

#### Rosalie Oaks

Docket No. 060368-WS

Application to Increase Rates and Charges	CMP
For a "Class A" Utility	COM
In	CTR
Florida	ECR
VOLUME 6	GCL
,	OPC
Book 7	RCA
Set 41 of 57	SCR
	SGA
Containing Additional Engineering Requirements	SEC
Additional Engineering Requirements	OTH

Aqua Utilities Florida, Inc.

Monthly Operating Reports

DOCUMENT RUMBER-DATE
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# Aqua Utilities Florida, Inc. Monthly Operating Reports

### Rosalie Oaks

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Year: 2004				
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Year: 2005				
January	1	27		
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December	12	49		



I. General Information f	or the Month Year of: January-04			
A. Public Water System	(PWS) Information	<u> </u>		
PWS Name:	Rosalie Oaks		PWS Identific	cation Number: 3531546
PWS Type:	X Community Non-Transient Non-C	Community	Transient Non-Commun	ity Consecutive
Number of Service Con	nections at End of Month: 91		Total Population Served a	t End of Month: 192
PWS Owner:	AquaSource Utility, Inc.			
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailin			City: Ocala	State: FL Zip Code: 34470
Contact Person's Teleph	none Number: (352) 369-4881		Contact Person Person's F	ax Number: (352) 732-3213
Contact Person's E-Mai	l Address: mvfitzgerald@suburbanwater.co	<u>om</u>		
B. Water Treatment Pla	nt Information			
Plant Name:	Rosalie Oaks		Plant Telepho	
	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853
Type of Water Treated	by Plant: X Raw Ground Water	Purchased Finished Wa	ater	
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	526,000		
	osection 62-699.310(4), F.A.C.):		Plant Class (per subsectio	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	3 Days per week
Other Operators:	Ward Wright	C	7205	3 Days per week
	Danny Holmes	С	4335	3 Days per week
and the field of the second				
and the feet Marchaeles				
II. Certification by Lead	Chief Operator			
I, the undersigned water	treatment plant operator licensed in Florida, am the le	ead/chief operator of t	he water treatment plant i	dentified in Part I of this report. I certify that the
	this report is true and accurate to the best of my know			
International Standard 6	O or other applicable standards referenced in subsection	on 62 555 320(3) E A	C Lalso certify that the	following additional operations records for this
international Standard of	of other appreadic standards referenced in subsection	on 02-333.320(3), 1 .A	-diasted above (1) magain	de of amounts of chamicals used and chemical feed
plant were prepared each	day that a licensed operator staffed or visited this pl	ant during the month i	ndicated above: (1) recon	us of amounts of chemicals used and chemical feed
				al operations records to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient loca	ation for at least ten ye	ears.	
	Mark March			C8287
Signature and Date	Printed or Typed N	Iama		License Number
Signature and Date	rinied or Typed N	Name		Electise Number

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



I. General Information f	for the Month/Year of: February-04								
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PWS Owner:	AquaSource Utility, Inc.								
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida					
Contact Person's Mailir			City: Ocala State: FL Zip Code: 34470						
Contact Person's Telepl			Contact Person Person's F	ax Number: (352) 732-3213					
Contact Person's E-Mai									
B. Water Treatment Pla									
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	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853					
Type of Water Treated		irchased Finished Wa	nter						
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	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsectio	n 62-699.310(4), F.A.C.):					
Licensed Operators	Name	License Class	License Number						
Lead/Chief Operator:	Mark March	C	8287	3 Days per week					
Other Operators:	Ward Wright	С	7205	3 Days per week					
			<u> </u>	3 Days per week					
				3 Days per week					
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John A. T. Stranger									
11									
II. Certification by Lead	Chief Operator								
I the undersigned water	treatment plant operator licensed in Florida, am the lead/	/chief operator of th	ne water treatment plant i	dentified in Part I of this report. I certify that the					
information provided in	this report is true and accurate to the best of my knowled	log. I cartify that a	ll drinking water treatmer	at chemicals used at this plant conform to NSF					
	0 or other applicable standards referenced in subsection 6								
plant were prepared each	h day that a licensed operator staffed or visited this plant	during the month in	ndicated above: (1) record	ds of amounts of chemicals used and chemical feet					
	ole, appropriate treatment process performance records. F			nal operations records to the PWS owner so the PW					
owner can retain them, t	ogether with copies of this report, at a convenient locatio	on for at least ten ye	ears.						
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Cianatura and Data	Mark March Printed or Typed Nam		· · · · · · · · · · · · · · · · · · ·	C8287 License Number					
Signature and Date	Printed or Typed Name	ic .		Diceise Number					

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



See page 4 for instructions

I. General Information t		March-04					
A. Public Water System	(PWS) Information						
PWS Name:	Rosalie Oaks				PWS Identif	fication Number:	3531546
PWS Type:		Non-Transient Non-Com	munity	Transi	ent Non-Commu	unity	Consecutive
	nections at End of Month:	91		Total Po	pulation Served	at End of Month:	192
PWS Owner:	AquaSource Utility, Inc.						
Contact Person:	Michael Fitzgerald			Contact	Person's Title:	Area Manager - Fl	orida
Contact Person's Mailir		-		City:	Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph				Contact	Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai		ld@suburbanwater.com					
B. Water Treatment Pla							
	Rosalie Oaks				Plant Teleph	none Number:	(352) 369-4881
	Rosalie Oaks Blvd			City:	Lake Wales	State: FL	Zip Code: 33853
Type of Water Treated			rchased Finished	Water			
Permitted Maximum D	ay Operating Capacity of Plant, gallo	ns per day:	526,000				
	osection 62-699.310(4), F.A.C.):					on 62-699.310(4), F.	
Licensed Operators	Name		License Class	Lic	ense Number	D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		C		8287		3 Days per week
Other Operators:	Chris Gilber		C		13107		3 Days per week
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II. Certification by Lead	Chief Operator						
	treatment plant operator licensed i						
	this report is true and accurate to t						
International Standard 60	or other applicable standards refe	erenced in subsection 6	52-555.320(3), F	A.C. I also	certify that the	e following additio	nal operations records for this
plant were prepared each	day that a licensed operator staffe	ed or visited this plant	during the month	indicated:	above: (1) recor	rds of amounts of o	chemicals used and chemical feed
rates; and (2) if applicable	le, appropriate treatment process p	erformance records. F	uthermore, I agr	ee to provid	le these additio	nal operations reco	ords to the PWS owner so the PWS
	ogether with copies of this report,					1	
,				<i>y</i>			
		Mark March				C8287	
Signature and Date		Printed or Typed Name	e		<del></del>	License Number	
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Page 1

