

Ravenswood

Docket No. 060368-WS	
	CMP
Application to Increase Rates and Charges For a "Class A" Utility	COM
In	CTR
Florida	ECR 1
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VOLUME 6	OPC
Book 7	RCA
	SCR
Set 39 of 57	SGA
Containing	SEC
Additional Engineering Requirements	OTH

Monthly Operating Reports

Aqua Utilities Florida, Inc.

0000MENT NUMBER DATE
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FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Ravenswood

	Tab Number	Page Number
Year: 2004	4	•
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February	2	5
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Year: 2005		
January	1	27
February	2	29
March	3	31
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June	6	37
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August	8	42
September	9	44
October	10	46
November	11	48
December	12	50



See page 4 for instructions

I. General Information	for the Month Year of: January-04										
A. Public Water System	n (PWS) Information										
PWS Name:	Ravenswood		PWS Identific	cation Number:	3351062						
PWS Type:	X Community Non-Transient Non-Co	mmunity	Transient Non-Commur	nity	Consecutive						
	nnections at End of Month: 41		Total Population Served a	t End of Month:	144						
PWS Owner:	AquaSource Utility, Inc.										
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flori							
Contact Person's Mailir			City: Ocala	State: FL	Zip Code: 34470						
Contact Person's Teleph			Contact Person Person's F	ax Number:	(352) 732-3213						
Contact Person's E-Ma		<u>n</u>									
B. Water Treatment Pla	nt Information										
Plant Name:	Ravenswood		Plant Telepho	one Number:	(352) 369-4881						
	US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748						
Type of Water Treated		Purchased Finished Wa	ater								
	bay Operating Capacity of Plant, gallons per day:										
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):											
Licensed Operators	Name	License Class	License Number	er Day(s)/Shift(s) Worked							
Lead/Chief Operator:	Mark March	C	8287	3	Days per week						
Other Operators:	Tom Felton	3	Days per week								
				3	Days per week						
<u> </u>		<u> </u>		<u> </u>							
II. Certification by Leac	LiChief On and an										
II. Certification by Lead	Chief Operator		· · · · · · · · · · · · · · · · · · ·								
I, the undersigned water	treatment plant operator licensed in Florida, am the lea	d/chief operator of the	ne water treatment plant i	dentified in Part I of	f this report. I certify that the						
information provided in	this report is true and accurate to the best of my knowle	edge. I certify that a	ll drinking water treatmer	nt chemicals used at	thisplant conform to NSF						
International Standard 6	or other applicable standards referenced in subsection	62-555.320(3), F.A	.C. I also certify that the	following additiona	l operations records for this						
	day that a licensed operator staffed or visited this plan										
	le, appropriate treatment process performance records.	_	` ,								
	ogether with copies of this report, at a convenient location	_	-	iai operations record							
owner can retain them, to	ogether with copies of this report, at a convenient locati	ion for at least ten ye	ais.								
	Mark March			C8287							
Signature and Date	Printed or Typed Nar	me		License Number							
5	Times of Typod Pal										

Page 1

DEP Form 62-555 900(3)Alternate

PWS Io	lentificat	ion Numbe	r:	3351062		Plant Name:	Ravenswo	od						
III. Dai	ly Data f	or the Mon	th/Year of		January-04									
			og Virus Inacti	viation/Rem			Free (Chlorine	2	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			لــا			Г ,		(· · · · · · · · · · · · · · ·
			ual Maintained i	n Distributio		·			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if App				
	Days					CT Calcu			170	Bear Say	UV	Dose		
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	Staffed			v	Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or		ing no lugar activiti Ingligar de Bodol (Sir				Disinfectant	
	Visited		33.0	4.7	Concentration	(T) at C	at First		i di jari		Lowest	Minimum	Concentration	
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
the	(Place	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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Maximum

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



See page 4 for instructions

I. General Information	for the Month/Year of: February-	04					
A. Public Water System	(PWS) Information						
PWS Name:	Ravenswood		PWS Identific	cation Number:	3351062		
	X Community Non-Transient 1	Non-Community	Transient Non-Community Consecutive				
	nections at End of Month: 41		Total Population Served a	t End of Month:	144		
	AquaSource Utility, Inc.						
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flori	ida		
Contact Person's Mailir			City: Ocala	State: FL	Zip Code: 34470		
Contact Person's Telepl			Contact Person Person's F	ax Number:	(352) 732-3213		
Contact Person's E-Mai		ater.com					
B. Water Treatment Pla	nt Information						
	Ravenswood		Plant Telepho	one Number:	(352) 369-4881		
	US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748		
Type of Water Treated		Purchased Finished Wa	ater				
	ay Operating Capacity of Plant, gallons per day:						
	osection 62-699.310(4), F.A.C.):		Plant Class (per subsection				
Licensed Operators	Name	License Class	License Number	(s)/Shift(s) Worked			
Lead/Chief Operator:	Mark March	С	8287	3	Days per week		
Other Operators:	Tom Felton	C	2241	3	Days per week		
\$ 5.5 \$ 1.7 \$ 1.				3	Days per week		
II. Certification by Lead	Chief Onergtor						
			···				
I, the undersigned water	treatment plant operator licensed in Florida, am	the lead/chief operator of the	ne water treatment plant i	dentified in Part I of	f this report. I certify that the		
information provided in	this report is true and accurate to the best of my	knowledge. I certify that al	ll drinking water treatmer	nt chemicals used at	thisplant conform to NSF		
International Standard 60	or other applicable standards referenced in sub	section 62-555.320(3), F.A	.C. I also certify that the	following additiona	l operations records for this		
	day that a licensed operator staffed or visited th			***	•		
	le, appropriate treatment process performance re						
	ogether with copies of this report, at a convenien			iai operations record	is to the I was owner so the I was		
owner can retain them, to	ogether with copies of this report, at a convenien	it location for at least len ye	ais.				
	Mark March			C8287			
Signature and Date	Printed or Ty	ned Name		License Number			
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Emergency or Abnormal Operating Conditions,	ni moq	Reduired,	UV Dose,	CT	lo Hq	Io	gnimO	gnimG mio9	First Customer	•	bonzinished	smoH	Operator	Day of
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Combined Chlorine (Chloramines)	L		obivoi	G **:-*14J		:[4	J 5043	1						
									February-04) 7 csr. of.	or the Mont	1 mm(L z	H _G C III
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* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions I. General Information for the Month Year of: March-04 A. Public Water System (PWS) Information 3351062 PWS Identification Number: PWS Name: Ravenswood PWS Type: Transient Non-Community Consecutive X Community Non-Transient Non-Community 144 Number of Service Connections at End of Month: Total Population Served at End of Month: 41 PWS Owner: AquaSource Utility, Inc. Contact Person's Title: Area Manager - Florida Contact Person: Michael Fitzgerald Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470 (352) 732-3213 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: Plant Telephone Number: (352) 369-4881 Ravenswood Zip Code: 34748 Plant Address: US Hwy 27 City: Leesburg State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked Licensed Operators License Class License Number Name 3 Days per week Lead/Chief Operator: Mark March C 8287 3 Days per week 2241 Other Operators: Tom Felton C II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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

Mark MarchC8287Signature and DatePrinted or Typed NameLicense Number

rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, 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.

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



See page 4 for instructions

I. General Information	for the Month/Year of: April-04			
A. Public Water System	n (PWS) Information			
PWS Name:	Ravenswood		PWS Identifi	cation Number: 3351062
	X Community Non-Transient Non-Com	munity	Transient Non-Commun	
Number of Service Cor	nnections at End of Month: 41		Total Population Served a	t End of Month: 144
PWS Owner:	AquaSource Utility, Inc.			
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir			City: Ocala	State: FL Zip Code: 34470
Contact Person's Telepl			Contact Person Person's F	ax Number: (352) 732-3213
Contact Person's E-Mai				
B. Water Treatment Pla	nt Information			
Plant Name:	Ravenswood		Plant Telepho	one Number: (352) 369-4881
	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated		rchased Finished Wa		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:			
Plant Category (per sul	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsectio	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	3 Days per week
Other Operators:	Tom Felton	С	2241	3 Days per week
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II. Conditional and the I	1.01: 00			
II. Certification by Lead	Chief Operator			
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	ne water treatment plant i	dentified in Part I of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	l drinking water treatmer	at chemicals used at thisplant conform to NSF
	0 or other applicable standards referenced in subsection 6			
	day that a licensed operator staffed or visited this plant			
	le, appropriate treatment process performance records. F			
	ogether with copies of this report, at a convenient location			ar operations records to the 1 w3 owner so the 1 w3
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.	
	Mark March			C8287
Signature and Date	Printed or Typed Name	2		License Number
	- Time of Types Halli	-		mreene i

Page 1

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Repair or Maintenance Work that Involves Taking	noitudintsiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	mi trasl9	(Place	ath
Emergency or Abnormal Operating Conditions,	ni mioq	Rednited,	UV Dose,	CI.	Jo Hq	JO.	Burnd	Point During	First Customer		bodzinia lo	Hours	Operator	Day of
【1779年 17日 アフェルス 日本会社会社 化水水 (日本資本) 経験者 すれた さいだく たいだい だいだい	at Remote	UV Dose	Operating	muminiM		Temp	Customer	Measurement	(C) Before or at	2.1	Net Quanity		ρλ	
The state of the s	Concentration	muminiM	Lowest) - Ç.	terial te	Om(T)	Сопсепизиоп				bətisiV	
	Disinfectant						Defore or	Contact Time	Disinfectant				10	
	Residual						- bobivor4	Disinfectant	Lowest Residual				Staffed	
	Lowest						Lowest CT						Plant	
		əsoc	ገ ለበ					CT Calcul					Days	
			cable*	lqqA li ,noin	Virus Inactiv	go.l-mo	emonstrate I	or UV Dose, to I	CT Calculations,					
amines) Chlorine Dioxide	rlorine (Chlora	D bənidm	0Э	ərine	Free Chl				n System:	oitudinteiQ n	i bənisintained i	ctant Residu	olnisin le	Type of
								:(;	Other (Describe			r Radiation	Mraviole	1
Combined Chlorine (Chloramines)) suoz	οП	poxide	Chlorine D	- :	hlorine	Free C		* :lsv	viation/Remo	ritog Virus Inactiv			
							L	, .	≯0-linqA		th/Year of:			
											70			
						po	Kavenswo	Plant Name:		3321062	1.1	ion Number	entificat	PLSMal

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



See page 4 for instructions

I. General Information f	for the Month Year of: May-04										
A. Public Water System	(PWS) Information										
PWS Name:	Ravenswood		PWS Identifi	cation Number: 3351062							
	X Community Non-Transient Non-Com	nmunity	Transient Non-Commun								
	nections at End of Month: 41		Total Population Served a	t End of Month: 144							
	AquaSource Utility, Inc.										
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida							
Contact Person's Mailir			City: Ocala	State: FL Zip Code: 34470							
Contact Person's Teleph			Contact Person Person's F	ax Number: (352) 732-3213							
Contact Person's E-Mai		1									
B. Water Treatment Pla	nt Information										
Plant Name: Ravenswood Plant Telephone Number: (352) 369-4881											
	US Hwy 27	City: Leesburg	State: FL Zip Code: 34748								
Type of Water Treated		urchased Finished W	ater								
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:										
	osection 62-699.310(4), F.A.C.):		Plant Class (per subsection								
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked							
Lead/Chief Operator:	Mark March	C	8287	3 Days per week							
Other Operators:	Tom Felton	C	2241	3 Days per week							
			1								
II. Certification by Lead	ChiefOnounter										
ii. Certification by Lead	Chief Operator										
I, the undersigned water	treatment plant operator licensed in Florida, am the lead.	chief operator of the	he water treatment plant i	dentified in Part I of this report. I certify that the							
information provided in	this report is true and accurate to the best of my knowled	lge. I certify that a	ll drinking water treatmer	nt chemicals used at thisplant conform to NSF							
	or other applicable standards referenced in subsection (
	day that a licensed operator staffed or visited this plant			•							
	le, appropriate treatment process performance records. I	•									
· ·	ogether with copies of this report, at a convenient location		•	an operations records to the 1 Wo owner so the 1 Wo							
o mier van retain mem, te	ogether with copies of this report, at a convenient location	in for at least ten ye									
	Mark March			C8287							
Signature and Date	Printed or Typed Nam	e		License Number							

