

ORIGINAL

**Palms MHP**

Docket No. 060368-WS

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

Florida

**VOLUME 6**

**Book 7**

**Set 34 of 57**

Containing  
Additional Engineering Requirements

Monthly Operating Reports

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR   /
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH \_\_\_\_\_

**Aqua Utilities Florida, Inc.**

DOCUMENT NUMBER DATE

00864 JAN 25 8

FPSC-COMMISSION CLERK

# Aqua Utilities Florida, Inc. Monthly Operating Reports

## Palms MHP

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



See Pages 4 for Instructions.

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 61		Total Population Served at End of Month: 153	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift
	Mike Ponticelli	C	8450	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: 2/9/2004 0:00

Printed or Typed Name: Will Fontaine

License Number: C-6813

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C During Peak Flow, minutes	Lowest CT Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C If Applicable	pH of Water, Required, mg/L	Minimum CT Operating UV Dose, mW-sec/cm <sup>2</sup>	Lowest UV Dose Required, mW-sec/cm <sup>2</sup>	Disinfectant Concentration at Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*			CT Calculations		
												UV Dose	UV Dose	UV Dose	CT	CT	CT
1	X	24.0	12,500	1.8								1.5					
2	X	24.0	10,900	2.0								1.6					
3	X	24.0	10,300	1.7													
4	X	24.0	9,400	1.7								1.5					
5	X	24.0	9,900	2.1								1.7					
6	X	24.0	14,300	1.6								1.4					
7	X	24.0	7,100	1.5								1.2					
8	X	24.0	8,700	1.8								1.2					
9	X	24.0	11,000	1.4								1.3					
10	X	24.0	10,200	1.5								1.3					
11		24.0	9,750														
12	X	24.0	9,750	1.4								1.1					
13	X	24.0	10,400	1.7								1.3					
14	X	24.0	13,800	1.2								1.0					
15	X	24.0	12,200	1.6								1.3					
16	X	24.0	15,400	1.0								0.8					
17	X	24.0	11,600	1.4													
18		24.0	9,900														
19	X	24.0	9,900	1.9								1.5					
20	X	24.0	13,800	1.2								0.9					
21	X	24.0	10,000	1.1								0.9					
22	X	24.0	9,800	1.3								1.0					
23	X	24.0	7,400	1.4								1.2					
24	X	24.0	10,400	1.5													
25		24.0	11,200														
26	X	24.0	11,200	1.5								1.1					
27	X	24.0	12,500	1.1								0.8					
28	X	24.0	10,600	1.3								1.1					
29	X	24.0	21,100	1.5								1.2					
30		24.0	13,300	1.9								1.7					
31	X	24.0	9,200	1.6													
Total		347,500															
Average		11,210															
Maximum		21,100															

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 61		Total Population Served at End of Month: 153	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift
	Mike Ponticelli	C	8450	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.

3/9/2004 0:00  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Month	Day of the Month	Days Plant Started or Visited by Operator ("X")	Operation in Hours plant	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L	Customer During Before or at First Disinfectant Concentration (C) Measurement (T) at C Point During Peak Flow	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	Lowest UV Dose Concentration at Disinfectant	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		
															Lowest CT Provided	Disinfectant Contact Time	Lowest CT	Before or at First Customer During Peak Flow	
1		X		24.0	10,700	2.2													
2		X		24.0	10,700	2.2													
3		X		24.0	13,800	1.3													
4		X		24.0	13,300	1.5													
5		X		24.0	14,100	1.7													
6				24.0	9,500	1.6													
7				24.0	11,550	1.5													
8		X		24.0	11,550	1.5													
9		X		24.0	12,000	2.2													
10		X		24.0	16,800	1.8													
11		X		24.0	15,900	1.8													
12		X		24.0	15,800	2.2													
13		X		24.0	12,300	2.1													
14		X		24.0	11,900	1.9													
15				24.0	7,800														
16		X		24.0	7,800	2.1													
17		X		24.0	11,400	1.9													
18		X		24.0	17,900	1.8													
19		X		24.0	7,900	1.1													
20		X		24.0	6,800	1.4													
21		X		24.0	9,700	1.6													
22		X		24.0	9,350	2.2													
23		X		24.0	9,350	2.2													
24		X		24.0	11,300	1.2													
25		X		24.0	8,200	1.4													
26		X		24.0	6,400	2.2													
27		X		24.0	9,500	2.0													
28		X		24.0	9,500	1.7													
29				24.0	10,750														
Total				323,550															
Average				11,157															
Maximum				17,900															

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 61		Total Population Served at End of Month: 153	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	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: 93,600				
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:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift
	Adam Michaelson		Trainee	Days 1st Shift

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

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

4/8/2004 0:00	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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)