DEP Form 62-555.900(3)Alternate

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See page 4 for instructions

I. General Information	for the Month Year of: April-04			
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PWS Owner:	AquaSource Utility, Inc.			
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir			City: Ocala	State: FL Zip Code: 34470
Contact Person's Telep			Contact Person Person's F	ax Number: (352) 732-3213
Contact Person's E-Ma				
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Plant Address:	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853
Type of Water Treated		chased Finished W	ater	
Permitted Maximum D		526,000		
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection	
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II. Certification by Lead	Chief Operator			
	treatment plant operator licensed in Florida, am the lead/c	-	-	
information provided in	this report is true and accurate to the best of my knowledg	e. I certify that a	ll drinking water treatmer	nt chemicals used at thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection 62	2-555.320(3), F.A	.C. I also certify that the	following additional operations records for this
plant were prepared each	h day that a licensed operator staffed or visited this plant d	uring the month i	indicated above: (1) record	ds of amounts of chemicals used and chemical feed
	ple, appropriate treatment process performance records. Fu			
	ogether with copies of this report, at a convenient location		-	
, <b>·</b>	5 Ivoution			
	Mark March			C8287
Signature and Date	Printed or Typed Name			License Number
DEP Form 62-555.900(3)Alternate		Page 1		

Page 1

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	Other (Describe):														
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\* Refer to the instructions for this report to determine which plants must provide this information.

9



I. General Information	for the Month Year of: May-04											
A. Public Water System	(PWS) Information											
PWS Name:	Rosalie Oaks		PWS Identifi	cation Number:	3531546							
PWS Type:	X Community Non-Transient Non-	Community	Transient Non-Commun	nity	Consecutive							
Number of Service Con	nnections at End of Month: 91		Total Population Served a	t End of Month:	192							
PWS Owner:	AquaSource Utility, Inc.											
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flori	da							
Contact Person's Mailir			City: Ocala	State: FL	Zip Code: 34470							
Contact Person's Teleph			Contact Person Person's F	ax Number:	(352) 732-3213							
Contact Person's E-Mai		com										
B. Water Treatment Pla	nt Information											
Plant Name:	Rosalie Oaks		Plant Telepho	one Number:	(352) 369-4881							
Plant Address:	Rosalie Oaks Blvd		City: Lake Wales	State: FL	Zip Code: 33853							
Type of Water Treated		Purchased Finished W	ater									
	Day Operating Capacity of Plant, gallons per day:	526,000										
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:	Chris Gilbert	C	13107	3	Days per week							
**************************************												
人和政治學學等。如此												
				<u> </u>								
II C .:C .: 1 .	1611.30											
II. Certification by Leac	Chief Operator											
I, the undersigned water	treatment plant operator licensed in Florida, am the l	lead/chief operator of t	he water treatment plant i	dentified in Part I of	f this report. I certify that the							
information provided in	this report is true and accurate to the best of my know	wledge. I certify that a	all drinking water treatmen	nt chemicals used at	thisplant conform to NSF							
	0 or other applicable standards referenced in subsecti											
	a day that a licensed operator staffed or visited this pl											
	le, appropriate treatment process performance record											
		_	-	iai operations record	is to the 1 w3 owner so the 1 w3							
owner can retain them, to	ogether with copies of this report, at a convenient loc	cation for at least ten y	ears.									
	Mark March			C8287								
Signature and Date	Printed or Typed !	Name		License Number								
organical organi	Titiled of Typed	Turric		License Number								

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	at Remote	UV Dose	Operating	Minimum CT	) <b>,</b> , , , , ,	Temp	PER CONTROL OF THE CO	garind taiof	First Customer		bədzini To	Hours	Operator	Day of
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



I. General Information	for the Month Year of: June-04				
A. Public Water System	(PWS) Information				
PWS Name:	Rosalie Oaks	<del></del>	PWS Identifie	cation Number: 3531546	
	▼ Community   Non-Transient Non-Community	munity	Transient Non-Commun	ity Consecutive	
	nections at End of Month: 91		Total Population Served a		
	AquaSource Utility, Inc.				
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailir			City: Ocala	State: FL Zip Code: 34470	
Contact Person's Telepl			Contact Person Person's F	ax Number: (352) 732-3213	
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
	Rosalie Oaks		Plant Telepho	one Number: (352) 369-4881	
	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853	
Type of Water Treated		rchased Finished Wa	ater		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	526,000			
	osection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Mark March	C	8287	3 Days per week	
Other Operators:	Chris Gilbert	С	13107	3 Days per week	
<u> </u>					
II. Certification by Lead	Chief Operator				
	treatment plant operator licensed in Florida, am the lead/				ne
	this report is true and accurate to the best of my knowled				
	0 or other applicable standards referenced in subsection 6				
	day that a licensed operator staffed or visited this plant of				
rates; and (2) if applicab	le, appropriate treatment process performance records. F	uthermore, I agree	to provide these addition	al operations records to the PWS owner so the	PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.		
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	× 1.54			Cooper	
Signature and Date	Mark March			C8287	
orginature and Date	Printed or Typed Name	:		License Number	

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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



