

ORIGINAL

Palm Terrace

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 33 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____
COM _____
CTR _____
ECR 1 _____
GCL _____
OPC _____
RCA _____
SCR _____
SGA _____
SEC _____
OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Palm Terrace

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



See Pages 4 for Instructions.

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

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 276		Total Population Served at End of Month: 622	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
Contact Person's Telephone Number: (407) 598-4199		Zip Code: 32860-9520	
Contact Person's E-Mail Address: craiga@florida-water.com		Contact Person's Fax Number: (407) 598-4217	

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713		
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34668		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Dennis Muldoon	C	5982	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith

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

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

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

Day of the Month	Days Plant Operated (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Peak Flow, mg/L	Customer During Peak Flow, mg/L	Point During Peak Flow, mg/L	Measurement at C	Disinfectant Provided Before or at Contact Time (T)	Lowest CT	CT Calculations			Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg/mL	Lowest UV Dose, mW-sec/cm ²	UV Dose, mW-sec/cm ²	Required, mW-sec/cm ²	Remote Point in Distribution System, mg/L	POLY PHOSPHATE	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
											Lowest Residual Disinfectant Concentration at	Lowest UV Dose	Minimum UV Dose											
1			24.0	44,500																				
2	X		24.0	44,500	1.2												0.8			1.0				
3			24.0	55,667																				
4			24.0	55,667																				
5	X		24.0	55,667	1.3														4.0					
6			24.0	56,000																				
7	X		24.0	56,000	1.3														1.0					
8			24.0	50,000																				
9	X		24.0	50,000	1.4														4.0					
10			24.0	47,000																				
11			24.0	47,000																				
12	X		24.0	47,000	1.4														2.0					
13			24.0	48,500																				
14	X		24.0	48,500	1.3														1.0					
15			24.0	43,000																				
16	X		24.0	43,000	1.3														1.1					
17			24.0	47,000																				
18			24.0	47,000																				
19	X		24.0	47,000	1.3														1.0					
20			24.0	46,500																				
21	X		24.0	46,500	1.4														1.1					
22			24.0	42,000																				
23	X		24.0	42,000	1.8														1.2					
24			24.0	48,333																				
25			24.0	48,333																				
26	X		24.0	48,333	1.6														1.2					
27			24.0	45,500																				
28	X		24.0	45,500	1.4														1.2					
29			24.0	35,500																				
30	X		24.0	35,500	1.5														1.2					
31			24.0																					
Total				1,417,000																				
Average				45,710																				
Maximum				56,000																				

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

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

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	0.8		18		
3			19	1.0	
4			20		
5	1.0		21	1.1	
6			22		
7	1.0		23	1.2	
8			24		
9	1.1		25		
10			26	1.2	
11			27		
12	1.1		28	1.2	
13			29		
14	1.0		30	1.2	
15			31		
16	1.1				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Chief Plant Operator License Number or Title: _____

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 276		Total Population Served at End of Month: 622	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
Contact Person's Telephone Number: (407) 598-4199		Zip Code: 32860-9520	
Contact Person's E-Mail Address: craiga@florida-water.com		Contact Person's Fax Number: (407) 598-4217	

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713		
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34668		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Dennis Muldoon	C	5982	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date _____ Dennis Muldoon _____ C-5982 _____
 Printed or Typed Name License Number

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

PWS Identification Number: 6511330 Plan Name: CL Smith

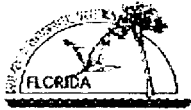
III. Daily Data for the Month/year of: February, 2004

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

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

Day of the Month	Days Plant Staffed or Visted by Operator in Operation (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 Measurement Point During Disinfectant Contact Time	Disinfectant Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
														CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*	UV Dose
1	X		24.0	65,500											
2	X		24.0	65,500	1.3							1.0	3.0		
3			24.0	41,500											
4	X		24.0	41,500	1.4							1.2			
5			24.0	44,000								1.0			
6	X		24.0	44,000	1.3										
7			24.0	55,000											
8			24.0	55,000											
9	X		24.0	55,000	1.4							1.2	3.0		
10			24.0	65,000											
11	X		24.0	65,000	1.4							1.1			
12			24.0	50,000								1.1			
13	X		24.0	50,000	1.3							1.1			
14			24.0	46,333											
15			24.0	46,333											
16	X		24.0	46,333	1.2							0.9	3.0		
17			24.0	45,500								1.3			
18	X		24.0	45,500	1.7										
19			24.0	43,000								1.2			
20	X		24.0	43,000	1.6										
21			24.0	58,000											
22			24.0	58,000											
23	X		24.0	58,000	1.0							0.8			
24			24.0	47,000											
25	X		24.0	47,000	1.6							1.2	3.0		
26			24.0	38,000											
27	X		24.0	38,000	1.5							1.2			
28			24.0	53,667											
29			24.0	53,667											
Total			1,464,333												
Average			50,494												
Maximum			65,500												