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

Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at First Customer Measurement Point During Peak Flow, minutes	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, mW-sec/cm	UV Dose, mW-sec/cm	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*	CT Calculations	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
															Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	7,166	1.6		1.6						1.2				
2	X	24.0	12,900	1.5		1.5						1.3				
3	X	24.0	10,000	2.0		2.1						1.7				
4	X	24.0	9,400	2.1		1.7						1.9				
5	X	24.0	7,800	1.7		1.5						1.6				
6	X	24.0	13,300	1.5		1.6						1.2				
7		24.0	9,550													
8	X	24.0	9,550	1.6		1.6						1.4				
9	X	24.0	10,400	1.6		1.5						1.4				
10	X	24.0	6,200	1.5		2.1						1.8				
11	X	24.0	21,700	2.1		0.8						0.4				
12	X	24.0	13,700	0.8		1.2										
13	X	24.0	9,200	1.2		1.2										
14		24.0	9,800													
15	X	24.0	9,800	1.2		1.2						0.9				
16	X	24.0	9,200	0.9		1.0						0.7				
17	X	24.0	8,700	1.0		1.8						1.6				
18	X	24.0	7,200	1.8		1.2						1.0				
19	X	24.0	11,600	1.2		1.4										
20	X	24.0	11,400	1.4		1.3										
21		24.0	11,100													
22	X	24.0	11,100	1.3		1.5						1.0				
23	X	24.0	9,700	1.5		1.2						1.3				
24	X	24.0	12,100	1.2		1.5						0.9				
25	X	24.0	7,200	1.5		1.4						1.2				
26	X	24.0	11,600	1.4		1.3						1.0				
27	X	24.0	7,200	1.3		1.4										
28		24.0	10,900													
29	X	24.0	10,900	1.4		1.1						1.0				
30	X	24.0	8,900	1.1		1.0						0.8				
31		24.0	6,500									0.8				
Total		315,766														
Average		10,186														
Maximum		21,700														

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



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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 59		Total Population Served at End of Month: 148	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift
	Adam Michaelson		Trainee	Days 1st Shift

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

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

5/7/2004 0:00  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24.0	7,600		1.2							1.0	
2	X	24.0	8,400		1.3							1.2	
3	X	24.0	6,600		1.5								
4		24.0	9,650										
5	X	24.0	9,650		1.2							1.0	
6	X	24.0	8,000		1.1							0.9	
7	X	24.0	13,000		1.0							0.7	
8	X	24.0	8,100		1.0							0.7	
9	X	24.0	6,800		1.0							0.8	
10	X	24.0	7,200		1.4								
11		24.0	7,450										
12	X	24.0	7,450		1.0							0.7	
13	X	24.0	5,400		0.9							0.7	
14	X	24.0	12,500		2.0							1.7	
15	X	24.0	17,100		1.8							1.6	
16	X	24.0	21,100		1.7							1.4	
17		24.0	9,900										
18	X	24.0	9,900		1.8								
19	X	24.0	5,400		1.6							1.2	
20	X	24.0	6,200		1.3							1.1	
21	X	24.0	6,800		1.1							0.8	
22	X	24.0	11,100		0.9							0.6	
23	X	24.0	6,000		0.9							0.6	
24	X	24.0	7,100		1.0								
25		24.0	7,400										
26	X	24.0	7,400		1.0							0.7	
27	X	24.0	4,100		1.2							0.8	
28	X	24.0	12,300		0.9							0.6	
29	X	24.0	7,800		1.0							0.8	
30	X	24.0	7,700		1.1							0.8	
<b>Total</b>			265,100										
<b>Average</b>			8,837										
<b>Maximum</b>			21,100										

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 59		Total Population Served at End of Month: 148	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift
<b>Other Operators:</b>	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift
	Adam Michaelson		Trainee	Days 1st Shift

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

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

6/8/2004 0:00	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3350981 | Plant Name: Palms Mobile Home | May, 2004

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

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

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

Days Plant Staffed 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 Measurement	Disinfectant Contact Time Before or at First Customer Measurement	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*	
												UV Dose	CT Calculations
1	X	7,000	24.0	0.9									
2		5,700	24.0										
3	X	5,700	24.0	1.0									
4	X	5,400	24.0	1.4									
5	X	7,500	24.0	1.1									
6	X	4,800	24.0	2.0									
7	X	6,400	24.0	1.2									
8	X	5,800	24.0	1.5									
9		6,650	24.0										
10	X	6,650	24.0	1.2									
11	X	5,500	24.0	1.1									
12	X	13,000	24.0	0.9									
13	X	4,400	24.0	1.1									
14	X	7,500	24.0	1.1									
15	X	5,400	24.0	1.7									
16		7,000	24.0										
17	X	7,000	24.0	1.2									
18	X	5,400	24.0	1.5									
19	X	6,400	24.0	1.2									
20	X	6,200	24.0	1.2									
21	X	5,700	24.0	1.4									
22	X	6,000	24.0	1.4									
23		7,200	24.0										
24	X	7,200	24.0	1.4									
25	X	4,400	24.0	1.1									
26	X	5,700	24.0	1.3									
27	X	6,000	24.0	1.3									
28	X	4,900	24.0	1.1									
29	X	5,800	24.0	1.2									
30		9,050	24.0										
31	X	9,050	24.0	1.0									
<b>Total</b>		<b>200,400</b>											
<b>Average</b>		<b>6,465</b>											
<b>Maximum</b>		<b>13,000</b>											

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

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



See Pages 4 for Instructions.