A. Public Water System (PWS) Information PWS Name: Rosalfe Oaks PWS Open. Rosalfe Oaks PWS Open. Rosalfe Oaks PWS Open. Rosalfe Oaks PWS Open. Rosalfe Oaks PWS Owner Agua Utilities Florids Contact Person's Title: Rosalfe Oakses: PST Open. Rosalfe Oakses: PST Oakses: Rosalfe Oakses: PST Oakses: Rosalfe Oakses:	I. General Information 1	for the Month/Year of: July-04					
PWS Owner of Service Connections at End of Month: 91 Total Population Served at End of Month: 192  PWS Owner Aqua Utilities Florida  Contact Person's Title: Area Manager - Florida  Contact Person's Title: Area Manager - Florida  Contact Person's Title: Leesburg (State: PL   Zip Code: 34748   Contact Person's Title: Leesburg (State: PL   Zip Code: 34748   Contact Person's Telephone Number: 352/787-6933   Contact Person's Telephone Number: 352/787-6933   Contact Person's Telephone Number: 352/787-6933   Defect Treatment Plant Information  B. Water Treatment Plant Information  Plant Address: Boslic Oaks   Plant Telephone Number: (352) 369-4881   Plant Address: Rosalic Oaks Blvd   Purchased Finished Water   Permitted Maximum Day Operating Capacity of Plant, gailons per day: 526,000  Plant Category (per subsection 62-699-310(4), F.A.C.):	A. Public Water System						
Number of Service Connections at End of Month: 91   Total Population Served at End of Month: 192	PWS Name:	Rosalie Oaks		PWS Identifie	cation Number: 3531546		
PWS Owner: Aqua Utilities Florida Contact Persons Brake Heath Contact Persons Brake Heath Contact Persons Milling Address: 2315 Griffin Road, Suite 4 Contact Persons Needing Address: 352787-0980 Contact Persons Persons Needing Address: 352787-0980 Contact Persons Persons Needing Address: beheath@aquaamerica.com  B. Water Treatment Plant Information Plant Name: Rosalic Oaks Plant Address: beheath@acuaamerica.com  Plant Name: Rosalic Oaks Plant Address: Deheath@acuaamerica.com  Plant Address: Rosalic Oaks Blvd Plant Address: Rosalic Oaks Clay Blvd Plant Clephone Number: (352) 369-4881 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Presons Persons Persons Pax Number: (352) 369-4881 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Presons Persons Pax Number: (352) 369-4881 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Address: Rosalic Oaks Blvd Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zip Code: 33853 Plant Class (Plant Teletaby Plant: Zi	PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commur	nity Consecutive		
PWS Owner: Aqua Utilities Florida Contact Persons: Bride Heath Contact Persons: Bride Heath Contact Persons Mailing Address: 2315 Griffin Road, Suite 4 Contact Persons Stelephone Number: 352787-0980 Contact Persons Fax Number: 352787-0980 Contact Persons Fax Number: 352787-0333  B. Water Treatment Plant Information Plant Name: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks Blvd   Purchased Finished Water   Purchased Fini	Number of Service Cor	nections at End of Month: 91		Total Population Served a	t End of Month: 192		
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 City: Leesburg Nation Person's Fall Address: Deheath@aquaamerica.com    Contact Person's Febalia Address: Deheath@aquaamerica.com	PWS Owner:	Aqua Utilities Florida		•			
Contact Person's E-lephone Number: 352/787-0930   Contact Person's E-x Number: 352/787-0333    B. Water Treatment Plant Information  Plant Name: Rosalie Oaks Blvd   City: Lake Wales   State: F1.   Zip Code: 33853    Type of Water Treated by Plant:   X] Raw Ground Water   Purchased Finished Water    Permitted Maximum Day Operating Capacity of Plant gallons per day: \$26,000    Plant Calegory (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:   Other Operators   Other O				Contact Person's Title:	Area Manager - Florida		
B. Water Treatment Plant Information Plant Name: Rosalie Oaks Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Read Rosalie Oaks Rosalie Oa	Contact Person's Mailir			City: Leesburg	State: FL Zip Code: 34748		
B. Water Treatment Plant Information			·	Contact Person Person's F	Fax Number: 352/787-6333		
Plant Name: Rosalic Oaks   Plant Telephone Number: (352) 369-4881 Plant Address: Rosalic Oaks Blvd   City: Lake Wales   State: FL   Zip Code: 33853   Type of Water Treated by Plant:   XZ Raw Ground Water   Purchased Finished Water   Permitted Maximum Day Operating Capacity of Plant, gallons per day:   526,000   Plant Category (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   3 Days per week   Other Operators:   Chris Gilbert   C   13107   3 Days per week							
Plant Address: Rosalie Oaks Blvd Plant: X Raw Ground Water Premitted Maximum Day Operating Capacity of Plant, gallons per day: \$26,000  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(SysKhift(s)) Worked: Solution of Comparison of Compa	B. Water Treatment Pla	nt Information					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 520,000  Plant Clategory (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 Day(s)/Shift(s)	Plant Name:	Rosalie Oaks		Plant Telepho	one Number: (352) 369-4881		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000  Plant Category (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 3 Days per week  Other Operators: Chris Gilbert C 13107 3 Days per week  David Rodriguez A 7880 3 Days per week  David Rodriguez A 7880 3 Days per week  II. Certification by Lead Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Will Fontaine C6813	Plant Address:	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853		
Plant Category (per subsection 62-699.310(4), F.A.C.):  Licensed Operators Name Licensed Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator:  Chris Gilbert C 13107 3 Days per week David Rodriguez A 7880 3 Days per week David Rodriguez A 7880 3 Days per week  License Class David Rodriguez A 7880 1 David Rodr			rchased Finished Wa	iter			
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: Chris Gilbert C 13107 3 Days per week  David Rodriguez A 7880 3 Days per week  David Rodriguez A 7880 3 Days per week  II. Certification by Lead Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Will Fontaine C6813			526,000				
Lead/Chief Operators:   Will Fontaine   C   6813   3 Days per week		bsection 62-699.310(4), F.A.C.):		Plant Class (per subsectio			
Other Operators:  Chris Gilbert C David Rodriguez A 7880 3 Days per week  David Rodriguez A 7880 3 Days per week  Chris Gilbert C 13107 3 Days per week  3 Days per week  Chris Gilbert C 1880 3 Days per week  Chris Gilbert C 1880 C 18	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked		
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owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Will Fontaine  C6813							
Will Fontaine C6813	· · · · · · · · · · · · · · · · · · ·			-	ia. operations records to the rest of the second of the se		
	owner can retain them, t	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.			
		Will Fontaine			C6813		
	Signature and Date		3				