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



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: February, 2004

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

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

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	2		18	2	
3			19		
4			20	2	
5			21		
6	2		22		
7			23	2	
8			24		
9	2		25		
10			26		
11			27	2	
12			28		
13	1		29		
14			30		
15			31		
16	2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Dennis Muldoon _____ Chief Plant Operator _____
 Printed or Typed Name License Number or Title

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 280		Total Population Served at End of Month: 616	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
Contact Person's Telephone Number: (407) 598-4199		Zip Code: 32860-9520	
Contact Person's E-Mail Address: craiga@florida-water.com		Contact Person's Fax Number: (407) 598-4217	

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713		
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida	
		Zip Code: 34668		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Dennis Muldoon	C	5982	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith

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

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

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

Days Plant Staffed or Visited by Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Contact Time (T) Before or at First Measurement Point During Peak Flow, minutes	Lowest CT Disinfectant Provided Before or at Customer During Peak Flow, mg-min/mL	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*			UV Dose			
											Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) Before or at Customer During Peak Flow, minutes	Temp of Water, °C	Lowest UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	UV Dose
1	24.0	X	161,000	1.6						1.5	3.0						
2	47,000		47,000							1.3							
3	47,000	X	47,000	1.5						1.3							
4	51,500		51,500							2.0							
5	51,500	X	51,500	2.5						2.0							
6	57,667		57,667														
7	57,667		57,667														
8	57,667	X	57,667	1.7						0.7	2.0						
9	67,000		67,000							1.2							
10	67,000	X	67,000	1.7						1.2							
11	45,500		45,500							1.0							
12	45,500	X	45,500	1.5						1.0							
13	62,000		62,000														
14	62,000		62,000														
15	62,000	X	62,000	1.5						1.0	4.0						
16	62,000		62,000														
17	62,000	X	62,000	1.7						1.2							
18	54,500		54,500							1.2							
19	54,500	X	54,500	1.6						1.2							
20	74,333		74,333														
21	74,333		74,333														
22	74,333	X	74,333	1.8						1.8	3.0						
23	59,500		59,500														
24	59,500	X	59,500	2.2						1.5							
25	55,500		55,500														
26	55,500	X	55,500	2.0						1.6							
27	64,000		64,000														
28	64,000		64,000														
29	64,000	X	64,000	1.6						1.4	2.0						
30	73,500		73,500														
31	73,500	X	73,500	1.5						0.9							
Total	1,967,000																
Average	63,452																
Maximum	161,000																

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2,031

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

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

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2		17	1	
2			18		
3	1		19	1	
4			20		
5	2		21		
6			22	2	
7			23		
8	1		24	2	
9			25		
10	1		26	2	
11			27		
12	1		28		
13			29	1	
14			30		
15	1		31	1	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Printed or Typed Name Dennis Muldoon Chief Plant Operator _____ License Number or Title _____

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	CL Smith		PWS Identification Number:	6511330
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:	287		Total Population Served at End of Month:	646
PWS Owner:	Florida Water Services			
Contact Person:	Craig Anderson		Contact Person's Title:	VP Environmental Services
Contact Person's Mailing Address:	P.O. Box 609520	City:	Orlando	State: Florida
Contact Person's Telephone Number:	(407) 598-4199	Contact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Address:	craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name:	CL Smith		Plant Telephone Number:	(352) 302-9713
Plant Address:	10928 Premier Avenue		City:	Port Richey
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	90,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Dennis Muldoon	C	5982	Days 1st Shift
Other Operators:	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

	Dennis Muldoon	C-5982
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6511330 Plant Name: CL Smith