PWS Identification Number: MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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	9.0				-						000,25	24 hrs	X	97
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Repair or Maintenance Work that Involves Taking	noindinziQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni mslq	(Place	ətp
Emergency or Abnormal Operating Conditions;	ni mioq	Required,	UV Dose,	ျ	lo Hq.	ìo	Buring	gnind miod	First Customer		benzini To	Rours		Day of
	at Remote	UV Dose	Operating	muminiM	Ale selection	Temp	Customer	Measurement	(C) Before or at		Net Quanity		l by	
그 그 사람 경험이 보고 맛있었다. 이 가능과 생활이다. 그	Concentration	muminiM	Lowest				at First	Om (T)	Concentration	*			Visited	
	Disinfectant						Before or	Contact Time	Disinfectant	1, 1			.10	
	Residual						Provided	Disinfectant	Lowest Residual				Staffed	
그는 그 생생님들이 얼마를 가지 않는데 그리다.	Fowest	1 1 1 1	1000				Lowest CT		(4)				Plant	
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									May-04		h Year of:	or the Moni	ते होहति य	III. Dai
							0.1.0115 : == -	10111701	Y					
						po	Ravenswor	Plant Name:	Ī	3321062	:1	ou Mumber	tentificat	u Swal

3321062

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



DEP Form 62-555 900(3)Alternate

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

See page 4 for instructions

I. General Information (for the Month/Year of: June-04			
A. Public Water System	(PWS) Information			
PWS Name:	Ravenswood		PWS Identifie	cation Number: 3351062
	X Community	nunity 🔲	Transient Non-Commur	nity Consecutive
	nections at End of Month: 41		Total Population Served a	t End of Month: 144
	AquaSource Utility, Inc.			
	Michael Fitzgerald			Area Manager - Florida
Contact Person's Mailir				State: FL Zip Code: 34470
Contact Person's Telepl			Contact Person Person's F	ax Number: (352) 732-3213
Contact Person's E-Mai				
B. Water Treatment Pla			· · · · · · · · · · · · · · · · · · ·	
Plant Name:	Ravenswood		Plant Telepho	
	US Hwy 27		<u> </u>	State: FL Zip Code: 34748
Type of Water Treated		rchased Finished Wa	ter	
	bay Operating Capacity of Plant, gallons per day: osection 62-699.310(4), F.A.C.):	···	Int. (Cl. () land	(2 (00 210(4) F A C)
Licensed Operators	Name	License Class	Plant Class (per subsection License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:		·- · · · · · · · · · · · · · · · · · ·	<u> </u>	
Other Operators:	Mark March	<u>C</u>	8287 2241	3 Days per week
Other Operators.	Tom Felton	C	2241	3 Days per week

II. Certification by Lead	Chief Operator			
l, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	e water treatment plant i	dentified in Part I of this report. I certify that the
	this report is true and accurate to the best of my knowledge			
	or other applicable standards referenced in subsection 6			
	n day that a licensed operator staffed or visited this plant of			
	le, appropriate treatment process performance records. F			
	ogether with copies of this report, at a convenient location			an operations records to the 1 we owner so the 1 we
oor our return trieffi, ti	age and the surface of and report at a convenient location	. Tor at least terr ye	us o.	
	Mark March			C8287
Signature and Date	Printed or Typed Name	;		License Number
	21			

Page 1

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											11,183			Average
						· · · · - ·					335,500	4 (A	1.45	Total
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											000,8	24 hrs		87
	6.0										000,8	24 hrs	X	LZ
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	8.0									l	000,6	24 hrs	X	52
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	1.2										000,21	24 hrs	X	73
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											000,81	24 hrs		61
	7.1									ļ <u>.</u>	18,000	24 hrs	X	81
					ļ						15,000	24 hrs		41
	1.1								 		15,000	24 hrs	X	91
											000,8	24 hrs		51
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Water System Components Out of Operation	System, mg/L	zwc/cm2	sec/cm2	Required,	Applicable	C	J'aim-gm	sainnim	J\gm ,wolf	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair of Maintenance Work that Involves Taking	ni mioq nottudirtziQ	Required,	UV Dose,	CT	lo Hq :	of Water,	During Peak Flow,	Point During Peak Flow,	First Customer During Peak	Peak Flow	of Finished Water	smoH gi mslq	Operator (Place	Day of
Emergency of Abnormal Operating Conditions:	at Remote	DA Dose	Operating	muminiM	30 H 30 H	Temp	Customer	Measurement	(C) Before or at		Net Quanity	Sanon	λq	30 1100
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	Residual						Provided	Disinfectant	Lowest Residual			{	Staffed	ì
	Lowest						Lowest CT						Plant	ļ
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mines) Chlorine Dioxide	norine (Chlora	Denida			Free Chlo					nstribution	i bənisinisM ls	rgnt Kesidu	PISITI	1 ypc 01
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Combined Chlorine (Chloramines)	Suoz		obivoi	Chlorine D		hlorine	J 3049	<u> </u>						
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						pc	KAVenswoo	Flant Name:	T	7901555		on Number	cuntical	LMZID

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instructions

1. General Information for the Month/Year of:

July-04

1. General Information t	for the Month/Year of:	July-04				
A. Public Water System	(PWS) Information					
PWS Name:	Ravenswood			PWS Ide	ntification Number:	3351062
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Con	munity	Consecutive
Number of Service Con	nections at End of Month:	41		Total Population Serv	ed at End of Month:	144
	Aqua Utilities Florida					
	Brian Heath			Contact Person's Title	: Area Manager - F	
Contact Person's Mailin	<u> </u>	uite 4		City: Leesburg		Zip Code: 34748
Contact Person's Teleph		980		Contact Person Perso	n's Fax Number:	352/787-6333
Contact Person's E-Mai		aquaamerica.com				
B. Water Treatment Pla	nt Information					
	Ravenswood				ephone Number:	(352) 369-4881
	US Hwy 27			City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated			rchased Finished W	ater		
	Day Operating Capacity of Plant, gall	ons per day:			<u>,</u>	
	bsection 62-699.310(4), F.A.C.):				ection 62-699.310(4), F	
Licensed Operators	Name		License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontair		С	6813		3 Days per week
Other Operators:	John Worre	1	С	6597		3 Days per week
II. Certification by Lead	Chief Operator					
	treatment plant operator licensed	in Florida, am tha laad/	chief energter of t	ha watar traatmant nl	ent identified in Part	Lof this report. Logitify that the
	this report is true and accurate to					
	0 or other applicable standards re					
	•	-	-			chemicals used and chemical feed
- -	•		_	•	tional operations rec	ords to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report,	at a convenient location	n for at least ten ye	ears.		
		Will Fontaine			C6813	
Signature and Date		Printed or Typed Name	<u> </u>		License Number	
S.B. and Date		ca or 13pca Name	•		Siccisc riamoci	

PWS Ic	lentificat	ion Numbe	r:	3351062		Plant Name:	Ravenswo	od						
III. Dai	III. Daily Data for the Month/Year of: July-04													
			og Virus Inactiv	viation/Remo			Free (Chlorin	e I	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):	_							
Type of	Disinfe	ctant Residu	ual Maintained is	n Distributio				Γ	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
				- TO - TO -	CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log			licable*			
	Days			44.0.39	a talan	CT Calcu		4 × 1		The second second	UV I	Dose		
	Plant				100		Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided			4 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Residual	
	or-				Disinfectant	Contact Time	Before or	Sec. 11.7	200	APPL AND			Disinfectant	
	Visited				Concentration	(T) at C	at First	2 . 3	1000 1000 1000		Lowest	Minimum	Concentration	
Domas	by	Harran	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	∂jpH of	Minimum,	Operating UV Dose,	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	Water, if	CT Required,	mW-	Required, mW	Point in Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	/-	24 hrs	11,500	, g _F									.,,	
2	X	24 hrs	9,000		1.8			·					1.3	
3		24 hrs	9,000											
4		24 hrs	9,000											
5	X	24 hrs	10,000		1.6								1.2	
6	X	24 hrs	10,600		1.9								1.6	
7	X	24 hrs	7,300		1.5								1.2	
8	X	24 hrs	9,600		1.3		<u> </u>	<u> </u>			ļ	<u> </u>	1	
9	X	24 hrs	9,300		1.4						ļ		1	
10		24 hrs	9,300					-			ļ			
11	V	24 hrs	9,300		1.2			-		 	<u> </u>		1.0	
12	X	24 hrs 24 hrs	9,600 9,400		1.3		<u> </u>	 		}	 		1.0	
14	X	24 hrs	10,500		1.2			 		 	 	 	0.9	
15	X	24 hrs	10,800		1.3		-	 		<u> </u>	 		0.9	
16	X	24 hrs	8,500		1.2		†	<u> </u>	<u> </u>	 	1		0.9	
17		24 hrs	8,500					<u> </u>			<u> </u>			
18		24 hrs	8,500					1						
19	X	24 hrs	9,900		1.1								0.7_	
20	X	24 hrs	6,100		1.2								0.9	
21	X	24 hrs	11,700		1.2			<u> </u>		_			0.9	
22	X	24 hrs	9,200		1.3					ļ	<u> </u>	ļ	0.9	
23	Х	24 hrs	10,300		1.3		ļ					ļ	1.0	
24		24 hrs	10,300	ļ				ļ	ļ	ļ	<u> </u>	<u> </u>		
25		24 hrs	10,300					<u> </u>					0.0	
26	X	24 hrs	11,200		1.3			-	1	ļ	 	ļ	0.9	
28	X	24 hrs 24 hrs	11,800 7,200		1.2	<u></u>	 	┼		 		 	1.1	
29	X	24 hrs	10,300		1.7		 	 		 	 	 	1	
30	X	24 hrs	11,000		1.1		 	 	 	1	<u> </u>		0.8	
31		24 hrs	11,000		1.1		 	<u> </u>		 	†	†	1	
Total			300,000					1		1	1		 	
Average			9,677											

11,800

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



See page 4 for instructions

I. General Information I	or the Month Year of: August-04				
A. Public Water System	(PWS) Information		10.000		
	Ravenswood		PWS Identifi	ication Number: 3351062	
	X Community Non-Transient Non-	-Community	Transient Non-Commu	nity Consecutive	
Number of Service Con	nections at End of Month: 41		Total Population Served	at End of Month: 144	
PWS Owner:	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailir			City: Leesburg	State: FL Zip Code: 34	748
Contact Person's Teleph			Contact Person Person's I	Fax Number: 352/787-6333	
Contact Person's E-Mai		1			
B. Water Treatment Pla	nt Information				
Plant Name:	Ravenswood		Plant Teleph	one Number: (352) 369-488	
	US Hwy 27		City: Leesburg	State: FL Zip Code: 34	1748
Type of Water Treated		Purchased Finished W	ater		
	ay Operating Capacity of Plant, gallons per day:				
	osection 62-699.310(4), F.A.C.): V			on 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	С	6813	3 Days per week	
Other Operators:	John Worrell	С	6597	3 Days per week	
			1		
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the	lead/chief operator of t	he water treatment plant	identified in Part I of this report. I ce	rtify that the
	this report is true and accurate to the best of my kno				
	or other applicable standards referenced in subsect				
	day that a licensed operator staffed or visited this p				
	le, appropriate treatment process performance recor				
				nai operations records to the r w3 ow	nei so die i wa
owner can retain them, to	ogether with copies of this report, at a convenient lo	cation for at least ten ye	ears.		
	W20 8			0/013	
(2) 175 .	Will Fontaine	N		C6813	
Signature and Date	Printed or Typed	Name		License Number	