<b>I. General Information for the Month/Year of:</b>	June, 2004
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**A. Public Water System (PWS) Information**

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 60		Total Population Served at End of Month: 150	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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

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

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

III. Daily Data for the Month/Year of: June, 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 Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time Before or at First Customer Measurement Point During Peak Flow, minutes	Lowest CT During Peak Customer Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	UV Dose	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*		CT Calculations	
													Lowest Residual Disinfectant Concentration at Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Remone Point in Distribution System, mg/L	Lowest UV Dose	UV Dose
1	X	24.0	5,800	0.9	0.9	0.9							0.6			
2	X	24.0	7,200	0.9	0.9	0.9							0.6			
3	X	24.0	5,600	0.9	0.9	0.9							0.5			
4	X	24.0	5,600	0.8	0.8	0.8							0.5			
5	X	24.0	6,000	0.8	0.8	0.8							0.5			
6		24.0	6,800													
7	X	24.0	6,800	0.9	0.9	0.9							0.5			
8	X	24.0	5,100	0.8	0.8	0.8							0.5			
9	X	24.0	7,500	1.2	1.2	1.2							0.9			
10	X	24.0	5,500	1.1	1.1	1.1							0.9			
11	X	24.0	5,100	1.1	1.1	1.1							0.8			
12	X	24.0	6,700	1.3	1.3	1.3										
13		24.0	5,500													
14	X	24.0	5,500	1.2	1.2	1.2							0.8			
15	X	24.0	5,200	0.9	0.9	0.9							0.7			
16	X	24.0	6,200	1.0	1.0	1.0							0.7			
17	X	24.0	7,100	1.5	1.5	1.5							1.2			
18	X	24.0	5,100	1.1	1.1	1.1							0.9			
19	X	24.0	5,800	1.4	1.4	1.4										
20		24.0	11,000													
21	X	24.0	11,000	1.0	1.0	1.0							0.7			
22	X	24.0	12,700	1.6	1.6	1.6							1.3			
23	X	24.0	15,800	1.6	1.6	1.6							1.3			
24	X	24.0	12,100	1.7	1.7	1.7							1.5			
25	X	24.0	13,500	1.7	1.7	1.7							1.4			
26	X	24.0	14,500	1.6	1.6	1.6										
27		24.0	10,000													
28	X	24.0	10,000	1.5	1.5	1.5							1.1			
29	X	24.0	6,600	1.2	1.2	1.2							1.0			
30	X	24.0	6,800	1.4	1.4	1.4							1.1			
Total		238,100														
Average		7,937														
Maximum		15,800														

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
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:	60			Total Population Served at End of Month:	150
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	2315 Griffin Road	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-0980		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980	
Plant Address:	24702 Plumosa Drive	City:	Leesburg	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:	93,600					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
<b>Licensed Operators:</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>		
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift		
<b>Other Operators:</b>	Brian Heath	C	5825	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

**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

Days Plant Started or Visited by Operator (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-minutes	Point During Peak Flow, mg-minutes	Disinfectant (T) at C	Contact Time Before or at Customer	Lowest CT During Peak Flow, mg-minutes	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	UV Dose, mW-sec/cm <sup>2</sup>	Lowest UV Dose Required, mW-sec/cm <sup>2</sup>	Minimum 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	X	24.0	3,800	1.3											1.1	
2	X	24.0	8,100	1.1											0.9	
3		24.0	6,000													
4	X	24.0	6,000	1.1											0.7	
5	X	24.0	6,800	1.0											0.7	
6	X	24.0	8,300	0.9											0.6	
7	X	24.0	7,800	1.2											1.0	
8	X	24.0	7,700	1.5											1.2	
9	X	24.0	5,800	1.6											1.4	
10	X	24.0	5,800	1.6											1.4	
11		24.0	6,200													
12	X	24.0	6,200	1.5											1.2	
13	X	24.0	5,800	1.6											1.4	
14	X	24.0	5,100	1.5											1.1	
15	X	24.0	6,000	1.4											1.2	
16	X	24.0	5,600	1.2											1.0	
17		24.0	5,600													
18		24.0	5,600													
19	X	24.0	5,600	1.0											0.7	
20	X	24.0	7,500	1.2											0.9	
21	X	24.0	4,900	1.5											1.3	
22	X	24.0	7,300	1.3											1.1	
23	X	24.0	6,300	1.6											1.3	
24		24.0	7,000													
25		24.0	7,800													
26	X	24.0	7,800	1.5											1.2	
27	X	24.0	6,400	1.1											0.9	
28	X	24.0	6,900	1.0											0.8	
29	X	24.0	6,100	1.0											0.6	
30	X	24.0	6,600	1.5											0.7	
31	X	24.0	6,100													
Total		198,500														
Average		6,403														
Maximum		8,300														

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



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



See Pages 4 for Instructions.