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Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J\nim-gm	Applicable	Э	J\nim-gm	Sənnim	J\gm ,wol4	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair of Maintenance Work that Involves Taking	nomudruzid	- Wm	-Wm	Required,	Water, if	Vater,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эцз
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information t	or the Month/Year of: August-05				
A. Public Water System	(PWS) Information				
PWS Name:	Rosalie Oaks		PWS Identific	eation Number: 3531546	
PWS Type:	X Community	munity	Transient Non-Commun	ity Consecutive	
Number of Service Con	nections at End of Month: 91		Total Population Served at	End of Month: 192	
PWS Owner:	Aqua Utilities Florida				
	Carolyn McFalls		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailin			City: Sarasota	State: FL Zip Code: 342	40
Contact Person's Teleph	none Number: 941/907-7400		Contact Person Person's Fa	ax Number: 941/907-7401	
Contact Person's E-Mai	I Address: cfmcfalls@aquaamerica.com				
B. Water Treatment Pla	nt Information				
	Rosalie Oaks		Plant Telepho	ne Number: 941/907-7400	
	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 338	53
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	iter		
	7 1 . 0 1. 7 70 1 7	526,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	David Rodriguez	Α	7880	3 Days per week	
Other Operators:	Steve Fuller	В	7519	3 Days per week	
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II. Certification by Lead	Chief Operator				
	treatment plant operator licensed in Florida, am the lead/				
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	I drinking water treatmer	t chemicals used at thisplant conform	to NSF
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	n day that a licensed operator staffed or visited this plant of				
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	ogether with copies of this report, at a convenient location			an operations returned to	
owner can retain them, a	ogether with copies of this report, at a convenient location	ii ioi at ieast ten ye	ars.		
	David Rodriguez			A7880	
Signature and Date	Printed or Typed Name	2		License Number	
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		,										24 hrs	T T	31
	2.0										000,8	24 hrs	Х	30
											000'9	24 hrs		67
						l					000'9	S.14 P.Z		87
	9.0					<del>  </del>					000,2	St pts	X	1.7
	7.0										000'9	24 hrs	_^_	52
	9.0					<del>                                     </del>					000,7	24 hrs	х	52
	90					$\vdash$					000 2	24 hrs	^_	34
	6:0					<del> </del>					000'9	24 hrs	1	73
	č.0					<del>  </del>							X	
							-				000,2	STA PS		77
*Rescinded BWN.						<b></b>					000,2	24 hrs		71
*Commercial power restored.	L 0										000'9	24 hrs	X	70
*Pulled (2) bacteriological samples.											000,8	24 hrs		61
*Pulled (2) bacteriological samples	9.0										000'9	24 hrs	X	81
						L					000'9	24 hrs		LI
	8.0					ll					5,000	24 hrs	X	- 91
*BWN											000'₺	24 hrs		SI
*Operated WTP on auxiliary power.			1			}					4,000	24 hrs		ול
*Hurricane Charley	9.0										000'9	24 hrs	X	EI
											000'9	24 hrs		15
	9.0										000°L	S14 PZ	X	11
			<b></b>					*			000,7	S14 PZ		01
	L.0										000'6	24 hrs	X	6
						·					000°L	24 hrs		8
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	L'0	<del> </del>			<del></del>	<del></del>					000'6	54 pts	X	7.9
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igardame margaratemane funtioni poun i	0:0	<u> </u>	<b> </b> -			-	-				000,8	24 hrs	V	_
*Pulled monthly bacteriologicla samples.	9.0	<u> </u>			ļ							24 hrs	X	b b
						<b>├</b>					000,8			3
	0.1					ļ					11,000	24 hrs	X	7
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Water System Components Out of Operation	J\gm,mstek.	Zmɔ/ɔəs	Zmɔ/ɔəs	J\aim-gm	Applicable	) )	J\nim-3m	sənuim	J\gm ,wol4	Rate, gpd	Produced, gal	Operation	("X"	dinoM
Repair or Maintenance Work that Involves Taking	nonudratsid	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni msl9	(Place	the
Emergency or Abnormal Operating Conditions:	ni mio4	Required,	UV Dose,	TO	lo Hq	ło	gniwG	gairuG taio9	First Customer		bedzini To	Roms	Орегатог	To yad
	at Remote	UV Dose	Quasing	rmminiM		Temp.	Customer	Measurement	(C) Before or at		Vet Quanity		þλ	
	Concentation	muminiM	Lowest				terrat	Э <b>в</b> (Т)	Concentration				batiziV	
	Justoelnizi (1)				<b>]</b>		Defore or	*Contact Time	Disinfectant				10	
	Residual	CANAL TANK	2000		<b>!</b> .		bobivo14	Disinfectant	Lowest Residual				Staffed	
	Fowest						Lowest CT			*		1,50	Plant	
		) oso	TAD:				snons	CT Calcul					Days	- Land
		7.38.440	cspje*	dqqA ii ,noim	Virus Inactiva	god-no	Comonstrate F	or UV Dose, to I	CT Calculations,					
mines) Chlorine Dioxide	norine (Chlora	mpined Cl	Col	ounc	Free Chlo				on System:	indinziQ n	ual Maintained	ctant Resid	olnisiU i	Lype of
								:(;	Other (Describe			r Radiation		
(communication) and companies			anivar.	a annonna		311110111	3 22 L. []	٠,٠		Ш шэм/попрт•	og Virus Inacti			
Combined Chlorine (Chloramines)	Suoz	$^{\circ}$	ahixoit	Chlorine D		hlorine	J eerd			me Algoritery				
									≥0-12uguA		th Year of:	or the Mon	atsCL 7	Itt Dai
1						IKS	Kozalie Oa	Plant Name:		9461666	L	ou Mampe	IGUITICSI	ILM2 ID

