

ORIGINAL

Ravenswood

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 39 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____

COM _____

CTR _____

ECR / _____

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC _____

OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

00869 JAN 26 85

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Ravenswood

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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: January-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL Zip Code: 34748	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1				
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:	Mark March	C	8287	3 Days per week
Other Operators:	Tom Felton	C	2241	3 Days per week
				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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Mark March	C8287
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month/Year of: **January-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1		24 hrs	10,000													
2	X	24 hrs	9,000												0.4	
3		24 hrs	9,000													
4		24 hrs	9,000													
5	X	24 hrs	7,000												0.8	
6		24 hrs	7,000													
7	X	24 hrs	11,000												0.6	
8		24 hrs	12,000													
9	X	24 hrs	9,000												0.9	
10		24 hrs	9,000													
11		24 hrs	9,000													
12	X	24 hrs	7,000												0.6	
13		24 hrs	7,000													
14	X	24 hrs	12,000												0.5	
15		24 hrs	13,000													
16	X	24 hrs	7,000												0.7	
17		24 hrs	7,000													
18		24 hrs	7,000													
19	X	24 hrs	6,000												0.7	
20		24 hrs	6,000													
21	X	24 hrs	9,000												0.5	
22		24 hrs	9,000													
23	X	24 hrs	7,000												0.6	
24		24 hrs	7,000													
25		24 hrs	7,000													
26	X	24 hrs	6,000												0.6	
27		24 hrs	6,000													
28	X	24 hrs	10,000												0.7	
29		24 hrs	11,000													
30	X	24 hrs	10,500												0.8	
31		24 hrs	10,500													
Total			266,000													
Average			8,581													
Maximum			13,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com			

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881	
Plant Address: US Hwy 27		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):			
Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.):	
	Name	License Class	License Number
Lead/Chief Operator:	Mark March	C	8287
Other Operators:	Tom Felton	C	2241
			3 Days per week
			3 Days per week
			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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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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: **March-04**

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
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:	Mark March	C	8287	3 Days per week
Other Operators:	Tom Felton	C	2241	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: **March-04**

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

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

Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement Point During Peak Flow, mg-min/L	Disinfectant Contact Time (T) at C	Provided Before or at First Customer Temp of Water, C	pH of Water, if Applicable	Minimum CT mg-min/L	Lowest Operating UV Dose, sec/cm ²	Lowest UV Dose, mW Required, sec/cm ²	Minimum Concentration Disinfectant Residual	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
													UV Dose	UV Dose
1	24 hrs	8,000												
2	X	10,000												
3	X	12,000												
4		8,000												
5	X	10,000												
6		10,000												
7	X	8,000												
8		8,000												
9		8,000												
10	X	10,000												
11		10,000												
12	X	7,000												
13		7,000												
14	X	9,000												
15		9,000												
16		9,000												
17	X	10,000												
18		10,000												
19	X	12,000												
20		12,000												
21	X	11,000												
22		11,000												
23		11,000												
24	X	9,000												
25		9,000												
26	X	10,000												
27		10,000												
28	X	14,000												
29		14,000												
30	X	14,000												
31		10,000												
		Total	310,000											
		Average	10,000											
		Maximum	14,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL Zip Code: 34748	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
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:	Mark March	C	8287	3 Days per week
Other Operators:	Tom Felton	C	2241	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month/Year of: April-04

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

Ultraviolet Radiation Other (Describe):

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

Days Served or Plant	Operator Visited or by Operator (Place "X")	Hours of Operation in Plant	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												Total Average	Maximum		
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow	Disinfectant Contact Time at C	Measurement (T) at C	Point During Peak Flow, minutes	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	UV Dose			17,000	
1		24 hrs	9,000																	
2	X	24 hrs	9,000																	
3		24 hrs	10,000																	
4	X	24 hrs	14,000																	
5		24 hrs	14,000																	
6		24 hrs	14,000																	
7	X	24 hrs	10,000																	
8		24 hrs	10,000																	
9	X	24 hrs	13,000																	
10		24 hrs	13,000																	
11	X	24 hrs	8,000																	
12		24 hrs	8,000																	
13		24 hrs	8,000																	
14	X	24 hrs	13,000																	
15		24 hrs	13,000																	
16	X	24 hrs	9,000																	
17		24 hrs	9,000																	
18	X	24 hrs	13,000																	
19		24 hrs	15,000																	
20	X	24 hrs	14,000																	
21		24 hrs	14,000																	
22		24 hrs	14,000																	
23	X	24 hrs	12,000																	
24		24 hrs	12,000																	
25	X	24 hrs	15,000																	
26		24 hrs	15,000																	
27		24 hrs	15,000																	
28	X	24 hrs	17,000																	
29		24 hrs	17,000																	
30	X	24 hrs	7,000																	
31		24 hrs																		
Total			364,000																	
Average			12,133																	
Maximum			17,000																	

