: 806		-	T	otal Population Served at E	and of Month:	2,023	
PWS Owner:	Florida Water Servi	ices							
Contact Person:	Craig Anderson				C	ontact Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A		P.O. Box 609520			City: Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199			С	ontact Person's Fax Numbe	er: (407) 598-421	7	
Contact Person's E-Mail Ac		craiga@florida-water.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Lake Gibson Estate	S				Plant Telephone Nun	nber:	863-858-25	04
Plant Address:	415 West Daughter	y Road			City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day C	Derating Capacity of	f Plant, gallons per day:		900,000				·	
Plant Category (per subsect	ion 62-699.310(4), F	A.C.): II				nt Class (per subsection 62			
Licensed Operators		Name		License Class	License Num	ber	Day(s) / Shift(s)	Worked	
	David Rodriguez			Α	7880	Days 1st Shift			
Other Operators:	Steve Fuller			В	7519	Days 1st Shift			

II Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez

Printed or Typed Name

A-7880

License Number

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Involves Taking Water System Components	noituditteid	-Wm	10 Dose,	Required, mg	pH of Water.	Temp of	-gm ,wol'l	Peak Flow,	Customer During	Peak Flow	Producted,	ui	sould)	ədt
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Emergency or Abnormal Operating	ts notistion at	Dose	Isowol				Customer	Measurement	(D) noitentneon (C)		bedrini To	i	Visited by	1.1.1
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······································						CO1700/-	Lake Gibson			L75259			noitsoititne	

* Refer to the pressing set by the report to determine which plants must provide this information.

May, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	5					PWS Identification Number	:	6532347	
PWS Type:	Community	Non-Transient Non-Commu	unity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Montl	h: 806				Total	Population Served at End of M	Month:	2,023	
PWS Owner:	Florida Water Servi	ces								
Contact Person:	Craig Anderson					Conta	act Person's Title:	VP Environmen	tal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Conta	act 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:	Lake Gibson Estates	5					Plant Telephone Number:		863-858-250)4
Plant Address:	415 West Daughtery	y Road			City:	Lakeland	State: Florida		Zip Code:	33810
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:		900,000						- <u> </u>
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V				Plant (Class (per subsection 62-699.3		<u> </u>	
Licensed Operators		Name		License Class	Licen	ise Number	Day	(s) / Shift(s)	Worked	
Lead/Chief Operator:	David Rodriguez			А		7880	Days 1st Shift			
Other Operators:	Steve Fuller			В		7519	Days 1st Shift			

II. Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez

Printed or Typed Name

A-7880

License Number

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Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	(D) notertation (C)		of Finished		Visited by	
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						Estates	Lake Gibson	Plant Name:		L4525347		Number	rottsoftino	PISME
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* Refer to the strattice and the report to determine which plants must provide this information.

Effective August 28, 2003

14

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Lake Gibson

June 2004

Aqua Utilities Florida, Inc.



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

July, 2004

A. Public Water System (PWS) Information

Dure Mater System							(1000.17	
PWS Name:	Lake Gibson Estates					PWS Identification Number	6532347	
PWS Type:	Community	Non-Transient Non-Com	nunity 🔄 T	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month	h: 806			Total I	Population Served at End of I	Month: 2,023	
PWS Owner:	Aqua Utilities Florid	da						
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	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	idress:	beheath@aquaamerica.c	om					
B. Water Treatment Pla	ant Information							
Plant Name:	Lake Gibson Estates	s				Plant Telephone Number:	863-858-25	04
Plant Address:	415 West Daughtery	Road			City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water		L		
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		900.000				
Plant Category (per subsect	the second s				Plant C	lass (per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operators		Name	· · · · · · · · · · · · · · · · · · ·	License Class	License Number		(s) / Shift(s) Worked	a an
Lead/Chief Operator:	Will Fontaine			С	6813	Davs 1st Shift		
Other Operators:	David Rodriguez			A	7880	Days 1st Shift	······································	
1	Steve Fuller			B	7519	Days 1st Shift		
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II Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine

Printed or Typed Name

<u>C-6813</u>

License Number

PWS I	lentificatio	n Number:		6532347		Plant Name:	Lake Gibsor	1 Estates						
III. D	aily Data	a for the N	lonth/Year	of:		July, 2004								
			g Virus Inacti		al: 🔽 Free C				— .					
	traviolet R			er (Describe):		morme	Chlorine Di	oxide	C Ozone	Com	oined Chlori	ne (Chlorar	nines)	
-														
1 ype c	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chk				(Chloramine		Chlorine I	Dioxide	
1				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if				
	1 A.	Sec. 1		100 A		CT Calc	ulations	n naar is Afrikaning Afrikaning	en a _{n e} rrei i e		UV	Dose		
						t i stran	Lowest CT			The other		심물을 하는		
		a second. La tra				Disinfectant	Provided							
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Day of	Operator	1		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	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/cm2	sec/cm ²	System, mg/L	Out of Operation
2	X X	24.0	120.000		0.6		ļ						0.5	
3	X	24.0	130,600		0.7		ļ			l			0.5	
4	<u> </u>	24.0	227,050		0.5			<u> </u>					0.5	
5	x	24.0	227,050	· · · · · · · · · · · · · · · · · · ·	0.7								0.6	
6	x	24.0	317,300		1.0							1	0.0	
7	X	24.0	218,200		0.6			<u> </u>					0.6	
8	х	24,0	181,100		0.8					1			0.7	
9	х	24.0	278,200		0.7								0.8	
10	X	24.0	252,300		0.8								0.7	
11		24.0	292,600											
12	X	24.0	292,600		0.8								0.7	
13	X	24.0	260,400		0.9								0.9	
14	<u>X</u>	24.0	212,900		0.8	·····				_			0.8	
15 16	X	24.0	206,700		0.9			 					0.9	
17	X X	24.0 24.0	196,200		0.8					ļ			0.8	
18	^	24.0	138,650		1.0			l					0.8	
19	х	24.0	138,650		0.9					<u> </u>	-		0.8	
20	X	24.0	65,100		1.0						-		0.8	······································
21	X	24.0	84,200		1.0							†	1.2	
22	Х	24.0	169,100		1.1				· · · · ·			1	0.9	
23	Х	24.0	142,800		1.2								0.9	
24	<u>X</u>	24.0	233,700		1.2								1.0	
25	-	24.0	214,400											
26	X	24.0	214,400		1.1								1.0	
27	X	24.0	186,800		1.0				ļ	ļ		1	0.9	
28	X	24.0	142,100		1.0					 		 	0.8	
30	<u>x</u> x	24.0 24.0	135,300		0.9					I			0.8	
30	X	24.0	152,000		1.0				<u> </u>			-	0.8	
Total		24.0	5,805,500		1.0		1	I	I	L	I	I	1	1
Average			187,274											
Maximu	n		317,300											