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Water System Components Out of Operation	System, mg/L	Zmɔ/ɔəɛ	Sec/cm2	J/nim-3m	Applicable	3	7/uim-3m	sanuiuu	. Д/8ш ;мо[Д: −	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	noindinsiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	ath
Emergency or Abnormal Operating Conditions,	ni mioq	Required,	UV Dose,	CI	to Hq	lo lo l	garmG	Saim Danio 9	First Customer	Mold 4660				
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The state of the s		UV Dose	100	miminif		I amar	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(C) Before or at		Net Quanty	í '	ρλ	
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						po	Ravenswo	Plant Name:		3351062	:,,	ion Number	teoftificat	л SMd]

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



See page 4 for instructions

I. General Information	for the Month/Year of: September-04			
A. Public Water System	1 (PWS) Information			
PWS Name:	Ravenswood		PWS Identific	cation Number: 3351062
	X Community Non-Transient Non-Com	munity	Transient Non-Commun	nity Consecutive
Number of Service Cor	nnections at End of Month: 41	<u> </u>	Total Population Served a	
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir	ng Address: 2315 Griffin Road, Suite 4			State: FL Zip Code: 34748
Contact Person's Telepl	hone Number: 352/787-0980		Contact Person Person's F	<u> </u>
Contact Person's E-Mai				
B. Water Treatment Pla	nt Information			
Plant Name:	Ravenswood		Plant Telepho	one Number: (352) 369-4881
Plant Address:	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	ter	•
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:			
Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	n 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	С	6813	3 Days per week
Other Operators:	John Worrell	С	6597	3 Days per week
·				
II. Certification by Lead	Chief Operator		100 t	
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant is	dentified in Part I of this report. I certify that the
	this report is true and accurate to the best of my knowled	•	-	
	0 or other applicable standards referenced in subsection 6	•	•	
	day that a licensed operator staffed or visited this plant of			
	le, appropriate treatment process performance records. F			al operations records to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten yea	ars.	
	Will Fontaine			C6813
Signature and Date	Printed or Typed Name			License Number
orginature and Date	rinited or Typed Name	;		FIGURE INTITION

DEP Form 62-555 900(3)Alternate Page 1

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	[£.1	- 10	2,200	24 hrs	X	· I
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Emergency or Abnormal Operating Conditions;	at Remote ni tnioq	UV Dose Required,	Operating UV Dose,	Minimum	lo Hq	Temp.	Customer During	Measurement Point During	First Customer		of Finished	Rours	Operator	To yed
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									T					
						pc	Ravenswoo	Plant Name:		3351062		ion Number	itsoftitrati	PI SMa

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



See page 4 for instructions

I. General Information	for the Month/Year of: October-04		 		
A. Public Water System	n (PWS) Information				
PWS Name:	Ravenswood	***************************************	PWS Identific	cation Number: 3351062	
	X Community Non-Transient Non-Comm	munity	Transient Non-Commun	nity Consecutive	
	nnections at End of Month: 41		Total Population Served a	t End of Month: 144	
	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailir			City: Leesburg	State: FL Zip Code: 34748	
Contact Person's Telepl			Contact Person Person's F	ax Number: 352/787-6333	
Contact Person's E-Mai					
B. Water Treatment Pla					
Plant Name:	Ravenswood		Plant Telepho		
	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748	
Type of Water Treated		rchased Finished Wa	iter		
	Day Operating Capacity of Plant, gallons per day:		I		
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	\$ 50
Lead/Chief Operator:	Will Fontaine	С	6813	3 Days per week	
Other Operators:	John Worrell	С	6597	3 Days per week	
	PIN MANAGEMENT OF THE PARTY OF				
II. Certification by Lead	Chief Operator				
	treatment plant operator licensed in Florida, am the lead/	ahiaf amamatan afti	a vyatan taaatmant alant i	doutified in Dout Lofthic remort. Learnify t	ant the
		•		-	
	this report is true and accurate to the best of my knowled				
	or other applicable standards referenced in subsection 6		.	•	
	a day that a licensed operator staffed or visited this plant of				
	le, appropriate treatment process performance records. F		•	al operations records to the PWS owner so	the PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.		
				0(012	
C:	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name	•		License Number	

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information	for the Month/Year of: November-04				
A. Public Water System	(PWS) Information				
PWS Name:	Ravenswood		PWS Identific	ation Number:	3351062
PWS Type:	X Community	-Community	Transient Non-Commun	ity 🗍	Consecutive
Number of Service Cor	nnections at End of Month: 41		Total Population Served a	End of Month:	144
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Flor	ida
Contact Person's Mailin		The second secon	City: Leesburg	State: FL	Zip Code: 34748
Contact Person's Telep	none Number: 352/787-0980		Contact Person Person's F	ax Number:	352/787-6333
Contact Person's E-Ma	l Address: beheath@aquaamerica.cor	<u>n</u>			
B. Water Treatment Pla	nt Information	•	· · · · · · · · · · · · · · · · · · ·		
Plant Name:	Ravenswood		Plant Telepho	ne Number:	(352) 369-4881
Plant Address:	US Hwy 27			State: FL	Zip Code: 34748
Type of Water Treated	by Plant: X Raw Ground Water	Purchased Finished Wa	nter		
	Day Operating Capacity of Plant, gallons per day:				
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813		3 Days per week
Other Operators:	John Worrell	C	6597		3 Days per week
[경기원, 교육에 어디 HOTE 12					
a e Alak					
W G 1/2 1 1 1	Latter				
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the	lead/chief operator of the	ne water treatment plant i	dentified in Part I o	of this report. I certify that the
information provided in	this report is true and accurate to the best of my known	owledge. I certify that a	ll drinking water treatmer	it chemicals used at	thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsec	tion 62-555 320(3), F.A	.C. Lalso certify that the	following additiona	al operations records for this
plant were prepared each	a day that a licensed operator staffed or visited this	plant during the month is	ndicated above: (1) record	ds of amounts of ch	emicals used and chemical feed
	le, appropriate treatment process performance recor				
				ai operations record	ds to the 1 W3 Owner 30 the 1 W3
owner can retain them, t	ogether with copies of this report, at a convenient lo	cation for at least ten ye	ars.		
	Will Fontaine			C6813	
Signature and Date	Printed or Typed	Nama		License Number	
Signature and Date	ranted or Typed	Iname		Piccuse mannoer	

Page 1

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Chlorine Dioxide	stoldD) anitolr	D bənidm	юЭ 📗	orine	Free Chlo					oitudinteid n	ial Maintained in	ubisəA men	Disinfec	Type o
								:(Other (Describe			1 Radiation		
Combined Chlorine (Chloramines)	Sone) [əbixoi	Chlorine D		hlorine	ЭэтЭ	ĺ	* :lsvo	viation/Remo	ritaent auriV go.	J-າuo∃ gniv	of Achie	Means
								171111111111111111111111111111111111111	November-04			or the Mont		
												لتراث المحب		-
						po	Ravenswoo	Plant Name:		3351062	:.	ion Number	dentificat	I SMd

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



See page 4 for instructions

I. General Information	For the Month Year of: December-04			
A. Public Water System	(PWS) Information			
PWS Name:	Ravenswood		PWS Identific	cation Number: 3351062
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-Commur	nity Consecutive
	nections at End of Month: 41		Total Population Served a	t End of Month: 144
	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir			City: Leesburg	State: FL Zip Code: 34748
Contact Person's Telepl			Contact Person Person's F	fax Number: 352/787-6333
Contact Person's E-Mai				
B. Water Treatment Pla				
Plant Name:	Ravenswood		Plant Telepho	
Plant Address:	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated		rchased Finished Wa	ter	
	Day Operating Capacity of Plant, gallons per day:		Total and the second	
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsectio	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	С	10027	3 Days per week
the second of th				
		"		
			<u> </u>	
II. Certification by Leac	Chief Operator			
		11.6 4 64	4 4 4	1. wified in Donat I of this manner. I contifu that the
	treatment plant operator licensed in Florida, am the lead/			
	this report is true and accurate to the best of my knowled			
	0 or other applicable standards referenced in subsection 6			
	a day that a licensed operator staffed or visited this plant of			
	le, appropriate treatment process performance records. F			nal operations records to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.	
				0.000
0	Will Fontaine			<u>C6813</u>
Signature and Date	Printed or Typed Name	2		License Number

PWS I	PWS Identification Number: 3351062 Plant Name: Ravenswood															
III. Daily Data for the Month Year of: December-04																
	Means of Achieving Four-Log Virus Inactivitation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)															
		et Radiation			Other (Describe	۸.		morni		Chiornic	NOXIGE	L) \	,20116	20		,
			ial Maintained in	n Distributio		·).			Free Chle	orine	Co	mbined C	hlorine (Chlor	amines)	Chl	orine Dioxide
Type o	i izisinie	ctant Residu	iai Maintained ii	n Distributio		or UV Dose, to I	Name and other trail	aus I as				_	mornie (einor	I .		
	_		i i i i i i i i i i i i i i i i i i i		C1 Calculations,	CT Calcu		oui-Log	Aline maria	auou, ii Appi	UVI)ose				
	Days Plant		-			CI Calcu	Lowest CT				- 14 % - F		Lowest			
j	Staffed]	11 1 - XW V		Lowest Residual	Disinfectant	Provided						Residual			
	or	1 .	*		Disinfectant	Contact Time	Before or						Disinfectant			数数 大工 数
	Visited				Concentration	(T) at C	at First	3			Lowest	Minimum	Concentration			
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum (Operating	UV Dose	at Remote		42.461	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	, pH of	_Cr }	UV Dose,	Required,	Point in			rating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution			hat Involves Taking Out of Operation
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 2.1	water System	Components	Out of Operation -
1 2	$\frac{X}{X}$	24 hrs	7,100 9,700		2.2		 				<u> </u>	 	1.5	 		
3	$\frac{1}{x}$	24 hrs 24 hrs	7,900		1.6		 	 	 		<u> </u>		1.5	 		
4	 ^	24 hrs	9,500		1.0								7.5	 		
5	 	24 hrs	9,600								<u> </u>			†		
6	X	24 hrs	9,600		0.9		 						0.7			
7	X	24 hrs	7,000	·····	2	-							1.8			
8	X	24 hrs	10,900	f	1.3	T							1.2			
9.	X	24 hrs	9,300		1.3								1.1			
10	X	24 hrs	7,800		1.3								1			
1.1		24 hrs	10,400					<u> </u>						 		
12		24 hrs	10,400				ļ	L				ļ	<u></u>			
13	X	24 hrs	10,400		1.3	ļ	ļ	ļ				 	1.1	<u> </u>		
14	X	24 hrs	6,400		1.3		<u> </u>	 			├ ──		0.9	 		
15	X	24 hrs	7,600		1.1		ļ <u> </u>		ļ			 	1.0	 		
16	X	24 hrs	8,800		1.1	<u> </u>	 	[0.9	 		
17	X	24 hrs 24 hrs	8,700 10,300		1.1			├──			ļ	 				
19	 	24 hrs	10,300	 			 	-	 			 		<u> </u>		
20	X	24 hrs	10,400	-	1.2		 	 		<u> </u>		 	0.9			
21	X	24 hrs	10,500	f	1.2		T						1.0			
22	X	24 hrs	7,500		1.2								1.0			
23	Х	24 hrs	8,000		1.3								1.0			
24	X	24 hrs	4,800		1.3						ļ <u>.</u>	<u> </u>	1.1	 		
25		24 hrs	9,600				<u> </u>	<u> </u>		L	<u> </u>	 	ļ	_		
26		24 hrs	9,600					<u> </u>			<u> </u>	<u> </u>	- 65			
27	X	24 hrs	9,600		1		<u> </u>	 	 		——	-	0.9	 		
28	X	24 hrs	6,200		1.2	 	ļ	 -	ļ	 	 	 	1 1	 		
29	X	24 hrs	9,800	<u> </u>	1.1		 	 		 	 	+	1.1	-		
30	X	24 hrs	8,400 5,700		1.3	 	 	\vdash	 	 	 	 	1 1	 		
31 Total	1 A	24 hrs	5,700 271,800		I	L		1		L		1				
I I U LOTI			4/1,000	1												