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

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

PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
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:	59			Total Population Served at End of Month:	148
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:	craig@florida-water.com				

**B. Water Treatment Plant Information**

Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980	
Plant Address:	24702 Plumosa Drive			City:	Leesburg	
		State:	Florida	Zip Code:	34748	
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:	93,600					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>		
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift		
<b>Other Operators:</b>	Brian Heath	C	5825	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

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

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

Signature and Date: 6/8/2004 0:00 Printed or Typed Name: Will Fontaine License Number: C-6813

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

PWS Identificaiton Number: 3350981 Plant Name: Palms Mobile Home

**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

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 Demostaté Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	7,850												
2	X	24.0	7,850		1.0									0.8	
3	X	24.0	5,100		1.0									0.8	
4	X	24.0	5,400		1.2									0.9	
5	X	24.0	5,300		1.1									0.9	
6	X	24.0	6,800		1.0									0.7	
7	X	24.0	4,800		1.3										
8		24.0	4,900												
9	X	24.0	4,900		1.1									0.8	
10	X	24.0	4,700		1.0									0.8	
11	X	24.0	6,800		1.0									0.7	
12	X	24.0	4,300		1.2									0.8	
13	X	24.0	4,500		1.2									0.9	
14	X	24.0	3,800		0.9									0.6	
15		24.0	5,650												
16	X	24.0	5,650		0.8									0.6	
17	X	24.0	5,000		1.2									1.0	
18	X	24.0	3,400		1.0									0.8	
19	X	24.0	4,400		0.8									0.6	
20	X	24.0	5,200		0.8									0.6	
21	X	24.0	4,200		0.9									0.6	
22		24.0	4,450												
23	X	24.0	4,450		1.0									0.7	
24	X	24.0	11,700		1.1									0.8	
25	X	24.0	10,400		1.4									0.7	
26	X	24.0	5,400		1.2									1.0	
27	X	24.0	23,200		0.8									0.5	
28	X	24.0	17,300		1.0										
29		24.0	6,750												
30	X	24.0	6,750		1.3									1.0	
31	X	24.0	14,100		0.8									0.6	
<b>Total</b>			215,000												
<b>Average</b>			6,935												
<b>Maximum</b>			23,200												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 59		Total Population Served at End of Month: 148	
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: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Brian Heath	C	5825	Days 1st Shift
	John Worrell	C	6597	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.

6/8/2004 0:00	Will Fontaine	C-6813
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3350981 | Plant Name: Palms Mobile Home

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	Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) at C	Measurement (T) at C	Customer Before or at First Disinfectant Provided	Lowest CT	Temp of Water, °C	pH of Water, if Applicable	Minimum CT	Operating UV Dose, mW-sec/cm <sup>2</sup>	Required UV Dose, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*		CT Calculations	
																UV Dose	UV Dose	Peak Flow, mg/L	Peak Flow, minutes
1	X		24.0	10,200				1.2											
2	X		24.0	7,400				1.3											
3	X		24.0	5,200				1.3											
4	X		24.0	6,900				1.2											
5			24.0	5,550															
6	X		24.0	5,550				1.0											
7	X		24.0	10,200				1.5											
8	X		24.0	6,300				1.5											
9	X		24.0	5,100				1.3											
10	X		24.0	6,800				1.3											
11	X		24.0	6,900				1.6											
12			24.0	6,250															
13	X		24.0	6,250				1.2											
14	X		24.0	6,800				1.4											
15	X		24.0	8,200				1.5											
16	X		24.0	6,600				1.6											
17	X		24.0	6,500				1.5											
18	X		24.0	6,500				1.6											
19			24.0	6,400															
20	X		24.0	6,400				1.5											
21	X		24.0	6,200				1.3											
22	X		24.0	8,500				1.0											
23	X		24.0	7,600				1.2											
24	X		24.0	4,500				1.3											
25	X		24.0	6,000				1.2											
26			24.0	4,050															
27	X		24.0	4,050				0.6											
28	X		24.0	6,400				1.4											
29	X		24.0	8,800				1.8											
30	X		24.0	6,600				2.2											
31			24.0																
			Total	198,700															
			Average	6,410															
			Maximum	10,200															

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











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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 59		Total Population Served at End of Month: 148	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: P.O. Box 609520		City: Leesburg	State: Florida
		Zip Code: 34748	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980	
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida
		Zip Code: 34748	
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: 93,600			
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:	Will Fontaine	C	6813
Other Operators:	Marty Neal	C	10027
	John Worrell	C	6597

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number



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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 59		Total Population Served at End of Month: 148	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number



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



See Pages 4 for Instructions.

<b>I. General Information for the Month/Year of:</b>	February, 2005
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**A. Public Water System (PWS) Information**

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 62		Total Population Served at End of Month: 124	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

Ultraviolet Radiation  Other (Describe):