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	70,000												
2	X	24.0	70,000		1.5								1.2		
3		24.0	69,667												
4		24.0	69,667												
5	X	24.0	69,667		1.7								1.5	2.0	
6		24.0	77,500												
7	X	24.0	77,500		1.5								0.8		
8		24.0	73,000												
9	X	24.0	73,000		1.4								0.8		
10		24.0	68,667												
11		24.0	68,667												
12	X	24.0	68,667		1.2								0.6	2.0	
13		24.0	50,000												
14	X	24.0	50,000		1.5								0.7		
15		24.0	58,500												
16	X	24.0	58,500		1.1								0.7		
17		24.0	67,667												
18		24.0	67,667												
19	X	24.0	67,667		1.5								0.8	2.0	
20		24.0	79,000												
21	X	24.0	79,000		1.4								0.7		
22		24.0	61,000												
23	X	24.0	61,000		1.5								0.7		
24		24.0	70,667												
25		24.0	70,667												
26	X	24.0	70,667		1.8								1.1	4.0	
27		24.0	73,500												
28	X	24.0	73,500		1.7								1.0		
29		24.0	63,000												
30	X	24.0	63,000		1.6								1.1		
Total			2,041,000												
Average			68,033												
Maximum			79,000												

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2,031

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

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

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.6		18		
3			19	1.4	
4			20		
5	1.5		21	1.4	
6			22		
7	1.4		23	1.5	
8			24		
9	1.6		25		
10			26	1.4	
11			27		
12	1.6		28	1.5	
13			29		
14	1.0		30	1.6	
15			31		
16	1.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Chief Plant Operator License Number or Title: _____

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 276		Total Population Served at End of Month: 622	
PWS Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: Florida
		Zip Code: 32860-9520	
Contact Person's Telephone Number: (407) 598-4199		Contact Person's Fax Number: (407) 598-4217	
Contact Person's E-Mail Address: craiga@florida-water.com			

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713	
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida
		Zip Code: 34668	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Dennis Muldoon	C	5982
Other Operators:	David Rodriguez	A	7880
	Steve Fuller	B	7519

II. Certification by Lead/Chief Operator

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

Signature and Date	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	68,000												
2		24.0	68,000												
3	X	24.0	68,000		1.4								0.8	3.0	
4		24.0	57,500												
5	X	24.0	57,500		1.5								0.9		
6		24.0	58,000												
7	X	24.0	58,000		1.6								1.1		
8		24.0	75,333												
9		24.0	75,333												
10	X	24.0	75,333		1.7								1.1	3.0	
11		24.0	74,000												
12	X	24.0	74,000		1.5								0.9		
13		24.0	67,500												
14	X	24.0	67,500		1.6								1.0		
15		24.0	40,667												
16		24.0	40,667												
17	X	24.0	40,667		2.0								1.0		
18		24.0	30,500												
19	X	24.0	30,500		1.4								1.1	3.0	
20		24.0	48,500												
21	X	24.0	48,500		1.0								0.5		
22		24.0	70,667												
23		24.0	70,667												
24	X	24.0	70,667		1.4								0.7	4.0	
25		24.0	88,000												
26	X	24.0	88,000		1.4								0.8		
27		24.0	86,500												
28	X	24.0	86,500		1.0								0.6		
29		24.0	82,667												
30		24.0	82,667												
31	X	24.0	82,667		1.1								0.6		
Total			2,033,000												
Average			65,581												
Maximum			88,000												

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

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

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.2	
2			18		
3	1.7		19	0.9	
4			20		
5	1.6		21	0.8	
6			22		
7	1.7		23		
8			24	0.8	
9			25		
10	1.6		26	0.9	
11			27		
12	1.8		28	0.6	
13			29		
14	1.4		30		
15			31	0.8	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Printed or Typed Name Dennis Muldoon Chief Plant Operator License Number or Title _____

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Palm Terrace

June 2004

Aqua Utilities Florida, Inc.