10,900

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



See page 4 for instructions 1. General Information for the Month/Year of: January-05 A. Public Water System (PWS) Information PWS Name: Ravenswood 3351062 PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Consecutive **Transient Non-Community** Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 144 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: FL Contact Person's Telephone Number: 352/787-0980 352/787-6333 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ravenswood Plant Telephone Number: (352) 787-0980 Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number Lead/Chief Operator: 3 Days per week Will Fontaine 6813 Other Operators: 6597 3 Days per week John Worrell C С 10027 3 Days per week Marty Neal II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. C6813 Will Fontaine

Signature and Date

Printed or Typed Name

License Number

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Water System Components Out of Operation	System, mg/L	Zm5/598	Sec/cm2	J\nim-gm	Applicable	ာ	J\nim-gm	Səmunu	J\gm,woFI	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	nothedritsid	Wm	-Wm	Required,	Yater, if	Water,	Peak Flow,	"Peak Flow,	During Peak	Peak Flow	Water	ni tusl4	Place	эцз
Emergency or Abnormal Operating Conditions,	ni mod	Redmred,	UV Dose,	TO .	lo Hq	ìo	Buring	gninG mio4	First Customer		badaini To	SinoH	Орегатог	Day of
	st Remote	UV Dose		muminiM		Temp	Customer	Measurement	(C) Before or at	ļ	Wet Quanity	l	λq	
	Concentration .	mmmmM	Lowest			1.0	tzri4 ts	Om (T)	Сопсепилацоп			l	bonsiV	
	Disinfectant						no snoised	Contact Time	Disinfectant				10	
	Residual						bebivord	Disinfectant	Lowest Residual	l			Staffed	
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mines) Chlorine Dioxide	hlorine (Chlora	D bənidm			Free Chlo					oimdinisiQ r	ial Maintained in	rant Residu	UISIDIEC	ı ype oi
						I		:(Other (Describe			r Radiation		
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Combined Chlorine (Chloramines)	0 002(<u>, </u>	Ahivoit	7 Animold		hlorine	J 9943				vitaen1 euri V go.			
									January-05		:To neg 7. d	or the Mont	il ete Clyl	is CL III
						pc	Кауепѕмог	Plant Name:		3351062	:-	ıədmuM noi	dentificat	PI SMa

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



See page 4 for instructions

I. General Information f					
A. Public Water System	(PWS) Information				
PWS Name:	Ravenswood		PWS Identifi	cation Number:	3351062
	X Community Non-Transient Non-Comm	nunity	Transient Non-Communi	ity (Consecutive
Number of Service Con	nections at End of Month: 43		Total Population Served a	at End of Month:	151
	Aqua Utilities Florida	*****			
	Brian Heath		Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailin	ng Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	none Number: 352/787-0980		Contact Person Person's F	Fax Number:	352/787-6333
Contact Person's E-Mai	l Address: beheath@aquaamerica.com				
B. Water Treatment Pla	nt Information				
Plant Name:	Ravenswood		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated		chased Finished Wat			•
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:				
Plant Category (per sub	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day	y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		3 Days per week
Other Operators:	John Worrell	С	6597		3 Days per week
高工 医海绵	Marty Neal	C	10027		3 Days per week
HONER TO THE					
<u> </u>					
II. Certification by Lead	l Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of the	e water treatment plant is	dentified in Part I of	f this report. I certify that the
information provided in	this report is true and accurate to the best of my knowledge	e I certify that all	drinking water treatmen	it chemicals used at	thisplant conform to NSF
International Standard 66	0 or other applicable standards referenced in subsection 6.	2 555 320(3) E A	C Lalso certify that the	following additiona	al operations records for this plant
international Standard of	of other appricable standards referenced in subsection of	41	d at (1)da af	Tonowing additiona	le used and chamical feed rates:
were prepared each day i	that a licensed operator staffed or visited this plant during	the month indicate	ed above: (1) records of a	amounts of chemica	is used and chemical feed fates,
	propriate treatment process performance records. Futhern		vide these additional ope	erations records to the	he-PWS owner so the PWS owner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.			
	WEH E			C(912	
Circotus and Data	Will Fontaine			C6813 License Number	
Signature and Date	Printed or Typed Name	:		License Number	

Page 1

PWS Io	lentificati	ion Number	:	3351062		Plant Name: Ravenswood									
III. Dai	III. Daily Data for the Month Year of: February-05														
			og Virus Inactiv				Free C	Chlorin	е	Chlorine D	Dioxide)zone	Combined Chlorine (Chloramines)	
L	Iltraviole	t Radiation			Other (Describe	:):									
Type o	Disinfec	ctant Residu	al Maintained ir	n Distribution					Free Chle				hlorine (Chlora	mines) Chlorine Dioxide	
				3.5		, or UV Dose, to l		our-Log			icable*	72 × 2	第 表字 一艺		
	Days			\$1\delta\del		CT Calcu	T:					Dose			
	Plant						Lowest CT						Lowest	[살아마는 그 집에 대한 사람들이 아니다]	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	[경화] - 그리고 그는 승규를 하는 다.	
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First		1 1		Lowest	Minimum	* Disinfectant * Concentration		
1	by		Net Quanity	er skirk	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	and the second of	at Remote		
Day of	Operator	Hours	of Finished	47.	First Customer	Point During	During		pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation	
1	X	24 hrs	5,400		1.1				<u> </u>		ļ	ļ	1.1		
3	X	24 hrs	9,900		1 1 4				 		 		0.9		
4	X	24 hrs 24 hrs	5,700 8,200		1.4		1	-				 	1.2		
5		24 hrs	11,200	-	1.3			 			-	 	1.5		
6		24 hrs	11,200				†····	1	 						
7	Х	24 hrs	11,300		1.5							Í	1.2		
8	X	24 hrs	8,200		1.5								1.3		
9	X	24 hrs	7,900		1.6								1.5		
10	X	24 hrs	7,900		1.1			<u> </u>				 	1		
11	X	24 hrs	6,700		1.2		-	 	-			 	11		
12		24 hrs 24 hrs	9,600 9,600		-		 	-			 				
14	X	24 hrs 24 hrs	9,600		1.1			<u> </u>	ļ	 	 	 	1.0		
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16	X	24 hrs	8,500		1								0.9		
17	X	24 hrs	11,100		1.2		I						0.9		
18	X	24 hrs	9,100		1.1							ļ	1.0		
19		24 hrs	9,800				ļ				<u> </u>		ļ		
20		24 hrs	9,900				 	ļ	ļ		ļ	-	0.8		
21	X	24 hrs	9,900		0.9		+	 	 	 	1	 	1.1		
22	X	24 hrs 24 hrs	10,000 8,400	 	1.4			 	 	 	 	 	1.3		
24	X	24 nrs 24 hrs	7,300		1.4	<u> </u>	1	 			1	† · · · · ·	1.2		
25	X	24 hrs	8,700		1.3	<u> </u>	<u> </u>	1	1		†		1.2		
26		24 hrs	8,200			<u> </u>									
27		24 hrs	8,300												
28	X	24 hrs	8,300		1.4							<u> </u>	1.2		
29		24 hrs					 	<u> </u>	ļ		ļ	-			
30		24 hrs			-	-			-		 	 	ļ	·	
Total	L	24 hrs	247,500	-	1	1	1	ــــــــــــــــــــــــــــــــــــــ	٠	L	<u> </u>	J	L	1	
Avversor	 		247,500	1											

11,300

Maximum

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



See page 4 for instructions

I. General Information				
A. Public Water System				
	Ravenswood			eation Number: 3351062
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Communit	
	nections at End of Month: 43	W-14	Total Population Served at	End of Month: 151
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath			Area Manager - Florida
Contact Person's Mailir			City: Leesburg	State: FL Zip Code: 34749
Contact Person's Teleph			Contact Person Person's F	ax Number: 352/787-6333
Contact Person's E-Mai				
B. Water Treatment Pla	nt Information			
Plant Name:	Ravenswood		Plant Telepho	ne Number: (352) 787-0980
Plant Address:	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated		chased Finished Wat	er	
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	, , , , , , , , , , , , , , , , , , , ,		
Plant Category (per sul	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	n 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	С	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	С	10027	3 Days per week
The second of the second				
II Cartification by I am				
II. Certification by Lead	Chief Operator			
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of the	e water treatment plant id	entified in Part I of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowledg	ge. I certify that all	drinking water treatment	chemicals used at thisplant conform to NSF
	or other applicable standards referenced in subsection 62			
	that a licensed operator staffed or visited this plant during			
	propriate treatment process performance records. Futherm		vide these additional oper	rations records to the PWS owner so the PWS owner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.		
	Will E			C(012
Signature and Date	Will Fontaine			C6813
oignature and Date	Printed or Typed Name	;		License Number

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	6.0							I			11,300	24 hrs	X	- 67
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	1.1					L		t'I			10,100	24 hrs	X	57
	I.I						<u> </u>	£.1			905,8	24 hrs	X	74
	€.1					<u> </u>		2.1			008,7	24 hrs	X	73
	£.1							1.5			8,500	24 hrs	X	77
	€.1				<u> </u>			9.1			0016	24 hrs	X	71
							<u> </u>				001/6	24 hrs	<u> </u>	70
						ļ. <u></u>					001/6	24 hrs		61
	7.1							1,4		<u> </u>	000'9	24 hrs	X	81
	1.2		<u> </u>			<u> </u>		2.1			11,000	24 hrs	X	LI
	1.2					L		S.I			7,100	24 hrs	X	91
	7.1							b 1			008,11	24 hrs	X	51
	E.I							t'I			11,100	24 hrs	X	14
						ļ					11,100	24 hrs		£1
						<u> </u>					11,000	24 hrs	<u></u>	12
	E.I					<u> </u>		2.1			008,2	24 hrs	X	П
	7.1				<u> </u>			£.1			009'9	24 hrs	X	01
	£.1							p.1			006'6	24 hrs	X	6
	£.1				<u> </u>			2. I			8,200	24 hrs	X	8
	1.1		<u> </u>					S.I			6,200	24 hrs	X	L
		ļ				L					007'6	24 hrs		9
											001'6	24 hrs		ς
	וֹל					.		5.1			008,8	24 hrs	X	Þ
	2.1					<u> </u>		p.1			005°L	24 hrs	X	: ٤
	7.1		·			<u> </u>	<u></u>	1 '1			000,8	24 hrs	X	7
	II							£.1			008,7	S4 hrs	X	I
Water System Components Out of Operation	System, mg/L	sec/cm2	Sec/cm2	J\nim-gm	Applicable	Э	Anim-3m	estunim	L\gm,wolf	Rate, gpd	Produced, gal	Орстацоп	("X"	Month
Repair of Maintenance Work that Involves Taking	noitudittsiQ	Wm	-Wm	Required,	JI.	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni Insl4	(Place	the
Emergency or Abnormal Operating Conditions,	ni mio4	Required,	UV Dose,	10	rateW to Hq	F 11 7 7 1 1 1 1	gninu	garind Inio4	First Customer	46	of Finished	smoH	Operator	Day of
	at Remote	UV Dose	Operating	muminiM.		Temp	Customer	Measurement	в то этогэд (Э)		Met Quantity		рλ	
	Concentration	mminiM	Lowest	7.2			teuf ts	O is (T)	Сопсепиацоп				Visited	1
	Disinfectant						Before or	Contact Time	Disinfectant				10	
	Residual	1				7 1	Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest	· · · · · · ·	W. 18 6			M 1 + 1 1 1 1	Lowest CT					l	Plant	
		The state of the s			14.4	11,500,00	41 July 24 17 18 18 18 18 18 18 18 18 18 18 18 18 18		All San A					ŀ
		9806	Ū,VΩ		社的概念。	<u> </u>	znoits	CT Calcul	<u> </u>			1	Days	
	11 1 2	- 2-1 - 44	*əldsə	ilqqA1i, noti	Virus Inactiva	20-J-mo	A stratenoms	or UV Dose, to I	CT Calculations,					
mines) Chlorine Dioxide	dorine (Chlora	Denida	юЭ	ənine	Free Chlo				System:	Distribution	ni bənistnisM lsı	tant Residu	Disinfec	Туре об
<u> </u>								:(Other (Describe			Radiation		
Combined Chlorine (Chloramines)	auoz(\Box	pixor	Chlorine D		hlorine) 1:ree C			ізпоп/Кешо.	og Virus Inactiv			
. 1107 . 1101 .1 0	<u> </u>	<u> </u>	•••				·		Магећ-05			r the Mont		
									20 1 11		,,,,V,	1 (0)	3(I.,	11 D.
						po	Kavenswoo	Plant Name:	T	3321062	:	on Number	entificati	PLSMA
I and the second							•		1	0,0.00				5/114