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

Days Plant Staffed or Visited by Operator (Place "X")	Days of Operation in Hours plant	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) at C Measurement Point During Peak Flow, minutes.	Lowest CT 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.	Minimum UV Dose Required, mW-sec/cm.	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	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	UV Dose
1	X	24.0	10,100	1.8									1.5		
2	X	24.0	14,500	1.3									1.2		
3	X	24.0	9,100	1.2									0.9		
4	X	24.0	12,600	1.0									0.9		
5	X	24.0	8,500	1.5											
6		24.0	12,500												
7	X	24.0	12,500	1.6									1.3		
8	X	24.0	9,600	1.0									0.8		
9	X	24.0	9,500	1.2									0.8		
10	X	24.0	13,300	1.0									0.9		
11	X	24.0	8,400	1.1									0.9		
12	X	24.0	8,400	1.3											
13		24.0	14,000												
14	X	24.0	14,000	0.7									0.6		
15	X	24.0	10,200	1.3									1.0		
16	X	24.0	9,700	2.2									1.8		
17	X	24.0	11,500	3.0									2.0		
18	X	24.0	13,000	2.2									2.2		
19	X	24.0	8,200	2.2											
20		24.0	14,000												
21	X	24.0	14,000	2.1									1.8		
22	X	24.0	6,000	0.8									0.5		
23	X	24.0	7,900	0.9									0.6		
24	X	24.0	7,500	0.8									0.6		
25	X	24.0	10,700	1.4									1.0		
26	X	24.0	7,300	1.6											
27		24.0	12,050												
28	X	24.0	12,050	1.9									1.6		
29		24.0													
30		24.0													
31		24.0													
Total		301,100													
Average		9,713													
Maximum		14,500													

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

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



See Pages 4 for Instructions.

<b>I. General Information for the Month/Year of:</b>	March, 2005
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**A. Public Water System (PWS) Information**

PWS Name:	Palms Mobile Home	PWS Identification Number:	3350981
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:	62	Total Population Served at End of Month:	124
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Palms Mobile Home	Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive	City:	Leesburg
		State:	Florida
		Zip Code:	34748
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:	93,600		
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:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

<b>II Certification by Lead/Chief Operator</b>
--

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home	PWS Identification Number: 3350981
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: 62	Total Population Served at End of Month: 124
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>	

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home	Plant Telephone Number: 352-787-0980
Plant Address: 24702 Plumosa Drive	City: Leesburg State: Florida Zip Code: 34748
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: 93,600	
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:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	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	<u>Will Fontaine</u> Printed or Typed Name	<u>C-6813</u> License Number
--------------------	---	---------------------------------

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Days Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow.	Disinfectant Contact Time (T) at C Before or at First Customer Measurement Point During Peak Flow.	Lowest CT	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	UV Dose, mW·sec/cm <sup>2</sup>	UV Dose Required, mW·sec/cm <sup>2</sup>	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*		Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
													UV Dose	UV Dose	
1	X	24.0	12,400	1.1	1.1							1.0			
2	X	24.0	6,700	1.4											
3		24.0	11,750												
4	X	24.0	11,750	1.6											
5	X	24.0	10,600	1.5											
6	X	24.0	10,300	1.3											
7	X	24.0	6,200	1.7											
8	X	24.0	11,800	1.3											
9	X	24.0	7,500	1.7											
10		24.0	11,600												
11	X	24.0	11,600	1.8											
12	X	24.0	9,500	1.3											
13	X	24.0	9,100	1.6											
14	X	24.0	9,900	1.7											
15	X	24.0	12,200	1.1											
16	X	24.0	5,900	1.5											
17		24.0	11,000												
18	X	24.0	11,000	1.6											
19	X	24.0	9,200	1.6											
20	X	24.0	12,800	1.1											
21	X	24.0	11,400	1.5											
22	X	24.0	8,500	1.0											
23	X	24.0	7,800	1.5											
24		24.0	9,650												
25	X	24.0	9,650	1.2											
26	X	24.0	9,500	0.9											
27	X	24.0	7,400	1.0											
28	X	24.0	9,500	1.3											
29	X	24.0	5,100	1.2											1.0
30	X	24.0	7,800	1.6											
31		24.0													
Total		289,100													
Average		9,326													
Maximum		12,800													

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 62		Total Population Served at End of Month: 124	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980		
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida	
		Zip Code: 34748		
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: 93,600				
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:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

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

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow, Rate, gpd.	Lowest Residual Disinfectant Concentration (C) - Disinfectant Before or at First Customer Measurement	Disinfectant Contact Time (T) at C	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 <sup>2</sup>	UV Dose Required, mW-sec/cm <sup>2</sup>	System, mg/L. Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation

Day of the Month	Peak Flow, Rate, gpd.	Lowest Residual Disinfectant Concentration (C) - Disinfectant Before or at First Customer Measurement	Disinfectant Contact Time (T) at C	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 <sup>2</sup>	UV Dose Required, mW-sec/cm <sup>2</sup>	System, mg/L. Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
1	X	24.0	9,500	1.8								
2	X	24.0	9,500	1.8								
3	X	24.0	7,100	1.5							1.3	
4	X	24.0	9,900	0.9							0.8	
5	X	24.0	5,200	1.0							0.7	
6	X	24.0	8,600	1.1							0.7	
7	X	24.0	5,100	1.1								
8		24.0	8,450									
9	X	24.0	8,450	1.3							1.0	
10	X	24.0	9,300	0.8							0.7	
11	X	24.0	5,200	1.4							1.0	
12	X	24.0	9,200	1.3							1.0	
13	X	24.0	6,000	1.2							1.0	
14	X	24.0	8,100	1.5								
15		24.0	9,750									
16	X	24.0	9,750	1.5							1.1	
17	X	24.0	8,900	1.0							0.9	
18	X	24.0	5,200	1.1							0.9	
19	X	24.0	9,900	0.8							0.7	
20	X	24.0	7,000	1.3							1.0	
21	X	24.0	6,400	1.1								
22		24.0	8,800									
23	X	24.0	8,800	1.0							0.8	
24	X	24.0	6,400	0.8							0.6	
25	X	24.0	5,800	1.2							0.9	
26	X	24.0	9,500	1.4							1.0	
27	X	24.0	5,700	1.5							1.2	
28	X	24.0	8,200	1.7								
29		24.0	8,600									
30	X	24.0	8,600	1.5							1.3	
31	X	24.0	12,000	1.1							1.0	
Total		248,900										
Average		8,029										
Maximum		12,000										