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	CL Smith	PWS Identification Number:	6511330
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:	276	Total Population Served at End of Month:	622
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	2315 Griffin Road	City:	Leesburg
		State:	Florida
		Zip Code:	34748-3315
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	CL Smith	Plant Telephone Number:	(352) 302-9713
Plant Address:	10928 Premier Avenue	City:	Port Richey
		State:	Florida
		Zip Code:	34668
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	90,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Dennis Muldoon	C	5982	Days 1st Shift
	David Rodriguez	A	7880	Days 1st Shift
	Steve Fuller	B	7519	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine

C-6813
License Number

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

PWS Identification Number: 6511330 Plant Name: CL Smith

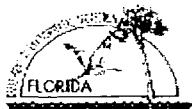
III. Daily Data for the Month/Year of: July, 2004

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1		24.0	41,500											
2	X	24.0	41,500			1.3							0.5	
3		24.0	66,333											
4		24.0	66,333											
5	X	24.0	66,333			1.4							0.7	1.7
6		24.0	67,000											
7	X	24.0	67,000			1.3							0.8	
8		24.0	68,500											
9	X	24.0	68,500			1.2							0.7	
10		24.0	73,667											
11		24.0	73,667											
12	X	24.0	73,667			1.2							0.8	1.0
13		24.0	58,500											
14	X	24.0	58,500			1.1							0.7	
15		24.0	60,000											
16	X	24.0	60,000			1.3							0.9	
17		24.0	66,667											
18		24.0	66,667											
19	X	24.0	66,667			1.0							0.5	1.2
20		24.0	53,500											
21	X	24.0	53,500			1.4							0.9	
22		24.0	55,500											
23	X	24.0	55,500			1.0							0.7	
24		24.0	56,667											
25		24.0	56,667											
26	X	24.0	56,667			1.1							0.6	1.6
27		24.0	51,500											
28	X	24.0	51,500			1.2							0.7	
29		24.0	51,500											
30	X	24.0	51,500			1.1							0.7	
31		24.0	57,700											
Total			1,862,700											
Average			60,087											
Maximum			73,667											

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: 2315 Griffin Rd, Suite 4 City: Leesburg State: FL Zip Code: 34748-3315

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: beheath@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.3		18		
3			19	1.2	
4			20		
5	1.1		21	1.0	
6			22		
7	1.4		23	1.2	
8			24		
9	1.1		25		
10			26	1.4	
11			27		
12	1.0		28	1.2	
13			29		
14	1.2		30	1.0	
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 3231

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 116 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.2		18	1.4	
3			19		
4	1.4		20	1.3	
5			21		
6	1.2		22		
7			23	1.2	
8			24		
9	1.4		25	1.4	
10			26		
11	1.2		27	1.2	
12			28		
13	1.4		29		
14			30	1.4	
15			31		
16	1.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator License Number or Title: _____

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 287		Total Population Served at End of Month: 1,005	
PWS Owner: Aqua Utilities Florida			
Contact Person: DennisMuldoon		Contact Person's Title: Senior facilities Operator	
Contact Person's Mailing Address: 116 Arbordale Drive		City: Port Richey	State: Florida
Contact Person's Telephone Number: 352-302-9713		Zip Code: 34668	
Contact Person's E-Mail Address: dmuldoon@aquamerica.com		Contact Person's Fax Number: 727-697-3137	

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713		
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida	
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Dennis Muldoon	C	5982	Days 1st Shift
Other Operators:	Carl Virtuoso	C	4835	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	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PW'SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith

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

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

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

Days Plant Staffed or Visited by Operator in Hours plant Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) Before or at First Customer During Peak Flow, minutes	CT Calculations					Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm ²	Lowest UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking System Components Out of Operation
					CT Calculations, if Applicable*	UV Dose	Minimum UV Dose	Operating UV Dose	Lowest UV Dose								
1	24.0	86,500															
2	X	24.0	86,500	1.0												1.2	
3		24.0	60,500														
4	X	24.0	60,500	1.2													
5		24.0	59,500														
6	X	24.0	59,500	1.1													
7		24.0	55,333														
8		24.0	55,333														
9	X	24.0	55,333	1.3												1.3	
10		24.0	58,000														
11	X	24.0	58,000	1.4													
12		24.0	52,000														
13	X	24.0	52,000	1.3													
14		24.0	56,667														
15		24.0	56,667														
16	X	24.0	56,667	1.0												1.4	
17		24.0	59,000														
18	X	24.0	59,000	1.4													
19		24.0	47,500														
20	X	24.0	47,500	1.4												0.8	
21		24.0	59,667														
22		24.0	59,667														
23	X	24.0	59,667	1.6												1.6	
24		24.0	56,500														
25	X	24.0	56,500	1.4												1.0	
26		24.0	52,500														
27	X	24.0	52,500	1.4												1.1	
28		24.0	67,000														
29	X	24.0	67,000	1.4													
30		24.0	67,000													1.4	
31		24.0	72,500														
Total		1,852,500															
Average		59,758															
Maximum		86,500															