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



See page 4 for instructions 1. General Information for the Month Year of: April-05 A. Public Water System (PWS) Information PWS Name: Ravenswood 3351062 PWS Identification Number: PWS Type: X Community Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 43 Total Population Served at End of Month: 151 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Contact Person's Telephone Number: 352/787-6333 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Ravenswood (352) 787-0980 Plant Telephone Number: Plant Address: US Hwy 27 Zip Code: 34748 City: Leesburg State: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Day(s)/Shift(s) Worked License Number Name License Class Lead/Chief Operator: Will Fontaine C 6813 3 Days per week 6597 3 Days per week Other Operators: John Worrell C 10027 3 Days per week Marty Neal C II. Certification by Lead Chief Operator 1, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine

Page 1

Printed or Typed Name

License Number

Signature and Date

PWS Ic	lentificati	ion Number	:	3351062		Plant Name:	Ravenswo	od						
III. Daily Data for the Month Year of: Means of Achieving Four-Log Virus Inactiviation/Removal: * X Free Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
			og Virus Inactiv	/iation/Remo			X Free (Shlorin _e	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):	.,,							
Type o	Disinfe	ctant Residu	ial Maintained ir	n Distributio	n System:			Х	Free Chlo	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
				1		, or UV Dose, to l	Demonstrate I	Four-Log	Virus Inactiv	ation, if Appl	icable*	Tea Caller	The state of	
	Days	11:11:11				CT Calcu			to Diagram		UVI	Dose		
	Plant		·. ·			- Compa	Lowest CT				PALIATES		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	指行					Residual	
1,457	or				Disinfectant	Contact Time	Before or					7	Disinfectant	
	Visited			•	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	ł	(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote-	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	T. 107	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Takin
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	10,100	ļ -	1.4		-	┼		-	ļ	ļ	1.2	
3		24 hrs	10,600					+	 		 	 		
4	X	24 hrs 24 hrs	10,600	-	1.7			 	+	-	<u> </u>	 	1.5	
5	X	24 hrs	14,400	 	1.7			+-	+			 	1.1	
6	X	24 hrs	17,300		1.1			+	 			-	0.9	
7	X	24 hrs	13,900	 	1.3		 	+	 			<u> </u>	1.3	
8	X	24 hrs	14,500		1.1		 	1	1				1	
9		24 hrs	16,000	†				1	1				-	
10		24 hrs	16,100					1	-					
11	Х	24 hrs	16,100		1								0.9	
12	Х	24 hrs	14,800		1.5								1.4	
13	X	24 hrs	14,100		1.4								1.3	
14	X	24 hrs	16,900		1.2			1					1.1	
15	X	24 hrs	13,200		1.2		<u> </u>					ļ	1.0	
16		24 hrs	15,900				<u> </u>						ļ	
17.*		24 hrs	16,000					\bot		ļ	<u> </u>			
18	X	24 hrs	16,000		1.3		<u> </u>	┼──	ļ		<u></u>		1.2	
19	X	24 hrs	16,400		14	·		4	 	ļ	<u> </u>		1.3	
20	X	24 hrs	17,700		1.2			 		<u> </u>			1.1	
21	X	24 hrs	17,700		1.1		 		 	ļ		1	0.9	
22	X	24 hrs	21,100		1			┼──	 	-	- 		0.9	
23		24 hrs	13,600	ļ				+	 				 	
24	7/	24 hrs	13,600		 				 	<u> </u>	-	-	1.5	
25	X	24 hrs	13,600 18,300		1.6		-	 	+	 	 		0.5	
27	X	24 hrs 24 hrs	8,400		1.6			+	+		· ···	 	1.3	
28	X	24 hrs	14,600		1.0		 	+	+	 	 	1	1.9	
29	X	24 hrs	12,100	 	1.7		 	+	+	 	1	 	1.7	
30	X	24 hrs	14,100	 	1	 	1	+	1	<u> </u>		1	1	
31		24 hrs	11,100	1				1	1	1				
Total	i i i i i i i i i i i i i i i i i i i	2,113	438,300	1			. t			•			•	
Average		1,141	14,610	1										
Maximi			21,100											

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



See page 4 for instructions

see page 1 for matractions				
1. General Information 1	for the Month Year of: May-05			
A. Public Water System	n (PWS) Information			-
PWS Name:	Ravenswood		PWS Identifi	cation Number: 3351062
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Communi	ty Consecutive
Number of Service Con	nnections at End of Month: 43		Total Population Served a	t End of Month: 151
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir	ng Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Teleph	hone Number: 352/787-0980		Contact Person Person's F	Fax Number: 352/787-6333
Contact Person's E-Mai	il Address: beheath@aquaamerica.com			
B. Water Treatment Pla	ent Information			
Plant Name:	Ravenswood		Plant Telepho	one Number: (352) 787-0980
Plant Address:	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated		rchased Finished Wa	ter	
	ay Operating Capacity of Plant, gallons per day:			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813	3 Days per week
Other Operators:	John Worrell	С	6597	3 Days per week
t the state of the	Marty Neal	C	10027	3 Days per week
				And the second s
ng si si si si sa sa sa sa sa sa sa sa sa sa sa sa sa				
				
		<u></u>		
II. Certification by Lead	Chief Operator			
	- · · · · · · · · · · · · · · · · · · ·			Y 26 1 11
	treatment plant operator licensed in Florida, am the lead/			
	this report is true and accurate to the best of my knowledge			
International Standard 60	0 or other applicable standards referenced in subsection 6	2-555.320(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 indicate	ed above: (1) records of a	amounts of chemicals used and chemical feed rates;
and (2) if applicable app	propriate treatment process performance records. Futhern	nore. Lagree to pro	ovide these additional one	erations records to the PWS owner so the PWS owner
	with copies of this report, at a convenient location for at		vide mose additional ope	
can retain them, together	with copies of this report, at a convenient location for at	reast ten years.		
	Will Fontaine			C6813
Signature and Date	Printed or Typed Name	e		License Number
<i>S</i>				

Page 1

PWS Io	PWS Identification Number: 3351062 Plant Name: Ravenswood														
III. Daily Data for the Month Year of: May-05 Means of Achieving Four-Log Virus Inactiviation/Removal: * X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)															
				/iation/Remo			X Free C	hlorin	e []	Chlorine I	Jioxide		Dzone	Combined Chlorir	ne (Chioramines)
		et Radiation			Other (Describe	<u>:):</u>									
Type o	Disinfe	ctant Residu	al Maintained in	n Distributio					Free Chlo				llorine (Chlora		Chlorine Dioxide
			Tetras to the second	 	CT Calculations,	, or UV Dose, to I						31200	119. 3 A		Table 18 20 20 20 20 20 20 20 20 20 20 20 20 20
	Days					CT Calcu					UVI	Oose	· · · · · · · · · · · · · · · · · · ·		A CANADA
j	Plant						Lowest CT			17.			Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided			1 (4) 1 (8)			Residual		
[Or Miniana				Disinfectant	Contact Time	Before or	13.4					Disinfectant -	100	
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest	Minimum UV Dose	Concentration at Remote	12.14.2	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	CT	Operating UV Dose,	Required,	Point in	Fmergency or Abov	ormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required	mW-	mW	Distribution		ce Work that Involves Taking
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	\mathbf{c}	Applicable		sec/cm2	sec/cm2	System, mg/L		mponents Out of Operation
1		24 hrs	14,200]											
2	X	24 hrs	14,200		1.5								1.4		
3	X	24 hrs	12,400		1.5								1.4		
4	X	24 hrs	14,400		1.5								1.5		
5	X	24 hrs	6,700		1.5								1.4		
6	X	24 hrs	15,200		1.5							ļ	1.5	ļ	
7		24 hrs	11,800								<u> </u>	<u> </u>			
8	V	24 hrs	11,800				ļ	ļ. —			ļ				
10	X	24 hrs 24 hrs	11,900 11,700		1.4		·	<u> </u>					1.4		
11	X	24 hrs	12,300		1.4			 		·			1.4		
12	X	24 hrs	10,500		1.5				 		 	-	1.3		
13	X	24 hrs	6,700		1.5					-	 		1.4		
14		24 hrs	13,100				<u> </u>		ļ			 			
15		24 hrs	13,200												
16	X	24 hrs	13,200		1.4								1.4		
17	X	24 hrs	12,600		1.3								1.3		
18	X	24 hrs	12,700		1.3								1.1		<u> </u>
19	X	24 hrs	12,100		0.8						ļ		0.5		
20	X	24 hrs	19,000		0.8				ļ <u>.</u>		ļ		0.5	ļ	
21		24 hrs	14,000_				ļ <u>.</u>				ļ	<u></u>			
22	7.	24 hrs	14,000				<u> </u>				ļ	ļ	1.5		
23	X	24 hrs	14,000		1.6		<u> </u>					ļ <u>.</u>	1.5	<u> </u>	
24	X	24 hrs	14,300		1.8			<u> </u>	 	 -	 -	 	1.7		
25	X	24 hrs 24 hrs	12,800		1.7			ļ	 				1.7	 	
27	X	24 hrs 24 hrs	10,200	-	1.5						 	 	1.4	<u> </u>	
28		24 hrs	18,300		1.3		 	— —	 	 -	1		1.1		
29		24 hrs	18,300		 		l	<u> </u>	 	 	1	 			
30	X	24 hrs	18,400		1.4		l				†··	1	1.3		
31	X	24 hrs	19,800		1.4								1.4		
Total	14 - E V		420,600												
Average			13,568												
Maximu	ım	100	19.800	1											