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



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

ear of August, 2004

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate	S					PWS Identification Numbe	r:	5532347	
PWS Type:	Community	Non-Transient Non-Com	munity 🗌 T	ransient Non-Com	nunity		Consecutive			
Number of Service Connec	tions at End of Mont	h: 806				Total P	opulation Served at End of	Month:	2,023	
PWS Owner:	Aqua Utilities Flori	da								
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	Address:	2315 Griffin Road			City: Leesbu	rg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Contac	t 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:	Lake Gibson Estate	s					Plant Telephone Number:		363-858-25	04
Plant Address:	415 West Daughter	y Road			City: Lakelar	nd	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C				900,000						
Plant Category (per subsect		F.A.C.): V				Plant Cl	ass (per subsection 62-699.		С	
Licensed Operators		Name		License Class	License Nu	mber	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6813		Days 1st Shift			
Other Operators:	David Rodriguez			Α	7880		Days 1st Shift			
	Steve Fuller			В	7519		Days 1st Shift			

II Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine Printed or Typed Name C-6813 License Number

PWS 1	lentification	n Number:		6532347		Plant Name:	Lake Gibsor	n Estates						
111. D	aily Data	for the N	lonth/Year	of:		August, 2004								
			g Virus Inactiv				CUL .: D		F 0	Comt	·	(011)		
	traviolet R			r (Describe):		inoraic [Chiorine Di	oxide	1 Ozone	[Comt	bined Chiori	ne (Chiorar	nines)	
H							 			(Chloramine	-> ~	Chlorine I	<u></u>	
Type of	Disinfe	ctant Resid	lual Maintai		ibution System:								Jioxide	
				C	T Calculations, or			Four-Log	g Virus Inac	tivation, if				
	· ·					CT Cale	ulations			요즘 이 가지?		Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Lowest	UV Dose	Concentration at	A set of the set of
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT		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		医马克氏病 化乙基化	Distribution	Involves Taking Water System Components Out of Operation
Month 1	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	II Applicable	e min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	
2	x	24.0	· · · · · · · · · · · · · · · · · · ·		0.6	<u></u>		-			<u> </u>		0.8	
3	X	24.0	259,000		1.0						1		0.9	
4	x	24.0			0.9				1	· · · · ·			0.6	
5	x	24.0			0.7						 		0.7	
6	X	24.0	212,000		1.4						<u> </u>		1.1	
7	Х	24.0	217,000		1.1		1					 	1.0	······································
8		24.0	183,500								1			
9	Х	24.0	183,500		0.9				T				0.6	
10	Х	24.0	179,000		0.9								0.6	
11	Х	24.0	222,000		0.6								0.8	
12	Х	24.0	200,000		0.6								0.7	
13	X	24.0	185,000		0.7		ļ						0.9	
14	x	24.0	221,000		0.6			ļ	· · · · · · · · · · · · · · · · · · ·		1		0.6	
15		24.0	206,000				ļ		·				0.6	
16	X X	24.0	206,000		0.7				 				0.8	
18	X	24.0	247,000 240,000		0.8					+			0.6	
19	X	24.0	180,000		0.8		╆━━━━━	· · ·					0.6	
20	X	24.0	257,000		0.6		1						1.1	
21	<u>^</u> X	24.0	161,000		0.9		1	<u> </u>	+	+		1	0.9	
22		24.0	237,000		0.7				1			1	1	
23	X	24.0	237,000		0.9			1	1	1 -			1.0	
- 24	Х	24.0	249,000		0.8		1						1.0	
25	Х	24.0	177,000		0.8					1			0.8	
26	Х	24.0	218,000		1.0								1.0	
27	X	24.0	173,000		0.5							<u> </u>	0.3	
28	Х	24.0	269,000		0.7		L					 	0.6	
29		24.0	209,500							<u> </u>	<u> </u>	<u> </u>		
30	X	24.0	209,500		0.5			<u> </u>		<u> </u>			0.5	
31	X	24.0	263,000		0.6	l		I		1	<u> </u>	I	0.8	
Total Average		an an an Annailte. An an Annailte an Annailte	6,593,000 212,677	-										
Maximu		to the second	269,000											
Inviarimi	444 C. S. C. C. C. C.		∠09,000	1										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

September, 2004

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	· · · · · · · · · · · · · · · · · · ·				PWS Identification Numb	er: (6532347	
PWS Type:	Community	Non-Transient Non-Comm	iunity	ransient Non-Com	nunity	Consecutive			
Number of Service Connec	tions at End of Month	n: 8 06			Tota	Population Served at End of	f Month:	2,023	
PWS Owner:	Aqua Utilities Florid	la							
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager		
Contact Person's Mailing A	Address:	2315 Griffin Road			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.co	om						
B. Water Treatment Pla	ant Information								
Plant Name:	Lake Gibson Estates					Plant Telephone Number:		863-858-25	04
Plant Address:	415 West Daughtery	Road			City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water		-			
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		900,000					
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): V				Class (per subsection 62-699		С	
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:	David Rodriguez			A	7880	Days 1st Shift			
	Steve Fuller			В	7519	Days 1st Shift			
1		··· — ·							
							·····		
		···	<u> </u>						
	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 C-6813

