

ORIGINAL

**Lake Josephine**

Docket No. 060368-WS

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

Florida

**VOLUME 6**

**Book 7**

**Set 25 of 57**

Containing  
Additional Engineering Requirements

Monthly Operating Reports

CMP \_\_\_\_\_

COM \_\_\_\_\_

CTR \_\_\_\_\_

ECR 1 \_\_\_\_\_

GCL \_\_\_\_\_

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SGA \_\_\_\_\_

SEC \_\_\_\_\_

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**Aqua Utilities Florida, Inc.**

DOCUMENT NUMBER-DATE

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# Aqua Utilities Florida, Inc. Monthly Operating Reports

## Lake Josephine

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**Docket No. 060368-WS**  
**Application to Increase Rates and Charges**  
**For a "Class A" Utility**  
**In**  
**Florida**

**Report Missing:**  
**Monthly Operating Report**  
**Lake Josephine**  
**January - December 2004**

**Aqua Utilities Florida, Inc.**

**Docket No. 060368-WS**

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

**Florida**

**Report Missing:**

**Monthly Operating Report**

**Lake Josephine**

**January - May 2005**

**Aqua Utilities Florida, Inc.**



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

See page 4 for instructions

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

**A. Public Water System (PWS) Information**

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

**II. Certification by Lead/Chief Operator**

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

Robert Paver  
Printed or Typed Name

C12040  
License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	55,600		3.5										1.5	
2	X	24 hrs	0		3.4										1.5	
3	X	24 hrs	1,000		3.3										1.4	
4	X	24 hrs	56,500		3.5										1.4	
5		24 hrs	0													
6	X	24 hrs	0		3.4										1.5	
7	X	24 hrs	22,000		3.4										1.7	
8	X	24 hrs	0		3.1										1.5	
9	X	24 hrs	0		3.1										1.2	
10	X	24 hrs	0		3.4										1.3	
11		24 hrs	2,200													
12	X	24 hrs	0		3.2										1.4	
13	X	24 hrs	0		3.5										1.3	
14	X	24 hrs	0		3.7										1.3	
15	X	24 hrs	17,500		2.5										1	
16	X	24 hrs	0		2.3										0.9	
17	X	24 hrs	0		3										1.1	
18		24 hrs	0													
19	X	24 hrs	0		3.4										1.9	
20	X	24 hrs	0		3										1.8	
21	X	24 hrs	83,300		2.9										1	
22	X	24 hrs	92,800		3										1.1	
23	X	24 hrs	168,500		2.5										1	
24	X	24 hrs	92,900		3										1.4	
25	X	24 hrs	108,100		2.8										1.4	
26		24 hrs	108,550													
27	X	24 hrs	108,550		2.1										1.1	
28	X	24 hrs	27,400		3.5										1.8	
29	X	24 hrs	27,400		3.2										1.4	
30	X	24 hrs	0		3.3										1.2	
31		24 hrs														
<b>Total</b>			972,300													
<b>Average</b>			32,410													
<b>Maximum</b>			168,500													