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2031

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5		17	1.4	
2			18		
3	1.2		19		
4			20	1.4	
5			21		
6			22	1.2	
7	1.8		23		
8	1.6		24	1.0	
9			25		
10	1.4		26		
11			27	1.2	
12			28		
13	1.2		29	1.4	
14			30		
15	1.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Chief Plant Operator License Number or Title: _____

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 287		Total Population Served at End of Month: 646	
PWS Owner: Aqua Utilities Florida			
Contact Person: Dennis Muldoon		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: Florida
Contact Person's Telephone Number: 352-302-9713		Zip Code: 34668	
Contact Person's E-Mail Address: dmuldoon@aquaamerica.com		Contact Person's Fax Number: 727-697-3137	

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713	
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida
		Zip Code: 34668	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Dennis Muldoon	C	5982
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith

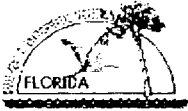
III. Daily Data for the Month/Year of: September, 2004

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			
1	X	24.0	145,000		1.5							1.1		
2		24.0	68,500											
3	X	24.0	68,500		1.4							1.2		
4			**											
5			**											
6			**											
7	X		**		1.8							1.4		
8	X	24.0	4,000		1.4							1.2		
9		24.0	55,500											
10	X	24.0	55,500		1.4							1.2		
11		24.0	48,000											
12		24.0	48,000											
13	X	24.0	48,000		1.5							1.1	1.4	
14		24.0	50,500											
15	X	24.0	50,500		1.4							1.2		
16		24.0	44,000											
17	X	24.0	44,000		0.8							0.5		
18		24.0	63,667											
19		24.0	63,667											
20	X	24.0	63,667		1.1							0.7	1.4	
21		24.0	47,500											
22	X	24.0	47,500		1.2							0.8		
23		24.0	44,500										**Plant without power, PT interconnect opened.	
24	X	24.0	44,500		1.0							0.7	Hurricane	
25		24.0	56,000											
26		24.0	56,000											
27	X	24.0	56,000		1.1							0.7	1.4	
28		24.0	47,000											
29	X	24.0	47,000		1.4							0.8		
30		24.0	56,000											
Total			1,423,000											
Average			54,731											
Maximum			145,000											

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.6		17		
2			18	1.6	
3			19		
4	1.5		20	1.4	
5			21		
6	1.7		22	1.6	
7			23		
8	1.4		24		
9			25	1.4	
10			26		
11	1.6		27	1.5	
12			28		
13	1.5		29	1.4	
14			30		
15	1.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Printed or Typed Name Dennis Muldoon License Number or Title C - 5980 Senior Facilities Operator

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 276		Total Population Served at End of Month: 622	
PWS Owner: Aqua Utilities Florida			
Contact Person: Dennis Muldoon		Contact Person's Title: Senior facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: Florida
Contact Person's Telephone Number: 352-302-9713		Contact Person's Fax Number: 727-697-3137	
Contact Person's E-Mail Address: <u>dmuldoon@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713	
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Dennis Muldoon	C	5982
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			
1	X	24.0	112,000		0.9							0.5		
2		24.0	60,000											
3		24.0	60,000											
4	X	24.0	60,000		1.1							0.6	2.0	
5		24.0	58,500											
6	X	24.0	58,500		1.2							0.5		
7		24.0	50,500											
8	X	24.0	50,500		1.2							0.6		
9		24.0	61,000											
10		24.0	61,000											
11	X	24.0	61,000		1.0							0.8	1.8	
12		24.0	52,000											
13	X	24.0	52,000		1.2							0.7		
14		24.0	50,000											
15	X	24.0	50,000		1.0							0.5		
16		24.0	52,000											
17		24.0	52,000											
18	X	24.0	52,000		1.2							0.7	1.8	
19		24.0	55,000											
20	X	24.0	55,000		1.2							0.7		
21		24.0	45,000											
22	X	24.0	45,000		1.2							0.7		
23		24.0	51,667											
24		24.0	51,667											
25	X	24.0	51,667		1.2							0.7	2.0	
26		24.0	53,500											
27	X	24.0	53,500		1.0							0.5		
28		24.0	46,500											
29	X	24.0	46,500		1.1							0.6		
30		24.0												
31		24.0												
Total			1,608,000											
Average			51,871											
Maximum			112,000											