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



See page 4 for instructions

I. General Information f				
A. Public Water System				
PWS Name:	Ravenswood		PWS Identifie	cation Number: 3351062
	X Community Non-Transient Non-Comm	nunity	Transient Non-Communi	ty Consecutive
	nections at End of Month: 43		Total Population Served a	t End of Month: I51
	Aqua Utilities Florida			
	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailin	ng Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Teleph	none Number: 352/787-0980		Contact Person Person's F	ax Number: 352/787-6333
Contact Person's E-Mai	I Address: beheath@aquaamerica.com			
B. Water Treatment Pla	nt Information			
Plant Name:	Ravenswood		Plant Telepho	one Number: (352) 787-0980
Plant Address:	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated		chased Finished Wat		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:			
Plant Category (per sub	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsectio	n 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	С	6813	3 Days per week
Other Operators:	John Worrell	С	6597	3 Days per week
414	Marty Neal	С	10027	3 Days per week
II. Certification by Lead	Chief Operator			
I the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	e water treatment plant id	dentified in Part L of this report. I certify that the
	this report is true and accurate to the best of my knowledge			
	O or other applicable standards referenced in subsection 6.			
	that a licensed operator staffed or visited this plant during			
and (2) if applicable, app	propriate treatment process performance records. Futhern	nore, I agree to pro	vide these additional ope	rations 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.		
	W			0(0)2
0' 15	Will Fontaine			<u>C6813</u>
Signature and Date	Printed or Typed Name	•		License Number

```
WO#0002160759 PICCIOLA ISLAND CYCLE 3306 PREM-CODE=645843
SCHED-DATE 122106 PROMISED ALL DAY ORDER-DESC RPTO/Turn off for repairs
PRINT-DATE 12/21/06 PRINT-TIME 09:13:09 ORDER-STATUS NEW
PICCIOLA ISLAND
CUST/PREM 000903283/645843 DIST F
CUST-NAME CUELLAR, TONY
SRV-ADDR 5318 JAMES RD
SRV-CITY FRUITLAND PARK FL 34731-6109
PHONEH H 352-728-1788 W -
                                                          STYP RSM1
SCAT WTR
SET-MTR U7427
                                                                          U\bar{7}4273118
                                                            SET-DATE
SET-RDG
                                                                          01-JAN-1700
                                                                           002470
                                                             SET-SIZE
                                                                           5/8
M-NAME
                                                             SET-RMTH
NONE
                                                                          ΜŔ
                                                             ARB-RMT#
M-ADDR
             08-DEC-2006 A/R-STAT A 02-JAN-2007 A/R-BAL 1
                                                             ERT
M-CITY
                                                             MIU#
BILLED
                                                            SERÏAL #
EXTENS-#
ROUTE
DÜE-DTE
                                              107.98
                                                                         U999999
                              AMT'-COL .00
RC=RS
TYPE-HEAT
SWIM(Y,N) N
OCCUPANT
COMP#
CRED-CDS
            1336417
                                                                          08423 STOP 00740
                                                            ROUTE 08
MTR-CDS 06
                                                            #DL= 5 DD= 0 M= 1/DL= 0 DD= 0 M= 0
BILL-FR=12
FROZEN
                                                       MODEL-2
LAST-SIZE 5/8 LAST-DATE 01-JAN-00
PREM-ID
                                                   INSIDE
READ ONLY: DATE
       ONLY: DATE READ
TIME REMOTE
                                                            TEST SZ TYPE CHECK X SEAL OCC YEAR HEAT ----- DATE
      DATE | READING | MK | METER NUMBER
REM
                                                                              RESEALED
                                                                               _____
                                                                               SEALED
CURB STOP: ON OFF | SWIM POOL: YES | NO EMP#
ERT#-----REMARKS:-----
R-DATE ACTN READING CONSUM DYS C AMOUNT CHG-DATE CAT RATE BILL-CHG 120506 READ 5105 330 34 A 107.98 120706 WTR F318 107.98 110106 READ 4775 85 26 E 35.71 110906 WTR F318 35.71 101206 WTR F318 40.13
MTR-INST:
WORK-ORDER-REMARKS:
MR CUELLAR STATED THAT HE HAS A MAJOR LEAK AND NEEDS WATER TURNED OFF
APP-Time Start 21-DEC-2006 08:00:00 End 21-DEC-2006 20:00:00 Call-Ahead Ord# 2160759 Type Phone# Ext #
                                                                                       Min-Before
```

PWS Id	lentificati	ion Number	r:	3351062		Plant Name:	Ravenswo	od						
m p.	L. Data	on the Manua	ls Wann att		June-05									
		or the Mont	n a ear on: .og Virus Inactiv	istica /Domo			X Free (Thlorin		Chlorine I	Viovido		Ozone	Combined Chlorine (Chloramines)
		ving Four-L t Radiation		nation/Remo		Λ.	N FIGE (ZHIOI HI		CHIOTHEL	Moxide		7,0110	Combined Cinornie (Cinoralinies)
			ıal Maintained ir	Divilui	Other (Describe	:):		- Iv	Free Chlo		II Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
Type o	Disinied	tant Residi	iai Maintained ii	n Distributio		, or UV Dose, to I	Daminatanta I					momed C	Mornie (Cinor	annines) Cinorine Browne
					C1 Calculations	CT Calcu		Our-Log	VIIUS IIIacuva	шоп, п Аррг	UVI	Dose :		
	Days Plant					- CI Calcu	Lowest CT	1					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	1 1				迹	Residual	
	or			-	Disinfectant	Contact Time	Before or		j. 140				Disinfectant	
	Visited			**	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	. 16	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water, C	if Applicable	Required, mg-min/L	mW- sec/cm2	-mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	: "X")_ X	Operation 24 hrs	Produced, gal 10,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	100 C 11	Applicable	mg-muvi.	, scarciniz	- SU/CILZ	1.3	The opening Components Out of Opening
2	X	24 hrs	8,900	 	1.5			<u> </u>					1.4	
3	X	24 hrs	12,700		1.2	·		1				T	1.1	
4		24 hrs	10,500											
5		24 hrs	10,600											
6	Х	24 hrs	10,600		1.3								1.2	
7	X	24 hrs	11,700		1.5			ļ					1.3	
8	X	24 hrs	9,100		1.5			<u> </u>				ļ	1.5	
9	X	24 hrs	7,600		1.6			<u> </u>				<u> </u>	1.5	
10	X	24 hrs 24 hrs	13,600 9,300	 	1.5			 				 	1.3	
12		24 hrs	9,300				•	1				 		
13	Х	24 hrs	9,400		1.5		 	†		—		†	1.4	
14	X	24 hrs	9,300		1.3			1				ļ	1.3	
15	X	24 hrs	10,600		1.5								1.4	
16	X	24 hrs	13,800		1.4								1.4	
17	Х	24 hrs	14,000		1.5			ļ				 	1.4	
18		24 hrs	14,966		ļ				ļ	ļ <u>-</u>	 		-	
19 20		24 hrs	14,966	ļ	1.4			 	ļ		 	 	1.2	
21	X	24 hrs 24 hrs	14,966 12,100	ļ	1.4				 	 		 	1.3	
22	X	24 hrs	9,700		1.4		 	 				 	1.2	
23	X	24 hrs	14,200		1.1		†	 				 	1.0	
24	X	24 hrs	7,700		1.3	1	 	†					1.1	
25		24 hrs	11,000									1		
26		24 hrs	11,000											
27	X	24 hrs	11,100		1.4								1.3	
28	X	24 hrs	12,500		1.5			<u> </u>			<u> </u>	<u> </u>	1.5	
29	X	24 hrs	8,600		1.3		ļ	<u> </u>	-			-	1.2	
30	X	24 hrs	9,600		1.4		<u> </u>	ļ			<u> </u>	 	1.2	
31 Total	Ļ 1	24 hrs	333,398		L	l	1		1	1	1	1	ł	
Average	+ 1		333,398											

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



See page 4 for instructions

I. General Information	for the Month Year of: July-05				
A. Public Water System					
	Ravenswood		PWS Identifi	cation Number:	3351062
PWS Type:	X Community Non-Transient Non-Comm	nunity [Transient Non-Communi		Consecutive
	nections at End of Month: 43		Total Population Served a		151
PWS Owner:	Aqua Utilities Florida		1-04-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0		
	Brian Heath		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Mailin	ng Address: PO Box 490310	414.00	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	none Number: 352/787-0980		Contact Person Person's F	ax Number:	352/787-6333
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	Ravenswood		Plant Telepho	one Number:	(352) 787-0980
	US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated	by Plant: X Raw Ground Water Pure	chased Finished Wat			
		56,160			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	D: D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		3 Days per week
Other Operators:	John Worrell	С	6597		3 Days per week
	Marty Neal	C	10027		3 Days per week
经基本分词 法放弃		****			
		······	<u> </u>		
II. Certification by Lead	Chief Operator				
	treatment plant operator licensed in Florida, am the lead/c				
information provided in	this report is true and accurate to the best of my knowledg	e. I certify that all	drinking water treatmen	t chemicals used a	t thisplant conform to NSF
International Standard 60	or other applicable standards referenced in subsection 62	2-555.320(3), F.A.G	C. I also certify that the	following addition	nal operations records for this plant
	that a licensed operator staffed or visited this plant during				
	propriate treatment process performance records. Futherm				
	with copies of this report, at a convenient location for at		vide tilese additional ope	rations records to	me i wa owner so me i wa a wile.
van retain trem, together	with copies of this report, at a convenient location for at	icast ten years.			
	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name			License Number	
<u> </u>	· · · · · · · · · · · · · · · · · · ·			S.CO.IGO I TOINIOU	

Page 1

DEP Form 62-555 900(3)Alternate

PWS Id	dentificat	ion Number	r:	3351062		Plant Name:	Ravenswo	od						
III Dai	ly Data f	or the Mont	h Year of		July-05	<u> </u>				-				
			og Virus Inactiv	/iation/Remo			X Free C	Chlorin	.	Chlorine I	Diovida		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe		K Hack	-moin	· []	CHIOTHIC L	MOXIUC)Zone	Combined Chiorine (Chiorannies)
			nal Maintained in	n Distributio		.,.		Х	Free Chlo	orine	Co	mbined Cl	nlorine (Chlora	amines) Chlorine Dioxide
1700		l least regree	iai mamamod n	I	CT Calculations,	or ITV Doce to I	lemonstrate F					inonica Ci	norme (Chiora	A STATE OF THE BIOLIGE
2-	Days		garan .		C1 Carculations,				VIIUS IIIICUV		UV	Dose		
	Plant			· · · · · · · · · · · · · · · · · · ·	10.4	- 14. (- m.)	Lowest CT	14.15		7 T		J S	Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided		1.00				Residual	
	or				Disinfectant	Contact Time	Before or		34 A			1.7	Disinfectant	
	Visited				Concentration	(T) at C	at First	4.00			Lowest	Minimum	Concentration	
D6	by	77	Net Quanity	l	(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in 💥	Emergency or Abnormal Operating Conditions;
Month	"X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	11,500	rune, gpa	1.5	minucs	mg-mm.	- 30	Applicable	mg-muvi	SCACILIZ	SOUTHIZ	1.4	water System Components Out of Operation
2		24 hrs	9,900										*. '	
3		24 hrs	10,000					-						
4	X	24 hrs	10,000		1.5								1.4	
5	X	24 hrs	9,500		1.3								1.2	
6	X	24 hrs	10,000		1.2								1.2	
7	X	24 hrs	13,800		1.3								1.2	
8	X	24 hrs	9,000		1.4			<u> </u>				ļ	0.2	
9		24 hrs	10,600											
11	X	24 hrs 24 hrs	10,600 10,700		1.6		-					ļ		
12	X	24 hrs	9,900		1.5 1.5			ļ					1.4	
13	X	24 hrs	9,700		1.5			l -					1.5	
14	X	24 hrs	7,400		1.4							ļ	1.4	
15	X	24 hrs	8,700		1.4			l					1.3	
16		24 hrs	8,400											
17		24 hrs	8,500											
18	X	24 hrs	8,500		1.2								1.1	
19	X	24 hrs	10,400		1.2							ļ <u>.</u>	1.2	
20	X	24 hrs	9,600		1.2								1.1	
21 22	X	24 hrs 24 hrs	8,900 8,200		1.3					·	<u> </u>	ļ	1.1	
23		24 hrs 24 hrs	9,700		1.2								1.1	
24		24 hrs	9,800											
25	X	24 hrs	9,800		1.2			ļ			 	<u> </u>	1.2	
26	X	24 hrs	10,500		1.2								1.0	
27	X	24 hrs	8,800		1	···					 		0.9	
28	X	24 hrs	9,400		1.2					-1			1.1	
29	X	24 hrs	14,000		1						<u> </u>	 	1	
30		24 hrs	8,400											
31	1	24 hrs	8,500					<u></u>						
Total			302,700											