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



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

See page 4 for instructions

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

**A. Public Water System (PWS) Information**

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

**II. Certification by Lead Chief Operator**

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

Signature and Date	<u>Robert Paver</u>	<u>C12040</u>
	Printed or Typed Name	License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	0		2.8										1.3	
2		24 hrs	0													
3	X	24 hrs	0		2										0.8	
4	X	24 hrs	0		2.2										1	
5	X	24 hrs	49,000		3.5										1.1	
6	X	24 hrs	111,000		3.9										2.1	
7	X	24 hrs	82,000		2.8										1.1	
8	X	24 hrs	91,000		3.3										1.9	
9		24 hrs	96,000													
10	X	24 hrs	96,000		3.7										1.8	
11	X	24 hrs	117,000		3.2										2	
12	X	24 hrs	113,000		3.5										2.1	
13	X	24 hrs	99,000		3.9										2.2	
14	X	24 hrs	104,000		3.5										1.8	
15	X	24 hrs	196,000		3.1										2.1	
16	X	24 hrs	96,000		3.5										2.2	
17		24 hrs	134,000													
18	X	24 hrs	134,000		3.1										1.8	
19	X	24 hrs	100,000		3.9										2.3	
20	X	24 hrs	95,000		3.1										1.5	
21	X	24 hrs	151,000		2.1										0.8	
22	X	24 hrs	276,000		2.2										0.9	
23	X	24 hrs	278,000		3.5										1.5	
24		24 hrs	179,000													
25	X	24 hrs	179,000		1.9										0.3	
26	X	24 hrs	91,000		1.8										0.3	
27	X	24 hrs	115,000		2.5										0.5	
28	X	24 hrs	48,000		4.2										2.9	
29	X	24 hrs	51,000		4.2										2.1	
30	X	24 hrs	162,000		7.7										2.3	
31	X	24 hrs	277,000		4.9										2.4	
<b>Total</b>			3,520,000													
<b>Average</b>			113,548													
<b>Maximum</b>			278,000													

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





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

See page 4 for instructions

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

**A. Public Water System (PWS) Information**

PWS Name: Lake Josephine Water		PWS Identification Number: 6280162	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233	
PWS Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Lake Josephine Water		Plant Telephone Number: 941/907-7400	
Plant Address: Canary Way		City: Sebring	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Robert Paver	C	12040
Other Operators:			

**II. Certification by Lead Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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	Robert Paver Printed or Typed Name	C12040 License Number
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## MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	89,100		2.5										1	
2	X	24 hrs	238,000		3.7										1.5	
3	X	24 hrs	143,600		3.7										1.7	
4	X	24 hrs	117,900		3.9										1.5	
5	X	24 hrs	115,700		3.8										1.7	
6		24 hrs	155,850													
7	X	24 hrs	155,850		2.1										0.4	
8	X	24 hrs	85,300		2.9										1.7	
9	X	24 hrs	94,600		3.1										1.9	
10	X	24 hrs	96,200		2.9										1.6	
11	X	24 hrs	114,000		2.8										1.6	
12	X	24 hrs	81,100		3										1.5	
13	X	24 hrs	132,200		3.3										2	
14		24 hrs	114,400													
15	X	24 hrs	115,400		2										1.1	
16	X	24 hrs	90,100		2.1										0.7	
17	X	24 hrs	145,800		3										1	
18	X	24 hrs	110,400		3										1.2	
19	X	24 hrs	95,600		2.2										0.9	
20	X	24 hrs	158,300		3										1.2	
21		24 hrs	118,800													
22	X	24 hrs	118,800		3										1.7	
23	X	24 hrs	29,400		2										0.6	
24	X	24 hrs	8,200		2										0.7	
25	X	24 hrs	0		1.6										0.5	
26	X	24 hrs	1,400		4										2.1	
27	X	24 hrs	0		3.4										1.3	
28		24 hrs	900													
29	X	24 hrs	900		2.9										1.5	
30	X	24 hrs	0		2										1	
31	X	24 hrs	3,200		4.2										2.1	
<b>Total</b>			2,731,000													
<b>Average</b>			88,097													
<b>Maximum</b>			238,000													

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



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

See page 4 for instructions

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

**A. Public Water System (PWS) Information**

PWS Name: Lake Josephine Water		PWS Identification Number: 6280162	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233	
PWS Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com		Contact Person's Fax Number: 941/907-7401	

**B. Water Treatment Plant Information**

Plant Name: Lake Josephine Water		Plant Telephone Number: 941/907-7400	
Plant Address: Canary Way		City: Sebring	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000		Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Robert Paver	C	12040
Other Operators:			

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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	Robert Paver Printed or Typed Name	C12040 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162

Plant Name: Lake Josephine Water

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

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

Ultraviolet Radiation  Other (Describe):