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



I. General Information f	for the Month Year of: September-	05						
A. Public Water System	(PWS) Information							
PWS Name:	Rosalie Oaks	· · · · · · · · · · · · · · · · · · ·	PWS Identific	cation Number:	3531546			
	X Community Non-Transient No	on-Community	Transient Non-Commun	nity [ ] (	Consecutive			
	nections at End of Month: 91		Total Population Served a	t End of Month:	192			
	Aqua Utilities Florida							
	Carolyn McFalls		Contact Person's Title:	Area Manager - Florid				
Contact Person's Mailir			City: Sarasota	State: FL	Zip Code: 34240			
Contact Person's Telepl			Contact Person Person's F	ax Number:	941/907-7401			
Contact Person's E-Mai		<u>com</u>						
B. Water Treatment Pla	nt Information							
	Rosalie Oaks ·		Plant Telepho		941/907-7400			
	Rosalie Oaks Blvd		City: Lake Wales	State: FL	Zip Code: 33853			
Type of Water Treated		Purchased Finished Wa	ater					
	ay Operating Capacity of Plant, gallons per day:	526,000						
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection					
Licensed Operators	Name	License Class	License Number	Day(s	)/Shift(s) Worked			
Lead/Chief Operator:	David Rodriguez	Α	7880		Days per week			
Other Operators:	Steve Fuller	В	7519	3 Days per week				
			<u> </u>					
				<u> </u>				
II C .: C .: 1 .	1011 60							
II. Certification by Lead	Chief Operator							
I, the undersigned water	treatment plant operator licensed in Florida, am th	ne lead/chief operator of the	he water treatment plant i	identified in Part I of	this report. I certify that the			
	this report is true and accurate to the best of my ki							
	0 or other applicable standards referenced in subse							
nlant ware prepared and	a day that a licensed operator staffed or visited this	a plant during the month:	ndicated above (1) magan	de of amounts of abo	nicals used and chemical feed			
plant were prepared each	i day that a licensed operator staffed or visited this	s plant during the month i	indicated above. (1) recor	ds of amounts of the	the DWC			
	le, appropriate treatment process performance rece			nai operations records	to the PWS owner so the PWS			
owner can retain them, to	ogether with copies of this report, at a convenient	location for at least ten ye	ears.					
	David Rodrigu	07		A7880				
Signature and Date	Printed or Type			License Number				
orginature and Date	Timed of Type	LG (Valific		Electise Humber				

### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER [PWS Identification Number: 3531546 | Plant Mame: Rosalie Oaks

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											L15'S	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Average
											000'091			IBIOT
					1							24 hrs	1	1E
					l							24 hrs	<del> </del>	30
*Commercial power restored.	9.0										000'9	24 hrs	X	67
Poso*200*		<b></b>	<b>-</b>		<del></del>	-					000,2	24 hrs	+	- 87
	9.0		<del></del>		T'L		<del>                                     </del>	<del> </del>		<del></del>	00μξ	24 hrs	X	LZ.
toward ( muryan tro tray) common ormal that I	90		<del> </del>		- 62						000 €	24 hrs	1^-	
*Hurricane Jeanne. Run on auxiliary power.						-						<del> </del>	<b>├</b>	97
	1:0					-					00€,€	S4 hrs	<del>  </del>	52
	4.0	<u></u>									00S°L	24 hrs	X	5/4
											005'L	24 hrs		∵ €7
*Polk county DOH Inspection.	9.1										000'9	24 hrs	X	- 22
											000'9	24 hrs	<u> </u>	. 17
	è.0				T'L	<u> </u>	]				000,2	24 hrs	X	70
		İ	l								000'9	24 hrs		6I
											000'9	24 hrs		81
	9.0										000,8	24 hrs	X	LT.
											000'9	24 hrs		91
	9.0										000't	24 hrs	X	SI
											000,4	24 hrs	<del>                                     </del>	ÞΙ
	S.0				0.7	<b></b>					000'9	Srd 42	X	εı
						<del>                                     </del>					000,2	24 hrs	<del>  ^</del>	71
											000,2	24 hrs	<del> </del>	II
	8.0	<u> </u>				-			<del></del>		000'9	24 hrs	X	01
	30		-			<del>                                     </del>		<del> </del>					<del>  ^  </del>	
roardume commidues (unusus persones	C:0	<del> </del>		ļ		<del> </del>	<u> </u>				000'\$	24 hrs	<b> </b>	6
*Collected monthly compliance samples.	<u>2.0</u>					<u> </u>					000't	24 hrs	X	8
			<u> </u>			<b> </b>	<u> </u>				000,2	24 hrs		L
	9.0		<b></b>	ļ	εr	<u> </u>					000,4	24 hrs	X	9
*Hurricane Frances. Run on auxiliary power.		L				1					000,₽	24 hrs		ç
		<u> </u>									000'₺	24 hrs		<b>.</b> Þ
	2.0		L	<u> </u>		İ					000°L	24 hrs	X	ε
											000'L	24 hrs		7
	2.0										13,000	24 hrs	X	i. I
Water System Components Out of Operation	System, mg/L	zec/cm2	zec/cm2	J\nim-3m	Applicable	Э	J\nim-3m	səmuim	Tlow, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	nomudinsiQ	Wm	-Wm	Reduired,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Ріасе	эүр
Emergency or Abnormal Operating Conditions;	Point in	Redmted,	UV Dose,	D	lo Hq	Jo	During	Point During	First Customer		of Finished	sinoH		
	at Remote	UV Dose	Operating	muminiM		Temp	Customer	Measurement	(C) Before or at		Met Quanty	1	ρλ	J
	Сопсепианоп	mminiM	Towest			<b>₽</b>	at First	Dm(T)	Concentration			1	Visited	Š.
	Disinfectant					1	Before or	Contact-Time	Disinfectant			1	10	
	[empisəX]						Provided	Disinfectant	Lowest Residual				100	
			V			10.70	Lowest CT		I tanking traung [			hai se e e	boffst2	
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		1997/10				go.l-wo	emonstrate F	or UV Dose, to D					13.	
mines) Chlorine Dioxide	norine (Chlora	D bənidm	юЭ [_]	arine	Free Chlo				on System:	oitudirtsi <u>O</u> n	i bənistained i	ctant Resid	olnisin le	Type o
								:(	Other (Describe			noitation		
Combined Chlorine (Chloramines)	Sone	$\Box$	anixon	Chlorine D		hlorine	7 Free C	l `		—— ШЭЖ/ПОПРІА	Log Virus Inacti			
(conimonald')) onimald') bonidana)		о Ц.	~r:	u190		::14,	D 1	I		and discitois				
							···		September-05		th Year of:	not/V srll 10	cteQ /li	
						03.5	no almoor	'Allmo I ares -	T	0.0				
						SΆ	RO aile20A	Plant Name:		9531556	1.13	on Mumbe	tsəfficət	PI SMd