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



See page 4 for instructions

I. General Information f	For the Month/Year of: August-05				
A. Public Water System	(PWS) Information				
PWS Name:	Ravenswood		PWS Identif	ication Number: 3351062	
PWS Type:	X Community	nunity	Transient Non-Commun	ity Consecutive	
	nections at End of Month: 43		Total Population Served:	at End of Month: 151	
PWS Owner:	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin	ng Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749	
Contact Person's Teleph			Contact Person Person's	Fax Number: 352/787-6333	
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	Ravenswood		Plant Teleph	none Number: (352) 787-0980	
Plant Address:	US Hwy 27		City: Leesburg	State: FL Zip Code: 34748	
Type of Water Treated	by Plant: X Raw Ground Water Pure	chased Finished Wat	er		
		56,160			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	46
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week	
Other Operators:	John Worrell	С	6597	3 Days per week	
Other Operators:	Marty Neal	С	10027	3 Days per week	
II. Certification by Lead	Chief Operator				L,
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of the	e water treatment plant i	identified in Part I of this report. I certify that the	
	this report is true and accurate to the best of my knowledg				
International Standard 60	0 or other applicable standards referenced in subsection 6.	2-555 320(3) F A (C Lalso certify that the	following additional operations records for this p	lant
were presented and desired	that a licensed operator staffed or visited this plant during	2-333.320(3), 1 .A.	d abayay (1) magamda af	amounts of chamicals used and chamical feed rate	
	propriate treatment process performance records. Futhern		vide these additional op-	erations records to the PWS owner so the PWS ov	vner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.			
	Will D. A.			C6813	
Cignoture and Data	Will Fontaine			License Number	
Signature and Date	Printed or Typed Name	2		License number	

Page 1

DEP Form 62-555 900(3)Alternate

PWS Io	lentificati	ion Number		3351062		Plant Name:	Ravenswo	od						
III Dai	ly Data 6	or the Mont	h Your of		August-05							-		
			og Virus Inactiv				X Free ('hlorin		Chlorine I	Viovido		Ozone	Combined Chlorine (Chloramines)
		t Radiation		Tation/Remo	Other (Describe		M Hack	-morni		CHIOTHE	HOXIGC	□ 、)2011C	Combined Chlorine (Chloralinies)
						:):			Free Chl				hlorine (Chlora	nmines) Chlorine Dioxide
Type o.	Disinfe	ciani Kesidi	ial Maintained ir	Distributio		THE STATE OF THE S		X					niorine (Chiora	imines) Chorne Dioxide
					CT Calculations	or UV Dose, to I		our-Log	Virus Inactiv	ation, if Appi		Dose 115		[- 하스펙티션 11.4.4] [[[[[[[[[[[[[[[[[[[
	Days				i i filo Digino.	CT Calcu		r	1	75 C	OVI			[10] 그는 사람들의 중요하는 사람이 나라들다
	Plant		40 m	4.199.11			Lowest CT						Lowest	[2013년 기가 나이는 이번 의혹의 설계되었다.
	Staffed			1.5	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or				1		Residual Disinfectant	[- 17: 전문 기 : - 2117] - 1대학생생
	or Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	1.	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	1, 10	First Customer	Point During	During	of	pH of Water,		UV Dose	Required,	Point in	Emergency or Abnormal Operating Conditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taki
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	8,500		1.5								1.4	
2	X	24 hrs	10,100		1.3								1.3	
3	X	24 hrs	8,400		1.3			<u> </u>					1.2	
4	X	24 hrs	9,600		1.4			<u> </u>		ļ			1.2	
5	X	24 hrs	9,900		1.4			<u> </u>				ļ	1.3	
6		24 hrs	9,500		ļ			ļ						
7		24 hrs	9,500		ļ		ļ	 		ļ				
8	X	24 hrs	9,600	ļ	1.4			 	ļ			<u> </u>	1.3	
9	X	24 hrs	10,200		1.1			ļ	ļ			ļ ——	0.9	
10	X	24 hrs	7,200		1.1			 		 			1.1	
11	X	24 hrs	12,100		1.3			 	 			 	1.1	
12	X	24 hrs	16,900 19,400		1.2					ļ		 	1.2	
14		24 hrs 24 hrs	19,500					 	İ		 	 		
15	X	24 hrs	19,500		1.2			 	<u> </u>			· · · · · · · · · · · · · · · · · · ·	1.1	
16	$\frac{\hat{x}}{x}$	24 hrs	20,600		1.3		-	 				 	1.3	
17	X	24 hrs	18,900	ļ	1.3			 		† — — —	 		1.3	
18	X	24 hrs	27,300	1	1.4			 	 				1.3	
19	X	24 hrs	22,500		1.2			1				1	0.7	
20		24 hrs	13,200		1									
21		24 hrs	13,200											
22	Х	24 hrs	13,200		1								0.8	
23	X	24 hrs	10,700		1.2								1.1	
24	X	24 hrs	8,500		1.2								1.0	
25	X	24 hrs	8,800		1.4								1.2	
26	X	24 hrs	9,400		1.4								1.3	
27		24 hrs	10,300		<u> </u>			<u> </u>			<u> </u>	<u> </u>		
28		24 hrs	10,400					ļ	ļ	ļ	ļ <u> </u>	<u> </u>		
29	X	24 hrs	12,200		1			<u> </u>	ļ. <u></u>	 -	ļ	ļ	0.7	
30	Х	24 hrs	8,600		1.2			 	ļ			ļ	1	
31	X	24 hrs	9,700		1.3	L	L	<u> </u>	<u> </u>	L	L	l	1.1	L
Total	4 11.4		397,400											
Average	****	** * **. *	12,819											
Maximu	ım		27,300	l										

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



See page 4 for instructions

See page 1 for instructions					
I. General Information f					
A. Public Water System	<u> </u>				
PWS Name:	Ravenswood		PWS Identif	ication Number:	3351062
	X Community	nunity [Transient Non-Commun		Consecutive
· · · · · · · · · · · · · · · · · · ·	nections at End of Month: 43		Total Population Served	at End of Month:	151
	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph			Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	Ravenswood		Plant Teleph	none Number:	(352) 787-0980
Plant Address:	US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated		chased Finished Wat	ter		
		56,160			
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked 🗻 💉
Lead/Chief Operator:	Will Fontaine	C	6813		B Days per week
Other Operators:	John Worrell	С	6597		B Days per week
	Marty Neal	С	10027		B Days per week
n 1					
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	e water treatment plant i	identified in Part I of	this report. I certify that the
	this report is true and accurate to the best of my knowledg				
	or other applicable standards referenced in subsection 6.				
	that a licensed operator staffed or visited this plant during				
	propriate treatment process performance records. Futhern		vide these additional op	erations records to th	ie PWS owner so the PWS owner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.			
	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name	•		License Number	

Page 1

PWS Id	entificat	ion Number	·:	3351062		Plant Name:	Ravenswo	od						
111 75 1	D . 0				6									
		or the Mont			September-05		D. 1							
			og Virus Inactiv	riation/Remo			X Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	<u>:):</u>						.,		
Type of	Disinfe	ctant Residu	ial Maintained in	n Distribution	n System:			Х	Free Chle	orine	Co	mbined Cl	hlorine (Chlora	amines) Chlorine Dioxide
						, or UV Dose, to		our-Log	Virus Inactiva	ation, if Appl				
	Days					CT Calcu	lations				UVI	Dose		
1 .	Plant						Lowest CT			44	最多数数		Lowest	AMOUNT OF THE PROPERTY OF THE
	Staffed				Lowest Residual	Disinfectant	Provided			1.5			Residual	
	or	Ì			Disinfectant	2 Contact Time	Before or	i in the		100			Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum.	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	D. I. Fl.	First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the Month	(Place	Plant in Operation	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair of Maintenance Work that Involves Taking Water System Components Out of Operation
I	X	24 hrs	Produced, gal 7,700	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 1.2	water System Components Out of Operation
2	X	24 hrs	10,100		1.4		 	 			<u> </u>	 	1.3	
3		24 hrs	10,400		1.7		 	 -					1.5	
4		24 hrs	10,500								 			
5	X	24 hrs	10,500		0.7		 	1	 				0.5	
6	X	24 hrs	10,800		1.3								1.2	
7	X	24 hrs	8,400		1.2		T	-			<u> </u>	T	1.1	
8	X	24 hrs	9,600		1.3								1.2	
9	X	24 hrs	12,300		1.3			İ					1.2	
10		24 hrs	13,200											
11		24 hrs	13,200				<u> </u>							
12	X	24 hrs	13,200		1.3	ļ	ļ	<u> </u>		ļ ———			1.1	
13	X	24 hrs	9,000		1.1		<u> </u>	ļ			ļ	ļ	0.9	
14	X	24 hrs	10,300		2.2	ļ					ļ		2.2	
15 16	X	24 hrs	20,900		1.9 2.1		 	ļ			 	ļ	2.0	
17	X	24 hrs	12,400		2.1		 	-				 	2.0	
18		24 hrs	11,200 11,300			<u> </u>	 					ļ		
19	X	24 hrs 24 hrs	11,300		2.5		 	-	 	 	 	- -	2.3	
20	X	24 hrs	13,300		2.6	 	 	 	 		 		2.5	
21	$\frac{X}{X}$	24 hrs	8,000		2.3	 	+				 	 	2.3	
22	X	24 hrs	8,600		1.6		 	†	<u> </u>			† · · · · ·	1.5	
23	X	24 hrs	8,400		1.5			İ					1.3	
24		24 hrs	12,666											
25		24 hrs	12,666											
26	X	24 hrs	12,666		1.3								1.0	
27	X	24 hrs	11,900		1.5							<u> </u>	1.2	
28	X	24 hrs	10,600		1.6						<u> </u>	ļ	1.4	
29	X	24 hrs	13,000		1.5		<u> </u>				ļ		1.3	
30	X	24 hrs	9,700		1.5	ļ		ļ	<u> </u>	ļ	ļ	<u> </u>	1.3	
31		24 hrs	227 700		L	<u> </u>	1	<u> </u>	L	L	<u> </u>	L	L	
Total	veri Villa alla		337,798											

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



See page 4 for instructions I. General Information for the Month/Year of: October-05 A. Public Water System (PWS) Information PWS Name: Ravenswood PWS Identification Number: 3351062 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 151 43 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: Zip Code: 34749 Contact Person's Telephone Number: 352/787-0980 352/787-6333 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ravenswood Plant Telephone Number: (352) 787-0980 Plant Address: Zip Code: 34748 US Hwy 27 City: Leesburg State: FLType of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 D Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: 3 Days per week C 6813 Will Fontaine 3 Days per week Other Operators: John Worrell C 6597 C 10027 3 Days per week Marty Neal II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C6813 Signature and Date Printed or Typed Name License Number