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
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:	62			Total Population Served at End of Month:	124
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
				Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive	City:	Leesburg	State:	Florida
				Zip Code:	34748
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:	93,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift	
<b>Other Operators:</b>	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number

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

PWS Identification Number: 3350981 | Plant Name: Palms Mobile Home | June, 2005

**III. Daily Data for the Month/year of:**

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

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

Days Plant Staffed or Visited by Operator	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 (T) at C Measurement Point During Peak Flow, mg/L	Lowest CT Before or at Customer First Disinfectant Provided	CT Calculations				Temp of Water, °C if Applicable	Minimum CT Required, mg/L	Lowest UV Dose Operating, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
							UV Dose									
1	X	24.0	6,300	0.8											0.6	
2	X	24.0	6,800	0.9											0.6	
3	X	24.0	6,300	0.9											0.6	
4	X	24.0	5,400	1.1												
5		24.0	8,200													
6	X	24.0	8,200	1.2											0.8	
7	X	24.0	8,100	0.7											0.6	
8	X	24.0	7,500	1.4											1.0	
9	X	24.0	8,200	1.6											0.8	
10	X	24.0	10,200	1.4											0.9	
11	X	24.0	8,800	1.5												
12		24.0	10,800													
13	X	24.0	10,800	1.6											1.0	
14	X	24.0	9,400	1.4											1.0	
15	X	24.0	9,600	1.2											0.7	
16	X	24.0	10,500	1.2											0.9	
17	X	24.0	10,300	1.2											1.0	
18	X	24.0	7,000	1.2												
19		24.0	9,000													
20	X	24.0	9,000	1.3											1.2	
21	X	24.0	12,400	1.4											1.1	
22	X	24.0	7,700	1.1											0.9	
23	X	24.0	11,200	1.0											0.7	
24	X	24.0	7,300	1.0											0.6	
25	X	24.0	8,200	1.2												
26		24.0	11,050													
27	X	24.0	11,050	1.2											0.8	
28	X	24.0	10,900	0.9											0.7	
29	X	24.0	8,800	0.9											0.6	
30	X	24.0	8,900	1.0											0.6	
31		24.0														
Total			267,900													
Average			8,642													
Maximum			12,400													

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 62		Total Population Served at End of Month: 124	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980	
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34748	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 93,600			
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:	Will Fontaine	C	6813
Other Operators:	Marty Neal	C	10027
	John Worrell	C	6597

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number

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

PWS Identification Number: 3350981 | Plant Name: Palms Mobile Home

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

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

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

Day of the Month	Days Plant Visited or Staffed by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Peak Flow, mg/L	Before or at First Customer Measurement (C) at C	Lowest Residual Disinfectant Provided Before or at First Customer Measurement (T) at C	Point During Peak Flow, mg-minutes	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm <sup>2</sup>	Lowest UV Dose Required, mW-sec/cm <sup>2</sup>	Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*		CT Calculations				
																UV Dose	UV Dose	UV Dose	UV Dose			
1	X		24.0	8,500	1.0																	
2	X		24.0	8,500	1.0																	
3	X		24.0	8,500	1.3																	
4	X		24.0	9,700	1.2																	
5	X		24.0	12,000	1.4																	
6	X		24.0	10,800	1.1																	
7	X		24.0	9,700	1.3																	
8	X		24.0	8,400	1.5																	
9	X		24.0	7,100	2.2																	
10			24.0	12,300	1.5																	
11	X		24.0	12,300	1.5																	
12	X		24.0	8,900	1.4																	
13	X		24.0	9,000	1.1																	
14	X		24.0	5,800	1.3																	
15	X		24.0	11,900	1.3																	
16	X		24.0	6,400	1.3																	
17			24.0	10,950	1.4																	
18	X		24.0	10,950	1.4																	
19	X		24.0	11,100	1.0																	
20	X		24.0	9,300	1.1																	
21	X		24.0	9,200	1.0																	
22	X		24.0	5,700	1.5																	
23	X		24.0	8,900	1.0																	
24	X		24.0	11,100	1.2																	
25	X		24.0	11,100	1.2																	
26	X		24.0	11,600	0.9																	
27	X		24.0	8,800	0.9																	
28	X		24.0	10,100	0.9																	
29	X		24.0	8,900	0.8																	
30	X		24.0	8,100	1.2																	
31			24.0	8,700																		
Total			294,300																			
Average			9,494																			
Maximum			12,300																			

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



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



See Pages 4 for Instructions.