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com		Contact Person's Fax Number: (352) 732-3213	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881	
Plant Address: US Hwy 27		City: Leesburg	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):			
Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.):	
	Name	License Class	License Number
Lead/Chief Operator:	Mark March	C	8287
Other Operators:	Tom Felton	C	2241

II. Certification by Lead Chief Operator

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

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 | Plant Name: Ravenswood

III. Daily Data for the Month Year of: **May-04**

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

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

Days	Plant Started or Visited by Operator (Place "X")	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time Before or During Customer Measurement	Point During Peak Flow, minutes	Customer Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm ²	Required UV Dose, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		X	7,400											
2		X	10,000											
3			10,000											
4			10,000											
5		X	14,000											
6			14,000											
7		X	16,000											
8			16,000											
9		X	16,000											
10			16,000											
11			16,000											
12		X	6,000											
13			6,000											
14		X	15,000											
15			15,000											
16		X	16,000											
17			16,000											
18		X	20,000											
19		X	20,000											
20			20,000											
21		X	20,000											
22			20,000											
23		X	14,000											
24			14,000											
25			14,000											
26		X	25,000											
27			25,000											
28		X	21,000											
29			21,000											
30		X	15,000											
31			15,000											
Total			479,400											
Average			15,465											
Maximum			25,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	41	Total Population Served at End of Month:	144
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL Zip Code: 34748	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
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:	Mark March	C	8287	3 Days per week
Other Operators:	Tom Felton	C	2241	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	<u>Mark March</u> Printed or Typed Name	<u>C8287</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: June-04

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

Ultraviolet Radiation Other (Describe):

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

Days Plant Staffed or Visited by Operator (Place the Month X)	Hour	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C Measurement Point During Customer Contact Time	Disinfectant Provided Before or During Customer Contact Time	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW sec/cm2	Point in Distribution System at Remote Disinfectant Concentration	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
													Lowest CT	UV Dose	UV Dose										
1	1	13,000	24 hrs	X						1.1															
2	1	11,000	24 hrs	X																					
3	1	11,000	24 hrs	X																					
4	1	11,000	24 hrs																						
5	1	11,000	24 hrs	X																					
6	1	12,000	24 hrs	X						1.1															
7	1	12,000	24 hrs																						
8	1	12,000	24 hrs	X																					
9	1	9,000	24 hrs	X						1.6															
10	1	9,000	24 hrs	X						1.7															
11	1	11,000	24 hrs	X						1.7															
12	1	11,000	24 hrs	X						1.7															
13	1	8,000	24 hrs	X						1.7															
14	1	8,000	24 hrs																						
15	1	8,000	24 hrs																						
16	1	15,000	24 hrs	X						1.1															
17	1	15,000	24 hrs																						
18	1	18,000	24 hrs	X						1.2															
19	1	18,000	24 hrs							1.2															
20	1	9,000	24 hrs	X						1.2															
21	1	9,000	24 hrs																						
22	1	9,000	24 hrs																						
23	1	15,000	24 hrs	X						1.2															
24	1	15,000	24 hrs																						
25	1	9,000	24 hrs	X						0.8															
26	1	9,000	24 hrs																						
27	1	8,000	24 hrs	X						0.9															
28	1	8,000	24 hrs																						
29	1	8,000	24 hrs																						
30	1	11,500	24 hrs	X																					
31	1	18,000	24 hrs																						
Total													335,500												
Average													11,183												
Maximum													18,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
		<input type="checkbox"/> Transient Non-Community	
		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4		City: Leesburg	State: FL
		Zip Code: 34748	
Contact Person's Telephone Number: 352/787-0980		Contact Person's Fax Number: 352/787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881	
Plant Address: US Hwy 27		City: Leesburg	State: FL
		Zip Code: 34748	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
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:	Will Fontaine	C	6813
Other Operators:	John Worrell	C	6597

II. Certification by Lead Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: July-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	11,500												
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									1	
9	X	24 hrs	9,300		1.4									1	
10		24 hrs	9,300												
11		24 hrs	9,300												
12	X	24 hrs	9,600		1.3									1.0	
13	X	24 hrs	9,400		1.2									1.0	
14	X	24 hrs	10,500		1.2									0.9	
15	X	24 hrs	10,800		1.3									0.9	
16	X	24 hrs	8,500		1.2									0.9	
17		24 hrs	8,500												
18		24 hrs	8,500												
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									0.9	
22	X	24 hrs	9,200		1.3									0.9	
23	X	24 hrs	10,300		1.3									1.0	
24		24 hrs	10,300												
25		24 hrs	10,300												
26	X	24 hrs	11,200		1.3									0.9	
27	X	24 hrs	11,800		1.2									1	
28	X	24 hrs	7,200		1.7									1.1	
29	X	24 hrs	10,300		1.2									1	
30	X	24 hrs	11,000		1.1									0.8	
31		24 hrs	11,000												
Total			300,000												
Average			9,677												
Maximum			11,800												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34748	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: **August-04**