License Number

ASTAW GERCHOR POR PW"SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

											571,000	1	u de la composición de	munixeM
											514'000		7 . G1. 7 .	Average
											000'7£9'9		1	[bto]
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	6.0								8.0		000'861	54 0	Х	67
	6.0								9'0		562,000	54.0	Х	- 87
	8.0			l					9'0		524'000	54 0	X	LZ
	L'0			ļ					8.0	<u> </u>	000'122	54.0	X	56
											571,000	54.0		52
	6.0								6.0		000'6/1	54.0	X	54
	01						L		1'0		528'000	54.0	X	53
	6.0								0.1		524'000	54.0	Х	57
	8.0								0'1		000'6/1	54.0	Х	12
	6.0								2.1		536,000	54.0	X	50
					L	L	L				539'000	54.0		61
	8.0						L		0.1		231'000	54'0	X	81
	6.0								0.1	L	213'000	54'0	X	21
	8.0						L	 	6'0		238'000	54.0	X	91
	6.0			L					9'0		201,000	24.0	X	SI: .
	9.0								9'0		230'000	54.0	X	14
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					L						5112000	54.0		15
	8.0					. <u>.</u>			8.0		542,000	54'0	X	.11
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	6.0				L		L		0.1	í	184'000	54.0	X	6
	6.0			ļ			ļ		8.0		534'000	54.0	X	8
	9'0								0.4		000'777	54.0	X	Ľ
	6.0			 					L'0		209,000	24.0	x	9
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	2.1						ļ		5.0			54.0	X	3
	8.0								5.0			54.0	X	- 2
	01								9'0			54.0	х	1
Out of Operation	System, mg/L	z ^{mo/oes}	² mɔ/ɔəɛ-Wm		sldssilqqA i	Water, ^O C	Jaim	sətunim	Peak Flow, mg/L	Rate, gpd.	.lsg	Operation	("X"	dunoM
Involves Taláng Water System Components	noundrusid	-Wm	UV Dose,	Required, mg		lo qmaT	-gm ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	u	erec (Place	əht
- 「「」」「「」」」」「「」」「」」」「「」」」「」」「「」」「「」」」」」「「」」」」	Remote Point in	Required,	1997 T 1997 T	TO muminiM			During Peak	Point During	Before or at First	-	Water	Hours plant	(a) (1) (2) (2)	To yed
Emergency or Abnormal Operating	ts notistinoonoO	UV Dose	Lowest	an a		<i>n</i>	Customer	Measurement	(D) noitentration (C)		bedrini'I to		Visited by	
	Disinfectant	mmmiM					First	ວ າຍ (T)	Disinfectant		Vet Quantity		Staffed or	÷
	Lowest Residual						Before or at	Contact Time	Lowest Residual			and the second	Days Plant	
							Provided	Disinfectant	이 이미지 않는 것. 회사는 이미지 있는 것					
					la de la seco		TO rest CT					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		3500	1 1 M	an a	tin a second	ann a c Ghleanada	SUOIIBII	CT Calci	2011년 2012년 1월 1997년 1월 1997년 국왕국 1997년 1월					
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	(səui	e (Chloram	ined Chlorin	L Comp	auozo	əpixo	Chlorine Dic				vitoanl suriV g			
							t	September, 200		:]0	onth/Vear o	V adt rol	eted vlis	
						Estates	Lake Gibson	Plant Name:		L787859		: Number:	contechtion	PI SMd

* Refer to the strattic gase by this report to determine which plants must provide this information.



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

the Month/Year of: October, 2004

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	· · · · · · · · · · · · · · · · · · ·		<u>.</u>		PWS Identification Num	ber:	6532347	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity [] Ti	ransient Non-Com	munity	Consecutive			
Number of Service Connect	ions at End of Month	1: 806			Tota	I Population Served at End	of Month:	2,023	
PWS Owner:	Aqua Utilities Florid	la							
Contact Person:	Brian Heath				Con	tact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.cor	n						
B. Water Treatment Pla	int Information								
Plant Name:	Lake Gibson Estates	······································				Plant Telephone Number	r:	863-858-25	04
Plant Address:	415 West Daughtery	Road			City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by	Plant:	Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		900,000					
Plant Category (per subsecti	on 62-699.310(4), F.	A.C.): V			Plant	Class (per subsection 62-69			
Licensed Operators		Name		License Class	License Numbe	ar E	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine	•		С	6813	Days 1st Shift		<u></u>	
Other Operators:	David Rodriguez			Α	7880	Days 1st Shift			
	Steve Fuller			В	7519	Days 1st Shift			
		·····							

II Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

PWS lo	lentification	n Number:		6532347		Plant Name:	Lake Gibsor	1 Estates						
	aily Data	for the M	lonth/Year	of:		October, 2004								
			g Virus Inactiv		al: 🔽 Free C	·····								
1	traviolet R			r (Describe):		niorine	Chlorine Di	oxide	Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
h-											·			·····
Type of	of Disinfed	ctant Resic	lual Maintai		ibution System:					(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	y Virus Inac		Applicable'	• 		
						CT Calc	ulations	1.16.15	91.92 		UV	Dose		
			· · ·	127	(Astron		Lowest CT	1.1			and and a second se Second second second Second second			
				a de la companya de l		Disinfectant	Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			Minimum	Disinfectant	
	Visited by		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		II. CIV.	Minimum CT	 Antegra d' 19 de la superior 	Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place "X")	in Operation	Producted, gal.	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L		if Applicable	Required, mg min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Out of Operation
1	x	24.0	145,000	Rate, gpd	0.6	Intifuces	LOUNT.	Waici, C	п пррисаос	i anni i a	In w-scorein	section	0.7	Cut of Operation Sector Sector
2	x	24.0	270,000		0.8			I		·		†	0.7	
3		24.0	220,000					1						
4	Х	24.0	220,000	[1.2								1.0	
5	X	24.0	203,000		0.9								0.9	
6	X	24.0	197,000		1.0							L	0.9	
7	<u>X</u>	24.0	192,000		0.8					ļ		ļ	0.6	l
8	X X	24.0 24.0	195,000 249,000		0.6								0.7	
10	~^	24.0	197,000	i	0.9								0.8	
11	Х	24.0	197,000		0.8								0,8	
12	X	24.0	213,000		0.8			1				<u> </u>	0.8	
13	Х	24.0	225,000		0.8								0.8	
14	Х	24.0	219,000		0,6								0.6	
15	X	24.0	196,000		0.8								0.8	
16 17	<u> </u>	24.0	226,000		0.7							<u> </u>	0.7	
17	x	24.0 24.0	210,500		0,6								0.7	· · · · · · · · · · · · · · · · · · ·
19	x	24.0	210,500		0.0							<u> </u>	0.8	
20	x	24.0	232,000		0.7				1	<u> </u>		1	0.5	
21	х	24.0	196,000	[0.6			Ť				1	0.8	
22	Х	24.0	204,000		0.4								0.6	
23	Х	24.0	278,000		0.5				ļ	L	ļ	<u> </u>	0.7	
24		24.0	193,000				ļ	 		ļ		<u> </u>		· · · · · · · · · · · · · · · · · · ·
25 26	x x	24.0	193,000		0.8					┥────			0.7	
20	X	24.0 24.0	231,000 263,000	+	0,7					· · · · · · · · · · · · · · · · · · ·			0.0	
28	- <u>x</u>	24.0	233,000		0.8			<u> </u>		<u> </u>		+	0.8	
29	x	24.0	256,000		0.8	· · · · · · · · · · · · · · · · · · ·	·	1		1		1	0.8	
30	x	24.0	208,000		0.9								0.8	
31		24.0												
Total	Section State	. S. S. L. Sa	6,477,000											
Average			208,935											
Maximu	n	ا آ موسول	278,000											