Page 1

PWS I	dentificat	ion Number	r:	3351062		Plant Name:	Ravenswo	od						
III Da	ly Data f	or the Mont	th Nour of		October-05									
			og Virus Inactiv	viation/Pema			X Free (Chlorin		Chlorine I	Diavida		Ozone 🗍	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	.)·	✓ Free (JIIOHI	€ ∐	Cinorine I	JOXIGE	Ц,)ZOHE	Comonica Chornie (Chorannies)
			ual Maintained in	ــــــا - ندينانستان م				10	F C11	· · · · ·		-1.11 C	Haring (Ch.)	amines) Chlorine Dioxide
Type o	Distille	ciani Kesidi	iai iviaintained ii	n Distributio		YNYD		^_	Free Chle			mbined C	hlorine (Chlora	
	_			April 1	C1 Calculations	, or UV Dose, to	Demonstrate I		Virus Inactiv		icable*			
1	Days			2 T 198	<u> </u>	C1 Calci	1 2 2 2 2 2	1	・ 一般 単年 300多 「水油をイントルス		UV	Dose		
	Plant Staffed				Lowest Residual	5	Lowest CT Provided		The same			F 1,4	Lowest	
ł	or	4.1		100	Disinfectant	Disinfectant Contact Time	Before or	8.9					Residual Disinfectant	
	Visited		A Committee of the second		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	- 71,55	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	100 100 100 100	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	A STATE OF THE STA	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if '	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1		24 hrs	11,700					<u> </u>				<u> </u>		
3		24 hrs	11,700	 				ļ <u></u>						
4	X	24 hrs	11,800		1.4		ļ <u>-</u>	<u> </u>					1.3	
5	X	24 hrs 24 hrs	10,400 11,300		1.5 1.5		ļ					<u> </u>	1.3	
6	X	24 hrs	9,400		1.6		ļ				<u> </u>	 -	1.4	
7	X	24 hrs	13,300	 	1.6			 	 -		 	 	1.4	
8	_^	24 hrs	11,300		1.0			f				 	1.3	
9		24 hrs	11,400					 						
10	X	24 hrs	11,400		1.5		<u> </u>	† -	-		 	 	1.3	
11	X	24 hrs	11,900		1.5		<u> </u>	ţ				1	1.3	
12	X	24 hrs	10,300	i -	1.4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u> </u>			<u> </u>	1.2	
13	X	24 hrs	14,600		1.2								1.1	
14	X	24 hrs	13,300		1.2								1.0	
15		24 hrs	13,300											
16		24 hrs	13,300									Ļ		
17	X	24 hrs	13,400		1.3							 	1.1	
18	X	24 hrs	12,300		1.2		<u> </u>	ļ					1.0	
19	X	24 hrs	14,600		1.4		ļ	-			 		1.3	
21	X	24 hrs 24 hrs	12,600 11,200		1.5		ļ					 	1.3	
22	- ^ -	24 hrs 24 hrs	10,000		1.3				ļ		 	├	1.4	
23		24 hrs	10,000					-	-			 -		
24	X	24 hrs	10,000		1.3			 	 			 	1.1	
25	$\frac{X}{X}$	24 hrs	8,500		1.4	 	 	 	 		 	 	1.2	
26	X	24 hrs	11,900		1.4			 				1	1.2	
27	X	24 hrs	9,000		1.3		 	† —					1.1	
28	Х	24 hrs	11,600		1.3			<u> </u>			1		1.1	
29		24 hrs	12,200									T		
30		24 hrs	12,200											
31	X	24 hrs	12,200		1.3								1.1	
Total			362,100											

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



See page 4 for instructions I. General Information for the Month/Year of: November-05 A. Public Water System (PWS) Information PWS Name: PWS Identification Number: 3351062 Ravenswood PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 151 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Area Manager Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 State: Zip Code: 34749 Leesburg FL Contact Person's Telephone Number: 352/787-0980 352/787-6333 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Plant Telephone Number: (352) 787-0980 Ravenswood Zip Code: 34748 Plant Address: US Hwy 27 City: Leesburg State: FL X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class Day(s)/Shift(s) Worked License Number Lead/Chief Operator: C 3 Days per week Will Fontaine 6813 6597 3 Days per week Other Operators: John Worrell C Marty Neal \overline{c} 10027 3 Days per week II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. C6813 Will Fontaine License Number

Page 1

Printed or Typed Name

Signature and Date

PWS I	lentificat	ion Number	:	3351062		Plant Name:	Ravenswo	od						
111 15	Daily Pata for the Month Year of: November-05													
						of the transfer of the second	TOTAL TOTAL	21.1		Charles F	Viassida		Ozone	Combined Chlorine (Chloramines)
IMen.	n - Cese	vordicour-i. vordicour-i.	ag Virus Inactiv			. X.	X Free (niorin	٤	Chtorine I	noxide		Mone	Comonica Chiornic (Chiorannics)
ــــــــــــــــــــــــــــــــــــــ	a-iote	t Radiation			Other (Describe	e):			1			1: 1(2)	1 : (611	: A Chlorino Diovido
Type o	Distrited	ctant Residu	ial Maintained in	1 Distributio					Free Chlo				nlorine (Chlora	mines) Chlorine Dioxide
					CT Calculations	s, or UV Dose, to	Demonstrate I	our-Log	Virus Inactiva	ation, if Appl			5.0V	Emergency of Abnormal Operating Conditions
-	Days			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CT Calcu	ulations		1 1200		. ∵ UV)	Jose		
	Plant						Lowest CT	4.00	海道		1200 A		Lowest	
ļ	Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or				200	¥	Residual Disinfectant	
	or Visited	· ·			Concentration	(T) at C	at First	4.4			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1 4 2 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5	Minimum	Operating	★ *** ** ** *** *** *** *** *** *** **	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water.	CT	UV Dose.	Required.	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	and the second second second	Required,	mW-	mW	Distribution	Websil of Manuellance More man manages rowing
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1 2	X	24 hrs	10,100		1.3		 						1.1	
3	X	24 hrs 24 hrs	7,700 8,900		1.3		 	 			 	 	1.1	
4	$\frac{}{x}$	24 hrs	9,200	1	1.4	 	+	 				t	1.3	
5	- 1	24 hrs	13,700		1.4		 					†		
6		24 hrs	13,700					1						
7	Х	24 hrs	13,800		1.3		T	 					1.2	
8	X	24 hrs	19,100		1.4								1.3	
9	X	24 hrs	9,200		1,4								1.3	
10	X	24 hrs	12,600		1.4			<u> </u>		ļ		ļ	1.2	
11	X	24 hrs	10,800	 	1.3	<u> </u>		_		ļ		ļ	1.1	
12	ļ	24 hrs	12,600			 	ļ	ļ		<u> </u>	 	 		
13	X	24 hrs 24 hrs	12,600 12,700		1.4		 					├	1.1	
15	X	24 hrs	12,700	<u> </u>	1.4	 	 		 	<u> </u>	 	 	1.2	
16	X	24 hrs	12,200		1.4		 	 	 	 	<u> </u>	<u> </u>	1.2	
17	X	24 hrs	10,000		1.3		1						1.1	
18	X	24 hrs	12,100		1.3								1.1	
19		24 hrs	11,900											
20		24 hrs	11,900					<u> </u>				 		
21	X	24 hrs	12,000	<u> </u>	1.2	ļ	ļ	<u> </u>	ļ. 	<u></u>	 	ļ	1.0	
22	X	24 hrs	9,600		1.5			<u> </u>	 	 	 	 	1.1	
23	X	24 hrs	9,300		1.5	 	 		}	 	 	 	1.4	
25	X	24 hrs 24 hrs	14,900 10,400		1.6			 	 	 	 	 	1.2	
26		24 hrs	14,300		1.4	 	 	 				 		
27		24 hrs	14,300			 	 	+	 			 		
28	X	24 hrs	14,400		1.7	1	1	t		T			1.5	
29	X	24 hrs	7,400		1.8		T	1					1.6	
30	Х	24 hrs	8,400		1.5								1.4	
31		24 hrs				L	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	1	l	<u> </u>
Total	<u> </u>	10.00	352,700											

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



See page 4 for instructions

See Page : 191 moductions					
I. General Information f	for the Month Year of: December-05				
A. Public Water System					
PWS Name:	Ravenswood	· · · · · · · · · · · · · · · · · · ·	PWS Identifi	cation Number:	3351062
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Communi		Consecutive
Number of Service Con	nections at End of Month: 43		Total Population Served a		151
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin	g Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	none Number: 352/787-0980		Contact Person Person's F	ax Number:	352/787-6333
Contact Person's E-Mai	l Address: beheath@aquaamerica.com				
B. Water Treatment Pla	nt Information				
Plant Name:	Ravenswood		Plant Telepho	one Number:	(352) 787-0980
Plant Address:	US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated	by Plant: X Raw Ground Water Pur	chased Finished Wat	er		
	ay Operating Capacity of Plant, gallons per day:	56,160			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		3 Days per week
Other Operators:	John Worrell	C	6597		3 Days per week
Haya Titu in the second	Marty Neal	C	10027		3 Days per week
and the second second					
The State of the second				<u> </u>	
		-,,-			
Art Control of the Control					
the second of					
6			<u> </u>		
II. Cardiffaraian la Land					
II. Certification by Lead					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant id	dentified in Part I o	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowleds	ge. I certify that all	drinking water treatmen	t chemicals used a	t thisplant conform to NSF
International Standard 60	or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	C. I also certify that the	following addition	al operations records for this plant
were prepared each day t	that a licensed operator staffed or visited this plant during	the month indicate	ed above: (1) records of a	mounts of chemic	als used and chemical feed rates;
	propriate treatment process performance records. Futhern				
	with copies of this report, at a convenient location for at		vide mese additional ope	rations records to	the 1 Wg owner be the 1 Wg owner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.			
	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name			License Number	
orginature and Date	Trinica of Typea Name	•		Diceise Number	

Page 1

DEP Form 62-555 900(3)Alternate

PWS Id	entificat	ion Number		3351062		Plant Name:	Ravenswo	od						
					December-05									
		or the Mont	n Year or: .og Virus Inactiv	intion/Para			X Free (Chlorin		Chlorine I)iovide		Ozone	Combined Chlorine (Chloramines)
		ving Four-L et Radiation	og virus mactiv	ration/Reino	vai: + Other (Describe		N FIGE	ZHOHN		CHIOTHIC L	PIONICE	LJ '	72011C	Comonica Chiefmic (Chiefminico)
			al Maintained ir	n Diatributio		:)			Free Chlo	rina	Co	mbined C	hlorine (Chlora	emines) Chlorine Dioxide
Type of	Distille	Ctant Reside	iai Maintained ii	Distributio		, or UV Dose, to I	Namonetrata I					momea C	morne (Chiora	minics)
1	D				C1 Calculations	CT Calcu	lations	War-1208	VII us illactiva	idon, ii Appi	UV	Dose		
	Days Plant					-34	Lowest CT	35 2 3	The state of the	2.7		I	Lowest	
1 1	Staffed				Lowest Residual	Disinfectant	Provided	哲学:					Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	4
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer.	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water,	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable.		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	8,400	, 5,	1.4					8			1.2	
2	X	24 hrs	8,200		1.3		,						1.2	
3		24 hrs	10,000											
4		24 hrs	10,000									ļ		
5	X	24 hrs	10,000		1.3			 					1.1	
6	X	24 hrs 24 hrs	8,700 13,000		1.3		 	 			-	 	1.1	
8	$\frac{X}{X}$	24 hrs	9,200		1.3			 					1.1	
9	$\frac{\lambda}{X}$	24 hrs	11,300		1.3		 	├	ł			 	1.2	
10		24 hrs	9,500		1.5		<u> </u>	 			 	— —		
11		24 hrs	9,500				<u> </u>	 			1			
12	X	24 hrs	9,600		1.2								1.0	
13	X	24 hrs	9,300		1.3						<u> </u>		1.0	
14	X	24 hrs	8,500		1.4		ļ	ļ			<u> </u>	<u> </u>	1.2	
15	<u>X</u>	24 hrs	9,900		1.4		 		 		 	 	1.2	
16	X	24 hrs 24 hrs	9,500 8,700	ļ	1.5		 	├	 		-	 	1.2	
18		24 hrs	8,700				 	 	 	 	 	 		
19	X	24 hrs	8,700		1.4					 	1		1.2	
20	X	24 hrs	11,100		1.3								1.1	
21	X	24 hrs	11,500		1.2								1.0	
22	Х	24 hrs	10,300		1.2		ļ						1.0	
23	X	24 hrs	7,300		1.4		<u> </u>	<u> </u>			<u> </u>	├	1.1	
24		24 hrs	13,500	ļ			ļ	<u> </u>				<u> </u>	<u> </u>	
25	X	24 hrs -	13,600 13,600	<u> </u>	1.4		 	├ ─	 			 	1.2	
27	$\frac{\lambda}{X}$	24 hrs	15,800		1.4		 	 	 	-	 	-	1.2	
28	$\frac{X}{X}$	24 hrs	8,300		1.4		 	 			 	 	1.2	
29	X	24 hrs	10,800		1.5								1.2	
-30	X	24 hrs	9,600		1.1								1.3	
31		24 hrs	9,500					<u> </u>		L			l	<u> </u>
Total	· · ·		315,600											
Average		وجائز أيامي ومشورا	10.181	ı										

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