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

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

Days Plant Staffed	or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Provided Before or During Customer Measurement Point During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, mW sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
													CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	UV Dose

1		24 hrs	16,600	1.3										
2	X	24 hrs	16,600	1.2										
3	X	24 hrs	5,700	1.2										
4	X	24 hrs	8,700	1.2										
5	X	24 hrs	8,800	1.1										
6	X	24 hrs	10,300	1.1										
7		24 hrs	16,300											
8		24 hrs	16,300											
9	X	24 hrs	16,300	1.1										
10	X	24 hrs	6,800	1.2										
11	X	24 hrs	10,400	1.4										
12	X	24 hrs	8,400	1.5										
13	X	24 hrs	8,500	0.5										
14	X	24 hrs	9,200	1.6										
15		24 hrs	9,800											
16	X	24 hrs	9,800	1.6										
17	X	24 hrs	9,500	1.6										
18	X	24 hrs	5,200	1.5										
19	X	24 hrs	8,600	1.3										
20	X	24 hrs	10,300	1.5										
21		24 hrs	12,700											
22		24 hrs	12,700											
23	X	24 hrs	12,700	0.7										
24	X	24 hrs	18,200	2.5										
25	X	24 hrs	6,300	2.5										
26	X	24 hrs	7,200	1										
27	X	24 hrs	6,700	1										
28		24 hrs	13,750											
29		24 hrs	13,750											
30	X	24 hrs	13,750	1										
31	X	24 hrs	10,900	1										
Total			340,750											
Average			10,992											
Maximum			18,200											

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



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

See page 4 for instructions

I. General Information for the Month Year of: September-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34748	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month/Year of: **September-04**

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

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

Days Plant Staffed or Visted by Operator the Month ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Measurement at C	Contact Time Before or Disinfectant Provided at First Customer Point During Measurement	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose, mW- sec/cm2	Lowest Operating UV Dose, mW- sec/cm2	Minimum UV Dose Required, mW- sec/cm2	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations		Total	Average	Maximum	
													UV Dose	CT Calculations*				
1	X	5,200	24 hrs	1.3											261,100	8,703	17,000	
2	X	9,100	24 hrs	1.4														
3	X	8,000	24 hrs	1.2														
4		17,000	24 hrs															
5		17,000	24 hrs															
6	X	17,000	24 hrs	1.2														
7	X	7,700	24 hrs	1.3														
8	X	6,100	24 hrs	1.3														
9	X	8,800	24 hrs	1.3														
10	X	8,400	24 hrs	1.2														
11		9,200	24 hrs															
12		9,200	24 hrs															
13	X	9,200	24 hrs	1.1														
14	X	6,000	24 hrs	1.1														
15	X	9,700	24 hrs	1.2														
16	X	7,600	24 hrs	1.5														
17	X	7,700	24 hrs	1.7														
18		8,000	24 hrs															
19		8,000	24 hrs															
20	X	8,000	24 hrs	1.2														
21	X	7,000	24 hrs	1.2														
22	X	8,000	24 hrs	1.2														
23	X	6,500	24 hrs	1.1														
24	X	8,900	24 hrs	1.2														
25		6,600	24 hrs															
26		6,700	24 hrs															
27	X	6,700	24 hrs	1.1														
28	X	5,900	24 hrs	1.2														
29	X	9,900	24 hrs	1.3														
30	X	8,000	24 hrs	1.3														
31			24 hrs															

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34748	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: **October-04**

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

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe): Chlorine Dioxide

Day of the Month	Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Contact Time Before or Provided CT	Disinfectant Measurement (T) at C During Customer Point During Peak Flow, minutes	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW sec/cm2	Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
														UV Dose	UV Dose	UV Dose