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	3				PWS Identification Num	ber:	6532347	
PWS Type:	Community	Non-Transient Non-Com	nunity 🗌 T	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Mont	h: 806			Tota	I Population Served at End	of Month:	2,023	
PWS Owner:	Aqua Utilities Florid	la			,, <u>.</u> ,	,			
Contact Person:	Brian Heath				Con	tact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.c	om						-
3. Water Treatment Pla	ant Information	· · · · · · · · · · · · · · · · · · ·							
Plant Name:	Lake Gibson Estates	3				Plant Telephone Number	r:	863-858 - 25	04
Plant Address:	415 West Daughtery	/ Road			City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day C	perating Capacity of	Diant college -or dow		900,000					
Termined Maximum Day C	perating Capacity of	Plant, gallons per day.		900,000					
Plant Category (per subsect	tion 62-699.310(4), F			900,000	Plant	Class (per subsection 62-69		С	
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F		· · · · · · · · · · · · · · · · · · ·	License Class					
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F	.A.C.): V							
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F	.A.C.): V	· · · · · · · · · · · · · · · · · · ·		License Numbe	er D			di parta di Arria.
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine	.A.C.): V	· · · · · · · · · · · · · · · · · · ·		License Numbe 6813	er D Days 1st Shift			an an an Arraig
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V	· · · · · · · · · · · · · · · · · · ·		License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			ing and the state of the state
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V	· · · · · · · · · · · · · · · · · · ·		License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			ar e carra da san
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V	· · · · · · · · · · · · · · · · · · ·		License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V			License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V			License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V			License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine David Rodriguez	.A.C.): V			License Numbe 6813 7880	er Days 1st Shift Days 1st Shift			

II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

<u>C-6813</u>

License Number

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	8.0								60	<u> </u>	000'981	0.42	X	72
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Out of Operation	System, mg/L	zec/cm²	² mɔ/ɔəɛ-Wm	J'nim J'nim	icenticable	O ⁰ TateW	-Juim						("X"	dinoM
Involves Taking Water System Components	noituditasiC	-Wm	UV Dose.	Required, mg	nateW to Ho	Temp of	-gm, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	ui umud amatu	(Place	ခုပ်ာ
Conditions; Repair or Maintenance Work that		Required,	1 State	TO muminiM			During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	18 notigunation	$U V D 0 \infty$	Lowest				Customer	Measurement Measurement	Concentration (C)		benzini To		Visited by	1
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						Estates	Lake Gibson	Plant Name:		<i>L</i> † £7£\$9		n Number:	lentification	PI SMd

* Refer to the preside this fight a determine which plants must provide this information.



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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate	s				PWS Identification Number:	6532347	
PWS Type:	✓ Community	Non-Transient Non-Commu	inity 🗌 Ti	ransient Non-Comr	nunity	Consecutive		
Number of Service Connec	tions at End of Mont	h: 806			Total	Population Served at End of M	1onth: 2,023	
PWS Owner:	Aqua Utilities Flori	da						
Contact Person:	Carolyn McFalls				Conta	ct Person's Title: A	rea Manager	
Contact Person's Mailing A	Address:	6960 Professional Parkway East, Sui	te 400		City: Sarasota	State: Florida	Zip Code:	34240
Contact Person's Telephone	e Number:	(941) 907-7400			Conta	ct Person's Fax Number: (9	941) 907-7401	
Contact Person's E-Mail Ac		cfmcfalls@aquaamerica.co	om					
B. Water Treatment Pl	ant Information							
Plant Name:	Lake Gibson Estate	s				Plant Telephone Number:	(863) 858-2	504
Plant Address:	415 West Daughter	y Road			City: Lakeland	State: Florida	Zip Code:	33810
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		900,000				
Plant Category (per subsect	tion 62-699.310(4), H	A.C.): V			Plant C	lass (per subsection 62-699.31	0(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	Day(s) / Shift(s) Worked	$\label{eq:product} \begin{split} & \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \end{array} \right) = \left(\begin{array}{c} 1 \\ 1 \end{array} \right) = \left$
Lead/Chief Operator:	David Rodriguez			Α	7880	Days 1st Shift		
Other Operators:	Steve Fuller			В	7519	Days 1st Shift		
					_			

II Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez Printed or Typed Name A-7880 License Number

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Involves Taking Water System Components	nonudruzia	-Wm	UV Dose,	Required, mg	,1918W fo Hq	to quisT	-gm , wolfi	Peak Flow,	Customer During	Peak Flow	Producted,	· ni	(Place	əth
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						come'r								
						Petratee	Lake Gibson	Plant Name:	l	74525347		Number.	entification	PI SMd

* Refer to the institute and the report to determine which plants must provide this information.

January, 2005



I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	5					PWS Identification Number:	6532347	
PWS Type:	Community	Non-Transient Non-Comm	unity 🛄 1	Fransient Non-Com	nunity		Consecutive		
Number of Service Connect	tions at End of Month	n: 806				Total I	Population Served at End of Month:	2,023	
PWS Owner:	Aqua Utilities Florid	ia	_						
Contact Person:	Carolyn McFalls					Conta	ct Person's Title: Sout Regiona	al Manager	
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, Su	1ite 400		City: Sarasota	a	State: Florida	Zip Code:	34240
Contact Person's Telephone	Number:	(941) 907-7400				Conta	ct Person's Fax Number: (941) 907-7-	401	
Contact Person's E-Mail Ac		cfmcfalls@aquaamerica.c	om						
B. Water Treatment Pla	ant Information								
Plant Name:	Lake Gibson Estates	š					Plant Telephone Number:	863-858-25	04
Plant Address:	415 West Daughtery	Road			City: Lakelan	ld	State: Florida	Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water					
Permitted Maximum Day O				900,000					
Plant Category (per subsect	ion 62-699.310(4), F.	.A.C.): V					lass (per subsection 62-699.310(4), F.A.C		
Licensed Operators		Name	- 200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	License Class	License Nu	mber	Day(s) / Shift(s) Worked	<u>in the second sec</u>
Lead/Chief Operator:	David Rodriguez			Α	7880		Days 1st Shift		
Other Operators:	Steve Fuller			В	7519		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

David Rodriguez Printed or Typed Name A-7880

License Number

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Involves Taking Water System Components	Distribution	-Wm		Required, mg		Temp of	-gm ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	રુપા
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* Refer to the instituter and the foot to determine which plants must provide this information.