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



I. General Information t	or the Month/Year of: October-05												
A. Public Water System	(PWS) Information												
PWS Name:	Rosalie Oaks	······································	PWS Identific	cation Number:	3531546								
PWS Type:	X Community	munity	Transient Non-Commun	nity	Consecutive								
Number of Service Con	nections at End of Month: 91		Total Population Served a	t End of Month:	192								
PWS Owner:	Aqua Utilities Florida												
	Carolyn McFalls		Contact Person's Title:	Area Manager - Flo	rida								
Contact Person's Mailin	g Address: 6960 Professional Parkway East		City: Sarasota	State: FL	Zip Code: 34240								
Contact Person's Teleph	none Number: 941/907-7400		Contact Person Person's F	ax Number:	941/907-7401								
Contact Person's E-Mai	l Address: cfmcfalls@aquaamerica.com												
B. Water Treatment Pla	nt Information												
Plant Name:	Rosalie Oaks		Plant Telepho	one Number:	941/907-7400								
Plant Address:	Rosalie Oaks Blvd		City: Lake Wales	State: FL	Zip Code: 33853								
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished War	ter										
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	526,000											
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection										
Licensed Operators	Name	License Class	License Number	(Da	y(s)/Shift(s) Worked								
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: David Rodriguez A 7880 3 Days per week													
Other Operators:	Steve Fuller	В	7519	3 Days per week									
					4								
II. Certification by Lead	Chief Operator												
	- · · · · · · · · · · · · · · · · · · ·												
	treatment plant operator licensed in Florida, am the lead/												
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that all	drinking water treatmer	nt chemicals used a	t thisplant conform to NSF								
	0 or other applicable standards referenced in subsection 6												
	day that a licensed operator staffed or visited this plant												
	le, appropriate treatment process performance records. F												
				ai operations recoi	ids to the 1 ws owner so the 1 ws								
owner can retain them, to	ogether with copies of this report, at a convenient location	n for at least ten yea	ars.										
	David Rodriguez			A7880									
Signature and Date	Printed or Typed Name	<u> </u>		License Number									
S-B	Times of Types Ivania	~		5.00.100 /									

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

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											265,000			LatoT
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	9.0										000,11	S4 pts	X	67
											000'01	24 hrs		87
	9.0			,	7.7			i		· · · · · · · · · · · · · · · · · · ·	000,8	24 hrs	X	- 17
			h								000°L	24 hrs	1	97
	0.1						<del></del>	· · · · · · · · · · · · · · · · · · ·			000,11	SJ4 PZ	X	SZ
											10,000	24 hrs		74
					i						000,01	24 hrs		73
	0.1										11,000	24 hrs	X	. 77
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	0.1		<u>-</u> -				<del></del>	<u> </u>			000'6	24 hrs	X	- 07
			l — ·				<u> </u>			<u> </u>	000,6	24 hrs		61
	0.1				I'L	<del> </del>	<u> </u>				000,6	24 hrs	X	
					1 - 1			<u> </u>			000'6	24 hrs	<u> </u>	81
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	0.1		<u> </u>	<del> </del>	7.1		<del></del>	<del></del>	<del> </del>		000'6	24 hrs	1	91
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CON 101 IN WHOL POLITICAL	0:0										000'6	24 hrs	ļ	िर्ग
*Repaired leak at lot #33.	9.0										13,000	24 hrs	X	13:
Samuel Sa	0:0		ļ		ļ	-		ļ			15,000	24 hrs		. 71
*Replaced CI2 Inj. Pump discharge tubing.	9.0				<b> </b>			<u></u>			000'01	24 hrs	X	ortt.
-			ļ <u>-</u>		<b></b>			<u> </u>			10,000	24 hrs		-01
					L						000'01	24 hrs		6
	L'0		ļ	ļ <u></u>	ļ						000,7	24 hrs	X	8
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*Collected Bact T samples.	8.0				0.7						000'L	24 hrs	X	9
											000'9	24 hrs		ç
	6.0							. <u>.</u>			000,8	24 hrs	X	7
											000°L	24 hrs		∴€
		<u></u>				L					000°L	24 hrs		7
	8.0				L						000'6	24 hrs	X	I
Water System Components Out of Operation	System, mg/L	zmɔ/ɔəs	zmɔ/ɔəs	J\nim-gm	Applicable	ာ	J\nim-gm	səmuim	J\gm ,wolf	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work, that Involves Taking	notudintsiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni tas19	(Place	eht
Emergency or Abnormal Operating Conditions,	nı mod	Required,	UV Dose,	10 i	lo Hq	ìo	gniruCl	Point During	First Customer		bottaini To	smoH	Operator	Day of
	at Remote	UV Dose	Operating	minimM	140 - 150 - 140 46 20 - 160 - 140 - 154	Temp	Customer	Measurement	(C) Before or at		Net Quanity	jan.	ρλ	
	Concentration	muminiM	Lowest	10 min #6			izni4 is	O is (T)	Сопсспианоп	4			Visited	
	Disinfectant			ly is that is			Before or	Contact Time	Disinfectant				10	
	Residual						Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest				La Sea	1255	Lowest CT						Plant	
The state of the s		950(	OAD	14.95°-1955-1			ations	CT Calcul					Days	
Snotibing O lamond to Yorkiyang					Virus Inactiva	our-Log		or UV Dose, to D	CT Calculations,					
muines) Chlorine Dioxide	norine (Chlora	Denided C			Free Chlo			***		nustribution	ual Maintained i	crant Kesid	əluisia	type of
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Commission Citional annual Commission	) Sone	`	antyou	ביווחוווב די		יייט וווכ	2 20 L V			LLI Waxi diousia				
Combined Chlorine (Chloramines)	Juozi	<i>y</i>	- shivoid	Chlorine D		ومنعماط	O 5514 X	L		ma A\noitsiv	itosnI suriV go.			
									October-05		th Year of:	or the Mon	shsQ y	isCL III
	····					CST.	na aureas	'Allina taum'	1	01.01.00				
						>>	eO silezoЯ	Plant Name:	1	3531546	I.:	on Mumbe	lentificat	PI SMAI