1	X	24 hrs	7,200	7,200	1.2											
2		24 hrs	7,800	7,800												
3		24 hrs	7,800	7,800												
4	X	24 hrs	7,800	7,800	1.2							0.9				
5	X	24 hrs	6,600	6,600	1.1							0.9				
6	X	24 hrs	7,600	7,600	1.2							1				
7	X	24 hrs	6,800	6,800	1							0.8				
8	X	24 hrs	8,800	8,800	1.1							0.8				
9		24 hrs	9,200	9,200												
10		24 hrs	9,200	9,200												
11	X	24 hrs	9,200	9,200	1.1							0.8				
12	X	24 hrs	7,200	7,200	1.2							1.0				
13	X	24 hrs	9,500	9,500	1.1							0.8				
14	X	24 hrs	9,900	9,900	1.2							0.9				
15	X	24 hrs	4,500	4,500	1.1							0.9				
16		24 hrs	9,300	9,300												
17		24 hrs	9,300	9,300												
18	X	24 hrs	9,400	9,400	1.2							0.8				
19	X	24 hrs	7,600	7,600	1.2							0.9				
20	X	24 hrs	17,900	17,900	1.3							1.0				
21	X	24 hrs	6,700	6,700	1.3							1.0				
22	X	24 hrs	7,000	7,000	1.2							0.9				
23		24 hrs	7,400	7,400												
24		24 hrs	7,400	7,400												
25	X	24 hrs	7,400	7,400	1.1							0.9				
26	X	24 hrs	6,800	6,800	1.2							0.9				
27	X	24 hrs	10,400	10,400	1.2							0.9				
28	X	24 hrs	7,300	7,300	1.3							1				
29	X	24 hrs	7,900	7,900	1.3							0.9				
30		24 hrs	8,300	8,300												
31		24 hrs	8,300	8,300												
Total			257,500													
Average			8,306													
Maximum			17,900													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4		City: Leesburg	State: FL Zip Code: 34748
Contact Person's Telephone Number: 352/787-0980		Contact Person's Fax Number: 352/787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL Zip Code: 34748	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: November-04

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

Ultraviolet Radiation Other (Describe):

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

Days	Plant Staffed	or Visited	Day of the Month ("X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Peak Flow During Peak	First Customer Measurement (C) Before or at Disinfectant Contact Time	Lowest Residual Disinfectant Provided	Before or During Customer at First Disinfectant Contact Time	Temp. of Water, C	pH of Water, if Applicable	Minimum Required CT	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW sec/cm2	Residual Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations		
																		UV Dose	UV Dose	
1	X			24 hrs	25,400													1		
2	X			24 hrs	8,500															
3	X			24 hrs	9,100															
4	X			24 hrs	6,000															
5	X			24 hrs	9,200															
6				24 hrs	8,670															
7				24 hrs	8,670															
8	X			24 hrs	8,670															
9	X			24 hrs	8,100															
10	X			24 hrs	9,700															
11	X			24 hrs	11,700															
12	X			24 hrs	7,900															
13				24 hrs	11,230															
14				24 hrs	11,230															
15	X			24 hrs	11,230															
16	X			24 hrs	17,700															
17	X			24 hrs	8,900															
18	X			24 hrs	10,000															
19	X			24 hrs	8,900															
20				24 hrs	17,300															
21				24 hrs	17,300															
22	X			24 hrs	17,400															
23	X			24 hrs	9,000															
24	X			24 hrs	9,100															
25	X			24 hrs	10,200															
26	X			24 hrs	8,300															
27				24 hrs	9,800															
28				24 hrs	9,900															
29	X			24 hrs	9,900															
30	X			24 hrs	9,900															
31				24 hrs	9,900															
Total					328,900															
Average					10,963															
Maximum					25,400															

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-04

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34748	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 369-4881		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

III. Daily Data for the Month Year of: **December-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	7,100		2.2									2.1	
2	X	24 hrs	9,700		1.7									1.5	
3	X	24 hrs	7,900		1.6									1.5	
4		24 hrs	9,500												
5		24 hrs	9,600												
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		1.3									1.2	
9	X	24 hrs	9,300		1.3									1.1	
10	X	24 hrs	7,800		1.3									1	
11		24 hrs	10,400												
12		24 hrs	10,400												
13	X	24 hrs	10,400		1.3									1.1	
14	X	24 hrs	6,400		1.3									1.0	
15	X	24 hrs	7,600		1.1									0.9	
16	X	24 hrs	8,800		1.1									1.0	
17	X	24 hrs	8,700		1.1									0.9	
18		24 hrs	10,300												
19		24 hrs	10,300												
20	X	24 hrs	10,400		1.2									0.9	
21	X	24 hrs	10,500		1.2									1.0	
22	X	24 hrs	7,500		1.2									1.0	
23	X	24 hrs	8,000		1.3									1.0	
24	X	24 hrs	4,800		1.3									1.1	
25		24 hrs	9,600												
26		24 hrs	9,600												
27	X	24 hrs	9,600		1									0.9	
28	X	24 hrs	6,200		1.2									1	
29	X	24 hrs	9,800		1.1									1	
30	X	24 hrs	8,400		1.3									1.1	
31	X	24 hrs	5,700		1									1	
Total			271,800												
Average			8,768												
Maximum			10,900												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant:		Zip Code: 34748		
<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Days	Plant Staffed	or Visited	by Operator	Day of the Month	Hours of Operation	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	First Customer (C) Before or at Measurement Point During	During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT	Lowest Operating UV Dose, mW-sec/cm ²	UV Dose	Required, mg-min/L	Minimum UV Dose, mW-sec/cm ²	Required, mW-sec/cm ²	Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
																						Lowest CT	CT Calculations
1					24 hrs		9,700																
2					24 hrs		9,700																
3	x				24 hrs		9,700	1.1															
4	x				24 hrs		7,100	1.4															
5	x				24 hrs		7,900	1.4															
6	x				24 hrs		8,400	1.5															
7	x				24 hrs		9,400	1.5															
8					24 hrs		10,400																
9					24 hrs		10,400																
10	x				24 hrs		10,500	1.4															
11	x				24 hrs		6,600	1.4															
12	x				24 hrs		8,900	1.4															
13	x				24 hrs		9,800	1.5															
14	x				24 hrs		8,800	1.6															
15					24 hrs		9,000																
16					24 hrs		9,000																
17	x				24 hrs		9,100	1.2															
18	x				24 hrs		6,300	1.1															
19	x				24 hrs		8,600	1.5															
20	x				24 hrs		8,500	1															
21	x				24 hrs		7,600	1.2															
22					24 hrs		8,400																
23	x				24 hrs		8,500																
24	x				24 hrs		8,500	0.8															
25	x				24 hrs		8,100	1.5															
26	x				24 hrs		8,300	1.3															
27	x				24 hrs		7,800	0.8															
28	x				24 hrs		8,100	1.5															
29					24 hrs		9,300																
30					24 hrs		9,300																
31	x				24 hrs		9,400	1.5															
							Total	271,100															
							Average	8,745															
							Maximum	10,500															