I. General Information for the Month/Year of:

of: February, 2005

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate:	s					PWS Identification Numbe	r:	6532347	
PWS Type:	Community	Non-Transient Non-Comm	unity 🛄 Tr	ransient Non-Comr	nunity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 806				Total I	Population Served at End of	Month:	2,023	
PWS Owner:	Aqua Utilities Flori	da								
Contact Person:	Carolyn McFalls					Contac	et Person's Title:	South Regional	Manager	
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, S	uite 400		City:	Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone	e Number:	(941) 907-7400				Contac	et Person's Fax Number:	(941) 907-740	1	
Contact Person's E-Mail Ad	ldress:	cfmcfalls@aquaamerica.c	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Lake Gibson Estates	s					Plant Telephone Number:		863-858-250)4
Plant Address:	415 West Daughter	y Road			City:	Lakeland	State: Florida		Zip Code:	33810
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:		900,000						
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V				Plant C	ass (per subsection 62-699.	310(4), F.A.C.):	С	
Licensed Operators		Name	1	License Class	Licen	se Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	David Rodriguez			А		7880	Days 1st Shift			
Other Operators:	Steve Fuller			В		7519	Days 1st Shift			
		and the second								

II Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez

Printed or Typed Name

A-7880

License Number

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Conditions; Repair or Maintenance Work that	Remote Point in	Required,		TD anninim		Ĩ.	During Peak	guind miof	Before or at First		Water	Hours plant	Operator	Day of
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	Disinfectant	muminiM	1	1.1.1			First	⊃ 15 (T)	Disinfectant		Net Quantity		Statfed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				truel¶ eved	2
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* Refer to the president gradies to determine which plants must provide this information.

Effective August 28, 2003



I. General Information for the Month/Year of:

March, 2005

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate	s				PWS Identification Numb	ber:	6532347	
PWS Type:	Community	Non-Transient Non-Cor	mmunity 🗌 Tr	ansient Non-Com	nunity	Consecutive			
Number of Service Connec	tions at End of Mont	h: 806			Tota	Population Served at End o	of Month:	2,023	
PWS Owner:	Aqua Utilities Flori	da							
Contact Person:	Carolyn McFalls				Cont	act Person's Title:	South Region N	/lanager	
Contact Person's Mailing A	ddress:	6960 Professional Parkway East	, suite 400		City: Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone	e Number:	(941) 907-7400			Con	act Person's Fax Number:	(941) 907-740	1	
Contact Person's E-Mail Ad	ddress:	cfmcfalls@aquaamerica	a.com						
. Water Treatment Pla	ant Information								
Plant Name:	Lake Gibson Estates	S				Plant Telephone Number:		863-858-25	04
Plant Address:	415 West Daughter	y Road			City: Lakeland	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini:	shed Water					
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		900,000					
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	ay(s) / Shift(s)	Worked	روان المراجع والمحمد المراجع المراجع المراجع . المراجع المراجع المحمد والمراجع . المراجع المراجع المحمد والمراجع .
Lead/Chief Operator:	David Rodriguez			Α	7880	Days 1st Shift			
Other Operators:	Steve Fuller			В	7519	Days 1st Shift			
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Signature and Date

David Rodriguez
Printed or Typed Name

A-7880

License Number

ASTAW GARRINIA GARAHORUPA AN UNUORO WAR ONITABAT &2"W9 ROTARA NOITARAGO Y JHTNOM

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Involves Taking Water System Components	notuditizid	-Wm	UV Dose,	Required, mg			-gm ,wol7	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	əqq
Conditions; Repair or Maintenance Work that	Remote Point in	Required.		TO muminiM			During Peak	gnruu tuiof	Before or at First		Water	naid suioH	Operator	Tay of
Emergency or Abnormal Operating	Concentration at	Dose UV Dose	Lowest				Customer	Measurement	(D) nottertnanoO		benzini To		vd bətiziV	
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* Refer to the first the gradies of the report to determine which plants must provide this information.



#VALUE!

April, 2005

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	·····			PWS Identification Number:	6532347
PWS Type:	Community Non-Transie	nt Non-Community	ransient Non-Com	nunity	Consecutive	
Number of Service Connect	ions at End of Month:	806	······································	Total I	Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contac	ct Person's Title: Area Man	ager
Contact Person's Mailing A	ddress: 2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number: (352) 787-0980			Contac	ct Person's Fax Number: (352) 787	-6333
Contact Person's E-Mail Ac		aamerica.com				
B. Water Treatment Pla	int Information					
Plant Name:	Lake Gibson Estates				Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery Road			City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment by	Plant: 🗹 Raw Ground	Water Purchased Fin	ished Water			
Permitted Maximum Day C	perating Capacity of Plant, gallons per day	/:	900,000			
Plant Category (per subsect	on 62-699.310(4), F.A.C.):	v		Plant Cl	ass (per subsection 62-699.310(4), F.A	
Licensed Operators	Name	e	License Class	License Number	Day(s) / Shi	ft(s) Worked
	David Rodriguez	·····	А	7880	Days 1st Shift	
Other Operators:	Steve Fuller		В	7519	Days 1st Shift	
		-				

II. Certification by Lead/Chief Operator

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

Signature and Date

David Rodriguez

Printed or Typed Name

A-7880 License Number

ASTAW GARANON REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Involves Taking Water System Components	Distribution	U S	4.1	Required, mg	LISIBW 10 FIG	Jo droa	-Sm ,wol'l	Peak Flow,	Customer During	Peak Flow	Producted,	m	("X"	Month
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Emergency or Abnormal Operating	Concentration at		Towest				Customer	Measurement	Concentration (C)		of Finished	tucia mioH	1	Day of
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								April, 2005		.J(onth/Year	M adt 101	ete(l vlis	
						Estates	Lake Gibson	Plant Name:		L\$£7£\$9		: Number:	enufication	PI SMJ

st Refer to the fright $rac{1}{2}$ $rac{1}{2}$ report to determine which plants must provide this information.



#VALUE!

May, 2005

See Pages 4 for Instructions.

1. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates					PWS Identification Number:	6532347
PWS Type:	✓ Community	Non-Transient Non-Commu	inity 🗌 T	ransient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Montl	h: 806			Total	Population Served at End of Month	1: 2,023
PWS Owner:	Aqua Utilities Florid	da					
Contact Person:	Brian Heath				Cont	act Person's Title: Area M	Manager
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number:	(352) 787-0980			Cont	act Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>				
B. Water Treatment Pla	ant Information						
Plant Name:	Lake Gibson Estates	5				Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery	Road			City: Lakeland	State: Florida	Zip Code: 33810
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:		900,000			
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V			Plant C	Class (per subsection 62-699.310(4).	
Licensed Operators		Name		License Class	License Number	Day(s) /	Shift(s) Worked
Lead/Chief Operator:	David Rodriguez			Α	7880	Days 1st Shift	
Other Operators:	Steve Fuller			В	7519	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

David Rodriguez Printed or Typed Name A-7880

License Number

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	Remote Point in	Required,	Operating .	TO muminiM			During Peak	gninu Tunio T	Before or at First		Water	nuelq zwoH	Operator	Day of
Emergency or Abnormal Operating	Concentration at		Lowest			2 -	Customer	Measurement	Concentration (C)		of Finished		Visited by	1. S
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						Estates	Lake Gibson	SmaN Insig		L\$EZES9		n Number:	lentification	PI SMd
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* Refer to મિદ્દમોગ્નમુદ્ધાનુક્ષ્યું ઉદ્યતિમંત્ર report to determine which plants must provide this information. Effective August 28, 2003

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates		<u></u>			PWS Identification Number:	6532347
PWS Type:	Community	Non-Transient Non-Comm	iunity 🗌 T	ransient Non-Com	nunity	Consecutive	
Number of Service Conne	ctions at End of Month	h: 806	· · · ·		Tota	al Population Served at End of Month:	2,023
PWS Owner:	Aqua Utilities Florid	da			· · · · · · · · · · · · · · · · · · ·		······································
Contact Person:	Brian Heath				Cor	tact Person's Title: Area Man	ager
Contact Person's Mailing	Address:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephon	e Number:	(352) 787-0980			Cor	tact Person's Fax Number: (352) 787	-6333
Contact Person's E-Mail A		beheath@aquaamerica.co	om				
3. Water Treatment P	lant Information						
Plant Name:	Lake Gibson Estates	S				Plant Telephone Number:	863-858-2504
Plant Address:	415 West Daughtery	y Road			City: Lakeland	State: Florida	Zip Code: 33810
Type of Water Treatment	by Plant:	Raw Ground Water	Purchased Fin	ished Water			· · · · · · · · · · · · · · · · · · ·
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		900,000			
Plant Category (per subsec	ction 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	er Day(s) / Shi	ft(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	David Rodriguez			A	7880	Days 1st Shift	
1896 - 1996 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Steve Fuller			В	7519	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

DEP Form 62-555 .900(3)Alternate

ЯЭТАW ОЭНЗІИІЯ ФЭЗАНЭЯU9 ЯО ЯЭТАW ОИООЯЭ WAЯ ЭNITAЭЯТ 22"W9 ЯОЭ ТЯО9ЭЯ NOITAЯЭ9О YJHTNOM

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Involves Taking Water System Components	Distribution	-Wm		Required, mg	pH of Water	Temp of	-gm, wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ui ui	(Place	aut
Conditions; Repair or Maintenance Work that				TO muminiM			During Peak	guind mon	Before or at First		Water	nusiq zwoH		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Isowest	a s			Customer	Measurement	(D) noitentnessed		bedeinished		Visited by	1 - 1 - 1 - 1
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그는 물건을 가지 않는 것을 가지 않는 것이 없다.		2500				· · · · · · · · · · · · · · · · · · ·	suotisti	CT Calci					an a	
				1 7 11 '110112+1	DELLI SU ILA	Ron-mo			T Calculations, or	<u>a</u>				1. 18
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	əbixoi	Chlorine D	_) (⁹	(Chloramine:	erinold') be	Combine	-T _{enin}	Chlosen Ch	bution System:	irteid ni bər	iistriisM leu	tant Resid	pətnisi G t	o aqyT
					· · ·					(Describe):	әціО 🔟	noitsibe	Raviolet R	<u>ио _1</u>
	(səui	e (Chloram	ned Chlorin	Combi	ouozO	əpixo	Chlorine Die				vitas Inactiv			
								June, 2005		:](onth/Year			
							Lake Gibson	Plant Name:		L4525347			entification	

Page 2

* Refer to the standing and the information which plants must provide this information.

Effective August 28, 2003



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates						PWS Identification Nu	imber:	6532347	
PWS Type:	Community	Non-Transient Non-Commu	unity 🗌 Tr	ransient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Month	1: 806				Total F	Population Served at En	d of Month:	2,023	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath					Contac	et Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: L	cesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980				Contac	et Person's Fax Number	: (352) 787-6333	· · · · · · · · · · · · · · · · · · ·	
Contact Person's E-Mail Ac	ldress:	beheath@aquaamerica.co	<u>m</u>					· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Pla	ant Information									
Plant Name:	Lake Gibson Estates						Plant Telephone Num	per:	863-858-25	
Plant Address:	415 West Daughtery	Road			City: L	akeland	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		900,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				Plant Cl	ass (per subsection 62-		C	
Licensed Operators		Name		License Class	Licens	se Number		Day(s) / Shift(s)	Worked	المراجع والمحاج والمراجع
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			·····
Other Operators:	David Rodriguez			A		7880	Days 1st Shift			
	Steve Fuller			В		7519	Days 1st Shift			
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	L				ļ					
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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