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2031

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 116 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.4	
2			18		
3	1.6		19	1.4	
4			20		
5	1.4		21		
6			22	1.5	
7			23		
8	1.6		24	1.6	
9			25		
10	1.7		26	1.5	
11			27		
12	1.4		28		
13			29	1.5	
14			30		
15	1.5		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: **Dennis Muldoon** Chief Plant Operator License Number or Title: _____

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: CL Smith		PWS Identification Number: 6511330	
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: 287		Total Population Served at End of Month: 646	
PWS Owner: Aqua Utilities Florida			
Contact Person: Dennis Muldoon		Contact Person's Title: VP Environmental Services	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: Florida
Contact Person's Telephone Number: 352-302-9713		Zip Code: 34668	
Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com		Contact Person's Fax Number: 727-697-3137	

B. Water Treatment Plant Information

Plant Name: CL Smith		Plant Telephone Number: (352) 302-9713	
Plant Address: 10928 Premier Avenue		City: Port Richey	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34668	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Dennis Muldoon	C	5982
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date	Dennis Muldoon Printed or Typed Name	C-5982 License Number
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MONTHLY OPERATION REPORT FOR PW'SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511330 Plant Name: CL Smith
 November, 2004

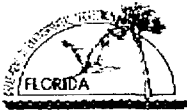
III. Daily Data for the Month/year of:

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

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

Day of the Month	Days of the Month	Started or Visited by Operator in (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) Before or at First Customer 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	Operating UV Dose, mW-sec/cm ²	Lowest UV Dose Required, mW-sec/cm ²	Minimum UV Dose Concentration at Remote Point in Distribution System, mg/L	PHOSPHATE	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking System Components Out of Operation	Total	Average	Maximum										
																				1	2	3	4	5	6	7	8	9	10
		X		188,000	24.0	500	0.5							0.3				1,801,000	60,033	188,000									
		X		500	24.0	500	1.1							0.7															
		X		53,000	24.0	53,000	1.0							0.7															
		X		52,000	24.0	52,000	1.0							0.7															
		X		52,000	24.0	52,000	1.1							0.7															
		X		52,000	24.0	52,000	1.1							0.7															
		X		65,000	24.0	65,000	1.2							0.8															
		X		57,500	24.0	57,500	1.2							0.8															
		X		57,500	24.0	57,500	1.2							0.8															
		X		73,667	24.0	73,667	1.2							0.8															
		X		73,667	24.0	73,667	1.0							0.7															
		X		70,500	24.0	70,500	1.0							0.7															
		X		70,500	24.0	70,500	1.3							0.8															
		X		53,500	24.0	53,500	1.3							0.8															
		X		64,000	24.0	64,000	1.3							0.8															
		X		64,000	24.0	64,000	1.4							0.8															
		X		67,000	24.0	67,000	1.4							1.0															
		X		67,000	24.0	67,000	1.4							1.0															
		X		67,000	24.0	67,000	1.5							1.1															
		X		50,500	24.0	50,500	1.5							1.1															
		X		50,500	24.0	50,500	1.4							1.0															
		X		50,500	24.0	50,500	1.4							1.0															
		X		51,333	24.0	51,333	1.4							1.0															
		X		51,333	24.0	51,333	1.4							1.0															
		X		51,333	24.0	51,333	1.2							1.0															
		X		51,333	24.0	51,333	1.2							1.0															
		X		55,000	24.0	55,000	1.2							1.0															

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



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____
 Consecutive System Owner: Aqua Utilities Florida
 Contact Person: Dennis Muldoon Contact Person's Title: Vice President Environmental Services
 Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668
 Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137
 Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

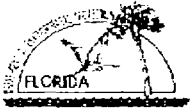
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5		17	1.3	
2			18		
3	1.4		19		
4			20	1.4	
5			21		
6	1.5		22	1.5	
7			23		
8	1.4		24	1.3	
9			25		
10	1.5		26		
11			27	1.2	
12			28		
13	1.4		29	1.4	
14			30		
15	1.5		31	1.2	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Chief Plant Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.5	
2			18		
3	1.3		19	1.6	
4			20		
5	1.4		21	1.6	
6			22		
7	1.6		23		
8			24	1.6	
9			25		
10	1.5		26	1.6	
11			27		
12	1.4		28	1.5	
13			29		
14	1.6		30		
15			31	1.5	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Chief Plant Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2031