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C6813</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	5,400		1.1									1.1	
2	X	24 hrs	9,900		1									0.9	
3	X	24 hrs	5,700		1.4									1.2	
4	X	24 hrs	8,200		1.5									1.3	
5		24 hrs	11,200												
6		24 hrs	11,200												
7	X	24 hrs	11,300		1.5									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									1	
11	X	24 hrs	6,700		1.2									1	
12		24 hrs	9,600												
13		24 hrs	9,600												
14	X	24 hrs	9,700		1.1									1.0	
15	X	24 hrs	7,500		1.3									1.0	
16	X	24 hrs	8,500		1									0.9	
17	X	24 hrs	11,100		1.2									0.9	
18	X	24 hrs	9,100		1.1									1.0	
19		24 hrs	9,800												
20		24 hrs	9,900												
21	X	24 hrs	9,900		0.9									0.8	
22	X	24 hrs	10,000		1.4									1.1	
23	X	24 hrs	8,400		1.4									1.3	
24	X	24 hrs	7,300		1.4									1.2	
25	X	24 hrs	8,700		1.3									1.2	
26		24 hrs	8,200												
27		24 hrs	8,300												
28	X	24 hrs	8,300		1.4									1.2	
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			247,500												
Average			8,839												
Maximum			11,300												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 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	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980	
Plant Address: US Hwy 27		City: Leesburg	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	John Worrell	C	6597
	Marty Neal	C	10027

II. Certification by Lead Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

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

Days		Plant Started	or Visited	by Operator	Day of the Month ("X")	Operation	Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration ("T") at C	Disinfectant Contact Time	Provided Before or	Customer Measurement	Temp. of Water	pH of Water	Applicable if Required	mg-min/L	Peak Flow, mg-min/L	During Customer	Minimum Operating UV Dose, sec/cm2	Lowest UV Dose Required, sec/cm2	mW	mW	Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Plant	Days																							

Days		Plant Started	or Visited	by Operator	Day of the Month ("X")	Operation	Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration ("T") at C	Disinfectant Contact Time	Provided Before or	Customer Measurement	Temp. of Water	pH of Water	Applicable if Required	mg-min/L	Peak Flow, mg-min/L	During Customer	Minimum Operating UV Dose, sec/cm2	Lowest UV Dose Required, sec/cm2	mW	mW	Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Plant	Days																							
	1	X				24 hrs	7,800		1.3															
	2	X				24 hrs	8,000		1.4															
	3	X				24 hrs	7,500		1.4															
	4	X				24 hrs	8,800		1.5															
	5					24 hrs	9,100																	
	6					24 hrs	9,200																	
	7	X				24 hrs	9,200		1.5															
	8	X				24 hrs	8,200		1.5															
	9	X				24 hrs	9,900		1.4															
	10	X				24 hrs	6,600		1.3															
	11	X				24 hrs	5,800		1.5															
	12					24 hrs	11,000																	
	13					24 hrs	11,100																	
	14	X				24 hrs	11,100		1.4															
	15	X				24 hrs	11,800		1.4															
	16	X				24 hrs	7,100		1.5															
	17	X				24 hrs	11,000		1.5															
	18	X				24 hrs	6,000		1.4															
	19					24 hrs	9,400																	
	20					24 hrs	9,400																	
	21	X				24 hrs	9,400		1.6															
	22	X				24 hrs	8,500		1.5															
	23	X				24 hrs	7,800		1.5															
	24	X				24 hrs	8,300		1.3															
	25	X				24 hrs	10,100		1.4															
	26					24 hrs	8,800																	
	27					24 hrs	8,800																	
	28	X				24 hrs	8,800		1.5															
	29	X				24 hrs	11,300		1															
	30	X				24 hrs	9,300		1.6															
	31	X				24 hrs	12,400		1.5															
						Total	281,500																	
						Average	9,081																	
						Maximum	12,400																	