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

Days Staffed	or Visited by Operator	Day of the Month	Hours in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time	Before or Provided	Temp. of Water, C	pH of Water, if Applicable	Minimum CT	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW	Lowest UV Dose Required, sec/cm2	System, mg/L	Point in Distribution	Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
																		Lowest CT	UV Dose
1	X	24 hrs	42,300	4.5															
2	X	24 hrs	64,800	4.7															
3	X	24 hrs	94,900	4.6															
4		24 hrs	130,900																
5	X	24 hrs	130,900	4.6															
6	X	24 hrs	46,600	4.7															
7	X	24 hrs	69,400	4.5															
8	X	24 hrs	113,400	4.5															
9	X	24 hrs	16,300	3.9															
10	X	24 hrs	20,000	3.8															
11		24 hrs	34,600																
12	X	24 hrs	34,600	3.1															
13	X	24 hrs	7,000	4.4															
14	X	24 hrs	71,900	4.1															
15	X	24 hrs	130,400	3.8															
16	X	24 hrs	98,800	3.7															
17	X	24 hrs	76,000	3.6															
18		24 hrs	145,000																
19	X	24 hrs	145,000	3.8															
20	X	24 hrs	75,700	3.6															
21	X	24 hrs	112,700	3.7															
22	X	24 hrs	108,600	3.5															
23	X	24 hrs	85,500	5															
24	X	24 hrs	118,700	3															
25		24 hrs	125,150																
26	X	24 hrs	125,150	5															
27	X	24 hrs	111,600	4.5															
28	X	24 hrs	89,900	4.5															
29	X	24 hrs	93,600	4.6															
30	X	24 hrs	101,500	4.7															
31		24 hrs																	
Total			2,620,900																
Average			87,363																
Maximum			145,000																

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



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

See page 4 for instructions

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

**A. Public Water System (PWS) Information**

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota    State: FL    Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring    State: FL    Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
<b>Lead/Chief Operator:</b>	Robert Paver	C	12040	3 Days per week
<b>Other Operators:</b>				

**II. Certification by Lead/Chief Operator**

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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## MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	119,000		3.1									2	
2		24 hrs	117,000												
3	X	24 hrs	117,000		3.7									2.1	
4	X	24 hrs	122,000		4.5									2	
5	X	24 hrs	74,000		2.7									1.2	
6	X	24 hrs	40,000		5									3.1	
7	X	24 hrs	46,000		5.4									3.7	
8	X	24 hrs	97,000		4									3.1	
9		24 hrs	107,000												
10	X	24 hrs	107,000		3									1.1	
11	X	24 hrs	91,000		5.1									3.9	
12	X	24 hrs	111,000		3.3									1.0	
13	X	24 hrs	106,000		5									1.1	
14	X	24 hrs	116,000		5.1									1.9	
15	X	24 hrs	99,000		4.7									1.8	
16		24 hrs	142,000												
17	X	24 hrs	142,000		4.8									1.8	
18	X	24 hrs	128,000		4.8									1.7	
19	X	24 hrs	82,000		4.8									1.7	
20	X	24 hrs	117,000		4.3									1.2	
21	X	24 hrs	101,000		4.2									1.8	
22	X	24 hrs	128,000		4									1.7	
23		24 hrs	123,000												
24	X	24 hrs	123,000		3.1									1.2	
25	X	24 hrs	84,000		4.8									2.4	
26	X	24 hrs	134,000		4									2.5	
27	X	24 hrs	91,000		4.2									2.3	
28	X	24 hrs	126,000		4.5									2.9	
29	X	24 hrs	93,000		4.6									2.1	
30		24 hrs	142,000												
31	X	24 hrs	142,000		4.9									2.5	
<b>Total</b>			3,367,000												
<b>Average</b>			108,613												
<b>Maximum</b>			142,000												

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



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

See page 4 for instructions

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

<b>A. Public Water System (PWS) Information</b>			
PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota    State: FL    Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

<b>B. Water Treatment Plant Information</b>				
Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring    State: FL    Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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	Robert Paver Printed or Typed Name	C12040 License Number
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**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS Identification Number: 6280162

Plant Name: Lake Josephine Water

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

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

Type of Disinfectant Residual Maintained in Distribution System:  Other (Describe):

Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Days	Plant Started	Operator Visited	Day of the Month (X)	Operation	Net Quantity of Finished Water	Produced, gal	Peak Flow Rate, gpd	Peak Flow	Lowest Residual Disinfectant Provided	Disinfectant Contact Time	Before or at First	Measurement at C	Point During	Customer During	Temp of Water, C	pH of Water, if Applicable	Minimum CT	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose, sec/cm <sup>2</sup>	Required UV Dose, mW	Minimum UV Dose, sec/cm <sup>2</sup>	Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation						
																								CT Calculations	UV Dose				
1	X			X	107,900	4.7																							
2	X			X	170,900	5.4																							
3	X			X	101,500	5.1																							
4	X			X	122,000	5.5																							
5	X			X	71,300	5.4																							
6	X			X	112,050	5.3																							
7	X			X	112,050	3.7																							
8	X			X	137,700	3.7																							
9	X			X	118,500	0																							
10	X			X	89,600	2.1																							
11	X			X	71,200	5.5																							
12	X			X	57,200	3																							
13	X			X	80,050																								
14	X			X	80,050																								
15	X			X	95,200	3.6																							
16	X			X	98,000	4.2																							
17	X			X	95,700	4.8																							
18	X			X	82,400	3																							
19	X			X	79,100	2.7																							
20	X			X	96,700																								
21	X			X	96,700	2.7																							
22	X			X	77,100	3.3																							
23	X			X	87,400	3.6																							
24	X			X	93,000	2.8																							
25	X			X	96,100	3.5																							
26	X			X	118,000	3.1																							
27	X			X	107,650																								
28	X			X	107,650	3																							
29	X			X	118,400	2.9																							
30	X			X	97,000	3.1																							
31	X			X	170,900																								
Total				2,978,100																									
Average				99,270																									
Maximum				170,900																									

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





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

See page 4 for instructions

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

**A. Public Water System (PWS) Information**

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

**II. Certification by Lead Chief Operator**

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

Robert Paver  
\_\_\_\_\_  
Printed or Typed Name

C12040  
\_\_\_\_\_  
License Number

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

PWS Identification Number: 6280162

Plant Name: Lake Josephine Water

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

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

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

Days Staffed	or Plan	Days	Operator by Visted	Day of Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Before or Provided CT	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, mW sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
																		CT Calculations	UV Dose	
1	X	24 hrs				94,000		3.7									1			
2	X	24 hrs				99,000		3.4									1.9			
3	X	24 hrs				83,000		3.5									1.7			
4		24 hrs				92,000														
5	X	24 hrs				92,000		3.6									2.1			
6	X	24 hrs				100,000		3.5									2			
7	X	24 hrs				114,000		3.7									1.2			
8	X	24 hrs				105,000		3.2									1.2			
9	X	24 hrs				99,000		3.4									1.4			
10	X	24 hrs				115,000		2.8									1.6			
11		24 hrs				92,000														
12	X	24 hrs				92,000		2.8									1.6			
13	X	24 hrs				102,000		2.7									1.1			
14	X	24 hrs				135,000		2.6									1.4			
15	X	24 hrs				73,000		2.8									1.5			
16	X	24 hrs				95,000		3.1									1.6			
17		24 hrs				109,000														
18	X	24 hrs				109,000		3.4									1.6			
19	X	24 hrs				82,000		3.2									1.5			
20	X	24 hrs				73,000		2.1									1.4			
21	X	24 hrs				105,000		1.8									1.3			
22	X	24 hrs				85,000		2.2									1.6			
23	X	24 hrs				82,000		2.1									1.5			
24	X	24 hrs				116,000		2.2									1.2			
25		24 hrs				83,000														
26	X	24 hrs				83,000		3									2			
27	X	24 hrs				103,000		3.4									1.9			
28	X	24 hrs				49,000		3.2									2.1			
29	X	24 hrs				60,000		2.8									1.4			
30	X	24 hrs				74,000		2.1									1.1			
31	X	24 hrs				76,000		2.5									1.3			
						<b>Total</b>		2,871,000												
						<b>Average</b>		92,613												
						<b>Maximum</b>		135,000												

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