DEP Form 62-555 .900(3)Alternate

PWS Ic	lentificatio	n Number:		6532347		Plant Name:	Lake Gibsor	n Estates						
III. D	aily Data	for the N	lonth/Year	of:		July, 2005								
			g Virus Inactiv		val: 🔽 Free C		<u></u>		<u> </u>					
		- ,	-	r (Describe):	-	norme	Chlorine Di	oxide	Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
F	traviolet R													······································
Туре с	of Disinfe	ctant Resid	lual Maintai		ibution System:	Free Chk				(Chloramine	•	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate]	Four-Log	Virus Inac	tivation, if A	Applicable'	•		
1.1						CT Calc	ulations		· · · · · · ·	a na si webe	UV	Dose		
		1. A.							1. A				1	
	1			1	and the second		Lowest CT							
]	Days Plant				Lowest Residual	Disinfectant	Provided						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			i din e Santa Santa Sant	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
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	m	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			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
. 1 555	X	24.0	266,000		1.1								1.0	
2		24.0	211,000											
3	x	24.0	211,000		0.8			ļ				L	0.8	
4	X	24.0	227,000		1.0			l	<u> </u>	l		ļ	0.9	
5	X	24.0	252,000		1.0			<u> </u>	ļ			<u> </u>	0.8	······································
6	X X	24.0 24.0	252,000 253,000		<u> </u>								0.9	
8	X	24.0	253,000		1.0		L	<u> </u>					0.8	· · · · · · · · · · · · · · · · · · ·
9	<u> </u>	24.0	233,000		1.0					<u> </u>		<u> </u>	0.8	
10		24.0	247,000		0.5			<u> </u>					0.8	
11	x	24.0	186,000		0.8			t					0.8	
12	X	24.0	249,000	· · · · · · · · · · · · · · · · · · ·	0.9	······			†		<u> </u>	1	0.8	
13	Х	24.0	164,000		1.0			[1				0.8	
14	X	24.0	206,000		0.6								0.6	
15	X	24.0	228,000		0.7								0.6	
16	X	24.0	199,000		0.7					l		ļ	0.7	
17		24.0	269,500						<u> </u>			ļ		
18	X	24.0	269,500		0.8		<u></u>	┣───				<u> </u>	0.7	······································
19 20	X X	24.0	272,000		0.7			┣───-	<u> </u>			<u> </u>	0.9	
20	x x	24.0 24.0	175,000		1.0	ļ		<u> </u>					0.7	
21	<u>x</u> x	24.0	255,000		0.6			<u> </u>		<u> </u>		<u> </u>	0.7	
22	X	24.0	146,000		0.0			<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.8	
24		24.0	263,000		0.9			t		<u> </u>		1		
25	x	24.0	263,000		0.6			<u> </u>	1				0.8	
26	X	24.0	255,000		0.5			t	1	·····		1	0.6	
27	X	24.0	196,000		0.8								0.6	
. 28	X	24.0	228,000		0.8								0.6	
29	X	24.0	211,000		1.0		L						0.8	
30		24.0	279,000					_		ļ		 		
31	X	24.0	279,000		0.8		L	L	L			1	0.6	
Total	<u></u>		7,314,000											
Average			235,935											
Maximu	m .	1	302,000											

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

August, 2005

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	<u> </u>				PWS Identification Number:	6532347	
PWS Type:	Community	Non-Transient Non-Commu	unity 🔄 Tr	ansient Non-Comr	nunity	Consecutive		
Number of Service Connect	tions at End of Month	h: 806			T	otal Population Served at End of M	ionth: 2,023	
PWS Owner:	Aqua Utilities Florid	da						
Contact Person:	Brian Heath				C	ontact Person's Title: A	rea Manager	
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980			С	ontact Person's Fax Number: (3	352) 787-6333	
Contact Person's E-Mail Ad		beheath@aquaamerica.co	<u>m</u>					
8. Water Treatment Pla	ant Information							
Plant Name:	Lake Gibson Estates	5				Plant Telephone Number:	863-858-2504	
Plant Address:	415 West Daughtery	y Road			City: Lakeland	State: Florida	Zip Code:	33810
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:		900,000				
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V				nt Class (per subsection 62-699.31		
Licensed Operators		Name		License Class	License Num	ber Day(s) / Shift(s) Worked	2. AS
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	David Rodriguez			A	7880	Days 1st Shift		
	Steve Fuller			В	7519	Days 1st Shift		
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and the second							·····	

II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine Printed or Typed Name C-6813 License Number

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

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Involves Taking Water System Components	nonudiusid	-Wm	•	Required, mg			-gm, wold	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	રુપા
Conditions; Repair or Maintenance Work that	Remote Point in			TO muminiM		3	During Peak	Point During	Before or at First		Water	Hours plant	A second state of the second state	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Isowest				Customer	Measurement	Concentration (C)		benzini To		Visited by	–
에 가장	Disinfectant	muminiM					First	⊃ 18 (T)	Disinfectant		Net Quantity	di an shi	Staffed or	
	Lowest Residual			1987 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 -			Before or at	Contact Time	Lowest Residual			1.11	Days Plant	
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		I				防治运营	Provided	Disinfectant			1 4		1 - 1 - 1 A	1
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	· · · · · · · · · · · · · · · · · · ·					0010107	HOCOLO ANTICO							
						Estates	Lake Gibson	Plant Name:	I	L\$EZES9		Number.	noitseilitne	PI SMd

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

v	<u>`</u>										
PWS Name:	Lake Gibson Estate	S					PWS Id	entification Nur	nber:	6532347	
PWS Type:	Community	Non-Transient Non-Com	munity 🗌 Ti	ransient Non-Comr	nunity		Consecu	itive			
Number of Service Connec	tions at End of Mont	h: 806				Total	Populatio	n Served at End	l of Month:	2,023	
PWS Owner:	Aqua Utilities Flori	da									
Contact Person:	Brian Heath					Conta	ct Person	's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City:	Leesburg	State:	Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person	's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.c	com								
. Water Treatment Pla	ant Information	l									
Plant Name:	Lake Gibson Estate	s					Plant Te	elephone Numb	er:	863-858-25	
Plant Address:	415 West Daughter	y Road			City:	Lakeland	State:	Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water							
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		900,000							
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.): V							99.310(4), F.A.C.)		
Licensed Operators		Name		License Class	Licen	ise Number			Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1s	st Shift			
Other Operators:	David Rodriguez			Α		7880	Days 1s	st Shift			
	Steve Fuller			В		7519	Days 1s	st Shift			
											
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									· · · · · · · · · · · · · · · · · · ·		

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Signature and Date

Will Fontaine

Printed or Typed Name

C-6813 License Number

DEP Form 62-555 900(3)Alternate

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Involves Taking Water System Components	Distribution	-Wm	UV Dose,	Required, mg	naisW lo Hq	to qmoT	-gm ,wol ⁷	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	эці
Conditions, Repair or Maintenance Work that	Remote Point in	Required,	Operating	TO muminiM			During Peak	guind ming	Before or at First		Water	melq swoH	Operator	jo ke
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	(D) notentration (C)		bedraini To		Visited by	2 A A
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							Lake Gibson	Plant Name:					noussilitina	

* Refer to the heat $\mathcal{B}(\mathcal{H})$ is the control determine which plants must provide this information.