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 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	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	10,100		1.4									1.2	
2		24 hrs	10,600												
3		24 hrs	10,600												
4	X	24 hrs	10,600		1.7									1.5	
5	X	24 hrs	14,400		1.2									1.1	
6	X	24 hrs	17,300		1.1									0.9	
7	X	24 hrs	13,900		1.3									1.3	
8	X	24 hrs	14,500		1.1									1	
9		24 hrs	16,000												
10		24 hrs	16,100												
11	X	24 hrs	16,100		1									0.9	
12	X	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	
15	X	24 hrs	13,200		1.2									1.0	
16		24 hrs	15,900												
17		24 hrs	16,000												
18	X	24 hrs	16,000		1.3									1.2	
19	X	24 hrs	16,400		1.4									1.3	
20	X	24 hrs	17,700		1.2									1.1	
21	X	24 hrs	17,700		1.1									1.1	
22	X	24 hrs	21,100		1									0.9	
23		24 hrs	13,600												
24		24 hrs	13,600												
25	X	24 hrs	13,600		1.6									1.5	
26	X	24 hrs	18,300		1									0.5	
27	X	24 hrs	8,400		1.6									1.3	
28	X	24 hrs	14,600		1									1.9	
29	X	24 hrs	12,100		1.7									1.7	
30	X	24 hrs	14,100												
31		24 hrs													
Total			438,300												
Average			14,610												
Maximum			21,100												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 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	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1		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										1.5	
7		24 hrs	11,800													
8		24 hrs	11,800													
9	X	24 hrs	11,900		1.4										1.4	
10	X	24 hrs	11,700		1.4										1.3	
11	X	24 hrs	12,300		1.5										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													
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	
19	X	24 hrs	12,100		0.8										0.5	
20	X	24 hrs	19,000		0.8										0.5	
21		24 hrs	14,000													
22		24 hrs	14,000													
23	X	24 hrs	14,000		1.6										1.5	
24	X	24 hrs	14,300		1.8										1.7	
25	X	24 hrs	12,800		1.7										1.7	
26	X	24 hrs	16,200		1.8										1.8	
27	X	24 hrs	10,800		1.5										1.4	
28		24 hrs	18,300													
29		24 hrs	18,300													
30	X	24 hrs	18,400		1.4										1.3	
31	X	24 hrs	19,800		1.4										1.4	
Total			420,600													
Average			13,568													
Maximum			19,800													

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 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	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Will Fontaine	C6813
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 STYP RSM1
 CUST-NAME CUELLAR, TONY SCAT WTR
 SRV-ADDR 5318 JAMES RD SET-MTR U74273118
 SRV-CITY FRUITLAND PARK FL 34731-6109 SET-DATE 01-JAN-1700
 PHONE# H 352-728-1788 W SET-RDG 002470
 M-NAME SET-SIZE 5/8
 NONE SET-RMTH MR
 M-ADDR ARB-RMT#
 M-CITY ERT
 BILLED 08-DEC-2006 A/R-STAT ME A MIU#
 DUE-DTE 02-JAN-2007 A/R-BAL 107.98 SERIAL # U999999
 OCCUPANT AMT-COL .00 EXTENS-#
 COMP# 1336417 RC=RS ROUTE 08423 STOP 00740
 CRED-CDS TYPE-HEAT MTR-CDS 06
 BILL-FR=12 SWIM(Y,N) N #DL= 5 DD= 0 M= 1/DL= 0 DD= 0 M= 0
 FROZEN MODEL-1
 LAST-SIZE 5/8 LAST-DATE 01-JAN-00 MODEL-2
 PREM-ID

READ ONLY:	DATE	TIME	INSIDE	READ	REMOTE	EMP#				
REM	DATE	READING	MK	METER NUMBER	TEST YEAR	SZ	TYPE HEAT	CHECK X	SEAL	OCC DATE
								RESEALED		
								SEALED		
SET										
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 0

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

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	10,000		1.4										1.3	
2	X	24 hrs	8,900		1.5										1.4	
3	X	24 hrs	12,700		1.2										1.1	
4		24 hrs	10,500													
5		24 hrs	10,600													
6	X	24 hrs	10,600		1.3										1.2	
7	X	24 hrs	11,700		1.5										1.3	
8	X	24 hrs	9,100		1.5										1.5	
9	X	24 hrs	7,600		1.6										1.5	
10	X	24 hrs	13,600		1.5										1.5	
11		24 hrs	9,300													
12		24 hrs	9,300													
13	X	24 hrs	9,400		1.5										1.4	
14	X	24 hrs	9,300		1.3										1.3	
15	X	24 hrs	10,600		1.5										1.4	
16	X	24 hrs	13,800		1.4										1.4	
17	X	24 hrs	14,000		1.5										1.4	
18		24 hrs	14,966													
19		24 hrs	14,966													
20	X	24 hrs	14,966		1.4										1.2	
21	X	24 hrs	12,100		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	
25		24 hrs	11,000													
26		24 hrs	11,000													
27	X	24 hrs	11,100		1.4										1.3	
28	X	24 hrs	12,500		1.5										1.5	
29	X	24 hrs	8,600		1.3										1.2	
30	X	24 hrs	9,600		1.4										1.2	
31		24 hrs														
Total			333,398													
Average			11,113													
Maximum			14,966													