9751556

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



I. General Information f	or the Month/Year of: Nov	ember-05				
A. Public Water System	(PWS) Information	_				
	Rosalie Oaks			PWS Identifie	cation Number:	3531546
		ansient Non-Comi	munity [ ]	Transient Non-Commun	nity 🔲	Consecutive
	nections at End of Month: 91			Total Population Served a	t End of Month:	192
	Aqua Utilities Florida					
	Carolyn McFalls			Contact Person's Title:	Area Manager - Flori	
Contact Person's Mailir		ast		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph				Contact Person Person's F	ax Number:	941/907-7401
Contact Person's E-Mai		america.com				
B. Water Treatment Pla						
	Rosalie Oaks			Plant Telepho		941/907-7400
	Rosalie Oaks Blvd			City: Lake Wales	State: FL	Zip Code: 33853
Type of Water Treated			rchased Finished Wa	ter		
	ay Operating Capacity of Plant, gallons per		526,000	Inc. or in the in-	(0 (00 010(1) E.A.	
		/		Plant Class (per subsection	n 62-699.310(4), F.A.	C.) C
Licensed Operators	Name		License Class	License Number	Day(	
Lead/Chief Operator:	David Rodriguez		Α	7880		Days per week
Other Operators:	Steve Fuller		В	7519	Days per week	
	70					
	***					
				<u> </u>		
- 이루스마라엘 (1982년 1982년) - 12일 (1982년 - 1982년 1982년)						
				<u> </u>		
II. Certification by Lead	Chief Operator					
	treatment plant operator licensed in Flor	ide om the lead/	ahiaf anarotar of th	a water treatment plant	identified in Part I of	f this report. Licertify that the
	this report is true and accurate to the bes					
	or other applicable standards reference					
	day that a licensed operator staffed or v					
	le, appropriate treatment process perforn				nal operations record	Is to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a co	nvenient location	n for at least ten ye	ars.		
0.		d Rodriguez			A7880	
Signature and Date	Print	ed or Typed Name	e		License Number	

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											10,000	24 hrs		73
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											000,8	24 hrs		70
	0.1						-		S.I		000'6	S14 PZ	X	61
								****			000,8	Sat hrs		18
	p.1							<del></del>	9.1		000,8	S.tų þZ	X	LI
	<b></b>										000,7	24 hrs		91
*Big leak at Lot #35.	0.1				Z.T.				ξ·I	-	000,91	SJŲ þZ	X	SI
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Emergency or Abnormal Operating Conditions;	ni inio4	Redmired,	UV Dose,	10	lo Hq	Jo.	During	Point During	First Customer		bədzini i to	Hours	Operator	
上"我们不是你的人们的人们就可以不知识,还是 <b>是我</b> 的,这些人,这个人的,也是是一个人,这是一种的一个人们,不是一个人	at Remote	UV Dose	Operating	mmminiM		Temp.	Customer	Measurement	(C) Before or at		Net Quanty	i	ρλ	_
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	Residual				201 2 1 1 1 1 1	19*3	Provided	Disinfectant	Lowest Residual				Staffed	
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Maximum

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions I. General Information for the Month Year of: December-04 A. Public Water System (PWS) Information PWS Name: Rosalie Oaks PWS Identification Number: 3531546 X Community PWS Type: Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month 192 91 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person Carolyn McFalls Contact Person's Title: Area Manager - South Florida Contact Person's Mailing Address: 6960 Professional Parkway East Suite 400 City: Sarasota State: FL Zip Code: 34240 (941) 907-7401 Contact Person Person's Fax Number: Contact Person's Telephone Number: (941) 907-7400 Contact Person's E-Mail Address: cfmcfalls@aguaamerica.com B. Water Treatment Plant Information (863) 858-2504 Plant Name: Rosalie Oaks Plant Telephone Number: Zip Code: 33853 Plant Address: Rosalie Oaks Blvd City: Lake Wales State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000 Plant Category (per subsection 62-699.310(4), F.A.C.) Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number Lead/Chief Operator: David Rodriguez 7880 3 Days per week 7519 3 Days per week Other Operators: Steve Fuller В II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A-7880 David Rodriguez Signature and Date Printed or Typed Name License Number