Effective August 28, 2003



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

October, 2005

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates					PWS Identification Numbe	r: 6532347	
PWS Type:	Community	Non-Transient Non-Co	mmunity 🔄 Ti	ransient Non-Comm	nunity	Consecutive		
Number of Service Connect	tions at End of Month:	806	· · · · · · · · · · · · · · · · · · ·		Total I	Population Served at End of	Month: 2,023	
PWS Owner:	Aqua Utilities Florida	a						
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748	
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica	a.com					
B. Water Treatment Pla	ant Information							
Plant Name:	Lake Gibson Estates					Plant Telephone Number:	863-858-2504	
Plant Address:	415 West Daughtery	Road		1	City: Lakeland	State: Florida	Zip Code: 33810	
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day O	Operating Capacity of I	Plant, gallons per day:		900,000				
				,				
Plant Category (per subsect	tion 62-699.310(4), F.A		V		Plant C	lass (per subsection 62-699.		
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F.A		v	License Class			310(4), F.A.C.): C y(s) / Shift(s) Worked	
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F.A	A.C.):	V	License Class				
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F.A	A.C.):	V	License Class C A	License Number 6813	Da		
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine	A.C.):	V	License Class C A B	License Number 6813	Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine David Rodriguez	A.C.):	V	C A	License Number 6813 7880	Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine David Rodriguez	A.C.):	V	C A	License Number 6813 7880	Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine David Rodriguez	A.C.):	V	C A	License Number 6813 7880	Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine David Rodriguez	A.C.):	V	C A	License Number 6813 7880	Days 1st Shift Days 1st Shift		
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Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine David Rodriguez	A.C.):	V	C A B	License Number 6813 7880	Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Will Fontaine David Rodriguez	A.C.):	V	C A B	License Number 6813 7880	Days 1st Shift Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555. 900(3)Alternate

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* Refer to મુ£્રોમક્ષી,નિક્ષે બ્રિટીમુક બ્રિટીમુક teport to determine which plants must provide this information. Effective August 28, 2003



#VALUE!

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

November, 2005

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estates	3	· · · · · · · · · · · · · · · · · · ·				PWS Identification Numbe	r:	6532347	
PWS Type:	Community	Non-Transient Non-Comr	nunity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	h: 806				Total	Population Served at End of	Month:	2,023	
PWS Owner:	Aqua Utilities Florid	da					_			
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: L	eesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad		beheath@aquaamerica.c	om							
3. Water Treatment Pla	ant Information									
Plant Name:	Lake Gibson Estates	5					Plant Telephone Number:		863-858-25	04
Plant Address:	415 West Daughtery	Road			City: 1	akeland	State: Florida		Zip Code:	33810
Type of Water Treatment by		Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		900,000						
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V					Class (per subsection 62-699.)		<u> </u>	
Licensed Operators		Name		License Class	Licens	se Number	Day	y(s)/Shift(s)	Worked	· · · · · · · · · · · · · · · · · · ·
Lead/Chief Operator:	Steve Fuller			В		7519	Days 1st Shift			
Other Operators:										
	<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

Steve Fuller Printed or Typed Name B-7519

License Number

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

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* Refer to the treatmetions (666 by report to determine which plants must provide this information.

322,000

Effective August 28, 2003

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#VALUE!

See Pages 4 for Instructions.	
1. General Information for the Month/Year of:	December, 2005

A. Public Water System (PWS) Information

PWS Name:	Lake Gibson Estate	s				PWS Identification Number	6532347	
PWS Type:	Community	Non-Transient Non-Com	munity 🗌 T	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Mont	h: 806			To	tal Population Served at End of N	Month: 2,023	
PWS Owner:	Aqua Utilities Flori	da						
Contact Person:	Brian Heath				Co	ontact Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748	
Contact Person's Telephone	e Number:	(352) 787-0980			Ca	ontact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.	com					
B. Water Treatment Pla	ant Information							
Plant Name:	Lake Gibson Estate	s				Plant Telephone Number:	863-858-2504	
Plant Address:	415 West Daughter	y Road			City: Lakeland	State: Florida	Zip Code: 33810	
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water				_
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		900,000				
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.):	1		Pla	nt Class (per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Num	per Day	(s) / Shift(s) Worked	18 - 18 - 19
Lead/Chief Operator:	Steve Fuller			В	7519	Days 1st Shift		
Other Operators:								
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II Certification by Lead/Chief Operator

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

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

DEP Form 62-555. 900(3)Alternate

PWS Id	PWS Identification Number: 6532347 Plant Name: Lake Gibson Estates													
111. Daily Data for the Month/Year of: December, 2005														
Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine 🗂 Chlorine Dioxide 🗂 Ozone 🗂 Combined Chlorine (Chloramines)														
	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*													
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2	<u>X</u>	24.0	202,000		1.4		[·····		<u> </u>				1.0	
3	X	24.0	305,000		1.7							<u> </u>	1.4	· · · · · · · · · · · · · · · · · · ·
4		24.0	215,500		1.0	· · · · · · · · · · · · · · · · · · ·							1.7	······································
5	X	24.0	215,500		1.0	·····							0.8	
6	X	24.0	249,000		0.9		<u>†</u>				· · ·		0.7	
7	х	24.0	153,000		0.8					· · · · · ·		<u> </u>	0.6	
8	X	24.0	211,000		0.8								0.7	
9	X	24.0	185,000		1.0								0.8	
10	X	24.0	182,000		0.8								0.6	
11		24.0	226,000											
12	X	24.0	226,000		0.9					<u> </u>			0.7	
13	X	24.0	243,000		0.7							L	0.7	·
14 15	<u> </u>	24.0 24.0	197,000		1.1		<u> </u>						0.8	
16	X	24.0	229,000		1.6								1.3	
17	<u>^</u> X	24.0	284,000		0.7								0.6	
18	<u>A</u>	24.0	176,000		0.7									· · · · · · · · · · · · · · · · · · ·
19	Х	24.0	176,000		1.1		···			-		<u> </u>	0.9	
20	X	24.0	177,000		1.0	— —			-	-			0.8	
21	X	24.0	244,000		1.2								1.0	
22	X	24.0	189,000		1.5								1.2	
23	X	24.0	230,000		1.2								1.1	
24	X	24.0	249,000		1.2				ļ	L		ļ	1.0	
25		24.0	179,000				·		ļ		ļ	ļ		
26 27	<u>X</u>	24.0	278,000		1.2						ļ	 	1.0	······································
27	<u>x</u> x	24.0	202,000		1.2		<u> </u>			<u> </u>			0.9	
28	<u>x</u>	24.0	182,000 287,000		1.1		 - -					<u> </u>	0.9	
30	<u> </u>	24.0	287,000		2.0		<u> </u>				<u> </u>		1.6	
31	<u> </u>	24.0	273,000		1.5		<u> </u>		<u> </u>	1	<u> </u>		1.0	
Total		24.0	6,738,000		1.0	L	1	l	L	I.,	J		1	
Average			217,355											
Maximu	m	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	305.000											

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