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 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	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	11,500		1.5									1.4	
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									0.2	
9		24 hrs	10,600												
10		24 hrs	10,600												
11	X	24 hrs	10,700		1.5									1.4	
12	X	24 hrs	9,900		1.5									1.4	
13	X	24 hrs	9,700		1.5									1.5	
14	X	24 hrs	7,400		1.4									1.4	
15	X	24 hrs	8,700		1.4									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									1.2	
20	X	24 hrs	9,600		1.2									1.1	
21	X	24 hrs	8,900		1.3									1.1	
22	X	24 hrs	8,200		1.2									1.1	
23		24 hrs	9,700												
24		24 hrs	9,800												
25	X	24 hrs	9,800		1.2									1.2	
26	X	24 hrs	10,500		1									1.0	
27	X	24 hrs	8,800		1									0.9	
28	X	24 hrs	9,400		1.2									1.1	
29	X	24 hrs	14,000		1									1	
30		24 hrs	8,400												
31		24 hrs	8,500												
Total			302,700												
Average			9,765												
Maximum			14,000												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 43		Total Population Served at End of Month: 151	
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: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	8,500		1.5										1.4	
2	X	24 hrs	10,100		1.3										1.3	
3	X	24 hrs	8,400		1.3										1.2	
4	X	24 hrs	9,600		1.4										1.2	
5	X	24 hrs	9,900		1.4										1.3	
6		24 hrs	9,500													
7		24 hrs	9,500													
8	X	24 hrs	9,600		1.4										1.3	
9	X	24 hrs	10,200		1.1										1.1	
10	X	24 hrs	7,200		1.1										0.9	
11	X	24 hrs	12,100		1.3										1.1	
12	X	24 hrs	16,900		1.2										1.2	
13		24 hrs	19,400													
14		24 hrs	19,500													
15	X	24 hrs	19,500		1.2										1.1	
16	X	24 hrs	20,600		1.3										1.3	
17	X	24 hrs	18,900		1.3										1.3	
18	X	24 hrs	27,300		1.4										1.3	
19	X	24 hrs	22,500		1.2										0.7	
20		24 hrs	13,200													
21		24 hrs	13,200													
22	X	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													
28		24 hrs	10,400													
29	X	24 hrs	12,200		1										0.7	
30	X	24 hrs	8,600		1.2										1	
31	X	24 hrs	9,700		1.3										1.1	
Total			397,400													
Average			12,819													
Maximum			27,300													

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 43		Total Population Served at End of Month: 151	
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: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C6813</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	7,700		1.4										1.2	
2	X	24 hrs	10,100		1.4										1.3	
3		24 hrs	10,400													
4		24 hrs	10,500													
5	X	24 hrs	10,500		0.7										0.5	
6	X	24 hrs	10,800		1.3										1.2	
7	X	24 hrs	8,400		1.2										1.1	
8	X	24 hrs	9,600		1.3										1.2	
9	X	24 hrs	12,300		1.3										1.2	
10		24 hrs	13,200													
11		24 hrs	13,200													
12	X	24 hrs	13,200		1.3										1.1	
13	X	24 hrs	9,000		1.1										0.9	
14	X	24 hrs	10,300		2.2										2.2	
15	X	24 hrs	20,900		1.9										1.7	
16	X	24 hrs	12,400		2.1										2.0	
17		24 hrs	11,200													
18		24 hrs	11,300													
19	X	24 hrs	11,300		2.5										2.3	
20	X	24 hrs	13,300		2.6										2.5	
21	X	24 hrs	8,000		2.3										2.3	
22	X	24 hrs	8,600		1.6										1.5	
23	X	24 hrs	8,400		1.5										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										1.2	
28	X	24 hrs	10,600		1.6										1.4	
29	X	24 hrs	13,000		1.5										1.3	
30	X	24 hrs	9,700		1.5										1.3	
31		24 hrs														
Total			337,798													
Average			11,260													
Maximum			20,900													

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 43		Total Population Served at End of Month: 151	
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: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: 352/787-6333	