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.6		18		
3			19	1.7	
4			20		
5	1.8		21	1.5	
6			22		
7	1.6		23	1.6	
8			24		
9	1.6		25	1.6	
10			26		
11	1.6		27		
12			28	1.8	
13			29		
14	1.5		30		
15		Pasco County switched to Chloramination	31		
16	1.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5		17		
2			18	1.5	
3	1.8		19		
4			20	2.5	
5	1.6		21		
6			22	2.3	
7	2.0		23		
8			24		
9	1.5		25	2.0	
10			26		
11			27		
12	2.0		28	2.2	
13			29		
14			30		
15	1.6		31	2.2	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: **Dennis Muldoon** Chief Plant Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.2		17		
2			18	1.8	
3			19		
4	3.0		20	2.0	
5			21		
6	3.5		22	2.2	
7			23		
8	3.4		24		
9			25	3.2	
10			26		
11	3.4		27	3.0	
12			28		
13			29	3.2	
14	3.0		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Printed or Typed Name Dennis Muldoon Senior Facilities Operator License Number or Title _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaamerica.com

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

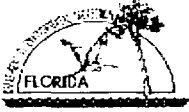
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.0		18	3.2	
3			19		
4			20	2.5	
5	2.7		21		
6			22		
7			23	2.8	
8			24		
9			25		
10	3.2		26		
11			27	3.0	
12			28		
13	3.0		29		
14			30	3.0	
15			31		
16	3.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon License Number or Title: Senior Facilities Operator



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.8	
2	2.8		18		
3			19		
4			20	3.0	
5			21		
6	0.3		22	3.2	
7			23		
8	1.5		24		
9			25		
10	2.4		26		
11			27	3.1	
12			28		
13	3.0		29	2.2	
14			30		
15	2.6		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Dennis Muldoon Chief Plant Operator
Printed or Typed Name License Number or Title



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.7		17		
2			18	3.0	
3			19		
4	2.0		20		
5	3.5		21		
6			22	3.1	
7			23		
8			24		
9			25		
10			26		
11			27		
12	3.0		28	2.8	
13			29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	3.0		17	2.0	
2			18		
3	3.2		19	2.6	
4			20		
5	3.0		21		
6			22	2.6	
7			23		
8	3.2		24	2.5	
9			25		
10	3.0		26	3.0	
11			27		
12	3.1		28		
13			29	3.0	
14			30		
15	3.0		31	2.3	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.0		18		
3			19	3.5	
4			20		
5	2.8		21	3.0	
6			22		
7	3.0		23	3.0	
8			24		
9	3.5		25		
10			26	3.5	
11			27		
12	3.0		28	3.0	
13			29		
14	3.5		30	3.5	
15			31		
16	3.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator C-5980 License Number or Title



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	3.4	
2			18		
3	3.0		19	3.2	
4	3.3		20		
5	3.2		21	3.4	
6			22		
7	3.4		23		
8			24	3.4	
9			25		
10	3.4		26	3.2	
11			27		
12	3.4		28	3.4	
13			29		
14	3.4		30		
15			31	3.3	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator License Number or Title: _____



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: dmuldoon@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.5		18	3.4	
3			19		
4	3.3		20		
5			21	3.3	
6			22		
7	3.4		23	3.5	
8			24		
9	3.4		25	3.5	
10			26		
11	3.4		27		
12			28	3.5	
13			29		
14	3.5		30	3.5	
15			31		
16	3.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Dennis Muldoon Senior Facilities Operator
 Printed or Typed Name: _____ License Number or Title



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

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com

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

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

Day of the Month	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	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.4		18		
3			19	3.4	
4			20		
5	3.2		21	3.4	
6			22		
7	3.5		23	3.4	
8			24		
9	3.5		25		
10			26	3.5	
11			27		
12	3.3		28	3.4	
13			29		
14	3.4		30	3.5	
15			31		
16	3.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Dennis Muldoon Senior Facilities Operator License Number or Title: _____