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

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

PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
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:	62			Total Population Served at End of Month:	124
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
				Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive			City:	Leesburg
				State:	Florida
				Zip Code:	34748
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:	93,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				D	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>	
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift	
<b>Other Operators:</b>	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	12,100		1.3										0.8	
2	X	24.0	9,900		0.8										0.7	
3	X	24.0	6,900		1.0										0.7	
4	X	24.0	8,800		1.4										0.8	
5	X	24.0	10,300		1.2										0.9	
6	X	24.0	6,700		1.2											
7		24.0	8,600													
8	X	24.0	11,700		0.9										0.7	
9	X	24.0	10,800		0.6										0.5	
10	X	24.0	6,300		0.6										0.4	
11	X	24.0	9,900		2.2										0.6	
12	X	24.0	9,600		1.4										1.0	
13	X	24.0	8,300		1.3											
14		24.0	9,300													
15	X	24.0	11,600		1.4										1.1	
16	X	24.0	6,100		1.3										1.0	
17	X	24.0	9,000		1.1										0.9	
18	X	24.0	7,900		0.9										0.8	
19	X	24.0	10,400		0.9										0.9	
20	X	24.0	6,800		1.3											
21		24.0	8,600													
22	X	24.0	8,600		1.3										1.1	
23	X	24.0	12,000		1.5										1.2	
24	X	24.0	9,800		0.9										0.7	
25	X	24.0	8,800		0.9										0.6	
26	X	24.0	8,800		0.8										0.6	
27	X	24.0	6,000		1.0											
28		24.0	9,200													
29	X	24.0	9,300		1.2										1.0	
30	X	24.0	11,000		1.4										1.1	
31	X	24.0	10,200		1.0										0.9	
<b>Total</b>			283,300													
<b>Average</b>			9,139													
<b>Maximum</b>			12,100													

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 62		Total Population Served at End of Month: 124	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquamerica.com">beheath@aquamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980	
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida
		Zip Code: 34748	
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: 93,600			
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:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Provided Before or at First Customer Measurement (T) at C	Lowest CT	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm <sup>2</sup>	Lowest UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose, mW-sec/cm <sup>2</sup>	Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*	
														UV Dose	UV Dose
1	X	24.0	8,000	1.1	1.1	1.1							0.9		
2	X	24.0	9,400	1.0	1.0	1.0							0.9		
3	X	24.0	6,800	1.2	1.2	1.2									
4		24.0	9,500												
5	X	24.0	9,500	1.4	1.4	1.4									
6	X	24.0	12,800	1.5	1.5	1.5									
7	X	24.0	8,400	1.0	1.0	1.0									
8	X	24.0	8,300	1.0	1.0	1.0									
9	X	24.0	11,200	0.9	0.9	0.9									
10	X	24.0	7,700	1.0	1.0	1.0									
11		24.0	9,000												
12	X	24.0	9,000	1.1	1.1	1.1									
13	X	24.0	9,300	1.3	1.3	1.3									
14	X	24.0	9,100	1.5	1.5	1.5									
15	X	24.0	10,500	1.5	1.5	1.5									
16	X	24.0	8,600	1.6	1.6	1.6									
17	X	24.0	7,400	1.6	1.6	1.6									
18		24.0	10,300												
19	X	24.0	10,300	2.2	2.2	2.2									
20	X	24.0	13,900	2.2	2.2	2.2									
21	X	24.0	8,800	1.7	1.7	1.7									
22	X	24.0	10,000	1.7	1.7	1.7									
23	X	24.0	8,000	1.9	1.9	1.9									
24	X	24.0	9,200	1.5	1.5	1.5									
25		24.0	12,500												
26	X	24.0	12,500	1.7	1.7	1.7									
27	X	24.0	13,600	1.7	1.7	1.7									
28	X	24.0	8,600	1.7	1.7	1.7									
29	X	24.0	9,400	1.6	1.6	1.6									
30	X	24.0	7,500	1.6	1.6	1.6									
31		24.0													
Total			289,100												
Average			9,326												
Maximum			13,900												

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

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



See Pages 4 for Instructions.

<b>I. General Information for the Month/Year of:</b>	October, 2005
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**A. Public Water System (PWS) Information**

PWS Name: Palms Mobile Home	PWS Identification Number: 3350981		
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: 62	Total Population Served at End of Month: 124		
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home	Plant Telephone Number: 352-787-0980			
Plant Address: 24702 Plumosa Drive	City: Leesburg	State: Florida	Zip Code: 34748	
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: 93,600				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift
<b>Other Operators:</b>	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