B. Water Treatment Plant Information

Plant Name: Ravenswood		Plant Telephone Number: (352) 787-0980		
Plant Address: US Hwy 27		City: Leesburg	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Will Fontaine	C6813
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	11,700												
2		24 hrs	11,700												
3	X	24 hrs	11,800		1.4									1.3	
4	X	24 hrs	10,400		1.5									1.3	
5	X	24 hrs	11,300		1.5									1.4	
6	X	24 hrs	9,400		1.6									1.4	
7	X	24 hrs	13,300		1.6									1.5	
8		24 hrs	11,300												
9		24 hrs	11,400												
10	X	24 hrs	11,400		1.5									1.3	
11	X	24 hrs	11,900		1.5									1.3	
12	X	24 hrs	10,300		1.4									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												
17	X	24 hrs	13,400		1.3									1.1	
18	X	24 hrs	12,300		1.2									1.0	
19	X	24 hrs	14,600		1.4									1.3	
20	X	24 hrs	12,600		1.5									1.3	
21	X	24 hrs	11,200		1.5									1.4	
22		24 hrs	10,000												
23		24 hrs	10,000												
24	X	24 hrs	10,000		1.3									1.1	
25	X	24 hrs	8,500		1.4									1.2	
26	X	24 hrs	11,900		1.4									1.2	
27	X	24 hrs	9,000		1.3									1.1	
28	X	24 hrs	11,600		1.3									1.1	
29		24 hrs	12,200												
30		24 hrs	12,200												
31	X	24 hrs	12,200		1.3									1.1	
Total			362,100												
Average			11,681												
Maximum			14,600												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 43		Total Population Served at End of Month: 151	
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: FL Zip Code: 34749
Contact Person's Telephone Number: 352/787-0980		Contact Person's Fax Number: 352/787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: 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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Will Fontaine	C6813
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

Method of Achieving or Demonstrating Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2				
1	X	24 hrs	10,100		1.3										1.1	
2	X	24 hrs	7,700		1.3										1	
3	X	24 hrs	8,900		1.3										1.1	
4	X	24 hrs	9,200		1.4										1.3	
5		24 hrs	13,700													
6		24 hrs	13,700													
7	X	24 hrs	13,800		1.3										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										1.2	
11	X	24 hrs	10,800		1.3										1.1	
12		24 hrs	12,600													
13		24 hrs	12,600													
14	X	24 hrs	12,700		1.4										1.1	
15	X	24 hrs	12,900		1.4										1.2	
16	X	24 hrs	12,200		1.4										1.2	
17	X	24 hrs	10,000		1.3										1.1	
18	X	24 hrs	12,100		1.3										1.1	
19		24 hrs	11,900													
20		24 hrs	11,900													
21	X	24 hrs	12,000		1.2										1.0	
22	X	24 hrs	9,600		1.5										1.1	
23	X	24 hrs	9,300		1.5										1.2	
24	X	24 hrs	14,900		1.6										1.4	
25	X	24 hrs	10,400		1.4										1.2	
26		24 hrs	14,300													
27		24 hrs	14,300													
28	X	24 hrs	14,400		1.7										1.5	
29	X	24 hrs	7,400		1.8										1.6	
30	X	24 hrs	8,400		1.5										1.4	
31		24 hrs														
Total			352,700													
Average			11,757													
Maximum			19,100													

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name: Ravenswood		PWS Identification Number: 3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	43	Total Population Served at End of Month:	151
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: FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@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:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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.):		V		
Plant Class (per subsection 62-699.310(4), F.A.C.):		D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	C	6597	3 Days per week
	Marty Neal	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351062 Plant Name: Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	8,400		1.4									1.2	
2	X	24 hrs	8,200		1.3									1.2	
3		24 hrs	10,000												
4		24 hrs	10,000												
5	X	24 hrs	10,000		1.3									1.1	
6	X	24 hrs	8,700		1.3									1.1	
7	X	24 hrs	13,000		1.3									1.1	
8	X	24 hrs	9,200		1.3									1.1	
9	X	24 hrs	11,300		1.3									1.2	
10		24 hrs	9,500												
11		24 hrs	9,500												
12	X	24 hrs	9,600		1.2									1.0	
13	X	24 hrs	9,300		1.3									1.0	
14	X	24 hrs	8,500		1.4									1.2	
15	X	24 hrs	9,900		1.4									1.2	
16	X	24 hrs	9,500		1.5									1.2	
17		24 hrs	8,700												
18		24 hrs	8,700												
19	X	24 hrs	8,700		1.4									1.2	
20	X	24 hrs	11,100		1.3									1.1	
21	X	24 hrs	11,500		1.2									1.0	
22	X	24 hrs	10,300		1.2									1.0	
23	X	24 hrs	7,300		1.4									1.1	
24		24 hrs	13,500												
25		24 hrs	13,600												
26	X	24 hrs	13,600		1.4									1.2	
27	X	24 hrs	15,800		1.4									1.2	
28	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												
Total			315,600												
Average			10,181												
Maximum			15,800												

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