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

PWS Identificaiton Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	7,900		1.7										
2		24.0	11,500												
3	X	24.0	11,500		1.8								1.3		
4	X	24.0	9,300		1.8								1.2		
5	X	24.0	10,300		3.5								3.5		
6	X	24.0	11,200		2.3								1.9		
7	X	24.0	9,200		1.6								1.4		
8	X	24.0	7,500		1.5										
9		24.0	11,650												
10	X	24.0	11,650		1.9								1.4		
11	X	24.0	10,600		0.8								0.5		
12	X	24.0	10,000		0.7								0.4		
13	X	24.0	8,900		1.1								0.7		
14	X	24.0	10,100		1.0								0.7		
15	X	24.0	8,400		1.3										
16		24.0	13,400												
17	X	24.0	13,400		1.4								1.0		
18	X	24.0	11,300		2.5								2.2		
19	X	24.0	11,000		1.1								1.0		
20	X	24.0	9,300		1.1								0.8		
21	X	24.0	9,300		1.3								0.9		
22		24.0	8,350												
23	X	24.0	8,350		1.3										
24	X	24.0	9,000		1.3								0.9		
25	X	24.0	15,000		1.5								1.0		
26	X	24.0	11,000		1.4								1.0		
27	X	24.0	7,600		1.5								1.0		
28	X	24.0	9,400		1.5								1.1		
29	X	24.0	7,000		1.5										
30		24.0	11,000												
31	X	24.0	11,000		1.5								1.1		
<b>Total</b>			315,100												
<b>Average</b>			10,165												
<b>Maximum</b>			15,000												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Palms Mobile Home		PWS Identification Number: 3350981	
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: 62		Total Population Served at End of Month: 124	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida    Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: Palms Mobile Home		Plant Telephone Number: 352-787-0980	
Plant Address: 24702 Plumosa Drive		City: Leesburg	State: Florida    Zip Code: 34748
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: 93,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			
Licensed Operators	Name	License Class	License Number    Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813    Days 1st Shift
Other Operators:	Marty Neal	C	10027    Days 1st Shift
	John Worrell	C	6597    Days 1st Shift

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
\_\_\_\_\_  
Printed or Typed Name

C-6813  
\_\_\_\_\_  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	9,400		1.5										1.1	
2	X	24.0	8,900		1.5										1.1	
3	X	24.0	16,200		1.5										1.0	
4	X	24.0	8,900		1.2										0.9	
5	X	24.0	7,400		1.0											
6		24.0	10,700													
7	X	24.0	10,700		1.0										0.7	
8	X	24.0	13,800		1.8										1.4	
9	X	24.0	11,900		1.5										1.3	
10	X	24.0	8,900		1.2										1.0	
11	X	24.0	11,200		1.2										0.9	
12	X	24.0	6,800		1.4										1.0	
13		24.0	12,550													
14	X	24.0	12,550		1.4										1.1	
15	X	24.0	10,300		1.2										1.0	
16	X	24.0	12,800		1.2										0.9	
17	X	24.0	16,000		1.1										0.9	
18	X	24.0	10,400		1.1										0.9	
19	X	24.0	10,200		1.1											
20		24.0	13,100													
21	X	24.0	13,100		1.2										0.9	
22	X	24.0	11,600		1.3										1.0	
23	X	24.0	9,300		1.4										1.2	
24	X	24.0	8,900		1.6										1.2	
25	X	24.0	11,700		1.6										1.3	
26	X	24.0	10,000		1.8											
27		24.0	12,900													
28	X	24.0	12,900		1.6										1.4	
29	X	24.0	22,700		1.6										1.3	
30	X	24.0	11,300		1.6										1.3	
31		24.0														
Total			347,100													
Average			11,197													
Maximum			22,700													

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



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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

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

PWS Name:	Palms Mobile Home			PWS Identification Number:	3350981
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:	62			Total Population Served at End of Month:	124
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Palms Mobile Home			Plant Telephone Number:	352-787-0980
Plant Address:	24702 Plumosa Drive			City:	Leesburg
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:	93,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
		D			
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>	
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	Days 1st Shift	
<b>Other Operators:</b>	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	

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

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

\_\_\_\_\_  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350981 Plant Name: Palms Mobile Home

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	11,100		1.6									1.1	
2	X	24.0	11,200		1.5									1.1	
3	X	24.0	7,600		1.5										
4		24.0	11,000												
5	X	24.0	11,000		1.5									1.1	
6	X	24.0	10,200		1.5									1.2	
7	X	24.0	13,000		1.5									1.2	
8	X	24.0	12,000		1.3									1.1	
9	X	24.0	10,200		1.3									1.1	
10	X	24.0	11,200		1.4										
11		24.0	11,500												
12	X	24.0	11,500		1.4									1.0	
13	X	24.0	10,200		1.5									1.2	
14	X	24.0	12,000		2.0									1.6	
15	X	24.0	17,500		1.6									1.4	
16	X	24.0	14,000		1.5									1.3	
17	X	24.0	11,000		1.7										
18		24.0	12,550												
19	X	24.0	12,550		1.6									1.2	
20	X	24.0	15,700		1.7									1.2	
21	X	24.0	15,200		1.6									1.3	
22	X	24.0	13,900		1.5									1.2	
23	X	24.0	16,500		1.5									1.3	
24	X	24.0	9,400		1.5										
25		24.0	14,900												
26	X	24.0	14,900		1.5									1.2	
27	X	24.0	16,300		1.7									1.5	
28	X	24.0	21,100		1.6									1.4	
29	X	24.0	12,600		1.8									1.5	
30	X	24.0	14,100		1.5									1.3	
31	X	24.0	12,500		1.7										
<b>Total</b>			398,400												
<b>Average</b>			12,852												
<b>Maximum</b>			21,100												

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