Page 1

### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER ation Number: \$3531546 PWSs | Plant Name: Rosalic Oaks

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Combined Chlorine (Chloramines)	Sone	0 🗍	əbixoi	Chlorine D		hlorine	O sərə	:(	December-04  Oval: * Other (Describe		th Year of: og Virus Inactir i		of Achie	Means
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DEP Form Form 62-555 900(3)Alternate

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



DEP Form 62-555.900(3)Alternate

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

I. General Information	for the Month/Year of: January-05			
A. Public Water System	(PWS) Information			
PWS Name:	Rosalie Oaks		PWS Identific	cation Number: 3531546
	X Community Non-Transient Non-Comm	nunity [	Transient Non-Commun	ity Consecutive
	nections at End of Month: 91		Total Population Served a	t End of Month: 192
	Aqua Utilities Florida	<del></del>	<u> </u>	
Contact Person:	Carolyn McFalls		Contact Person's Title:	South Regional Manager
Contact Person's Mailir			City: Sarasota	State: FL Zip Code: 34240
Contact Person's Teleph			Contact Person Person's F	Fax Number: (941) 907-7401
Contact Person's E-Mai	5			
B. Water Treatment Pla	nt Information			
	Rosalie Oaks		Plant Telepho	one Number: (863) 858-2504
	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853
Type of Water Treated		rchased Finished Wat	er	
Permitted Maximum D		526,000		
	section 62-699.310(4), F.A.C.):		Plant Class (per subsection	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	David Rodriguez	A ´	7880	3 Days per week
Other Operators:	Steve Fuller	В	7519	3 Days per week
AA.				
<b>3</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
II. Certification by Leac	/Chief Operator			
	treatment plant operator licensed in Florida, am the lead			
information provided in	this report is true and accurate to the best of my knowled	lge. I certify that al	ll drinking water treatmen	nt chemicals used at thisplant conform to NSF
International Standard 60	0 or other applicable standards referenced in subsection (	62-555.320(3), F.A	.C. I also certify that the	e following additional operations records for this
plant were prepared each	a day that a licensed operator staffed or visited this plant	during the month in	ndicated above: (1) recor	ds of amounts of chemicals used and chemical feed
	le, appropriate treatment process performance records. I			
	nem, together with copies of this report, at a convenient le			
	,	oculton for at least	con yours.	
	David Rodriguez			A-7880
Signature and Date	Printed or Typed Name	2		License Number

Page 1

PWS Id	WS Identification Number: 3531546 Plant Name: Rosalie Oaks														
III. Dai	III. Daily Data for the Month Year of:  January-05														
	Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)														
		et Radiation			Other (Describe	.)·		J.1101111	`	Cinorine i	JIOXIGE	Ш,	Szone	Combined Cind	ine (emoranines)
Type o	Disinfe	ctant Resid	ual Maintained i	in Distributio	on System:	,			Free Chle	orine	Co	mbined C	hlorine (Chlora	amines)	Chlorine Dioxide
						, or UV Dose, to I	Demonstrate I	Four-Los			icable*	anomica C	mornie (Cinor	amines)	Chiornic Dioxide
	Days					CT Calcu			VIIIIS IMPOLIVE	шол, и прри		Dose			
	Plant					ji ya siyat bi.	Lowest CT					MA A MAR	Lowest		스스 그렇게 내용하다 통해
	Staffed				Lowest Residual	Disinfectant	Provided		i i i i i i i i i i i i i i i i i i i		1950		Residual		이 전 보이시고 함께 가 있다.
	or				Disinfectant	Contact Time	Before or						Disinfectant		
4.55	Visited		4, 4		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	freinge.	
Days	by ]	VY	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnor	mal Operating Conditions; Repair
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	if Applicable	Required, mg-min/L	mW- sec/cm2	mW	Distribution System, mg/L	or Maintenance W	ork that Involves Taking Water
1,-		24 hrs	11,000	runo, gpu	. Tion, mg/D	innucs	ing-inite	-	Applicable	nug-mm/L	sec/cm2	sec/cm2	System, mg/L	System Con	ponents Out of Operation
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31	X	24 hrs	11,000		0.9								0.7		
Total			350,000		· · · · · · · · · · · · · · · · · · ·									<u> </u>	
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18,000

Maximum

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



I. General Information t	for the Month Year of: February-05									
A. Public Water System	(PWS) Information									
PWS Name:	Rosalie Oaks		PWS Identifie	cation Number: 3531546						
	X Community Non-Transient Non-Com	munity	Transient Non-Commun	nity Consecutive						
	nnections at End of Month: 91		Total Population Served a	t End of Month: 192						
	Aqua Utilities Florida									
	Carolyn McFalls		Contact Person's Title:	South Region Manager						
Contact Person's Mailir			City: Sarasota	State: FL Zip Code: 34240						
Contact Person's Telepl			Contact Person Person's F	ax Number: (941) 907-7401						
Contact Person's E-Mai	l Address: <u>cfmcfalls@aquaamerica.com</u>									
B. Water Treatment Pla	nt Information									
Plant Name:	Rosalie Oaks		Plant Telephone Number: (863) 858-2504							
Plant Address:	Rosalie Oaks Blvd	City: Lake Wales								
Type of Water Treated		rchased Finished Wa	nter							
Permitted Maximum D	Day Operating Capacity of Plant, gallons per month:	526,000								
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsectio							
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s):Worked						
Lead/Chief Operator:	David Rodriguez	A	7880	3 Days per week						
Other Operators:	Steve Fuller	В	7519	3 Days per week						
		1 2000								
II. Certification by Lead	Chief Operator									
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	ne water treatment plant i	identified in Part I of this report. I certify that the						
	this report is true and accurate to the best of my knowled									
	0 or other applicable standards referenced in subsection $\epsilon$									
	n day that a licensed operator staffed or visited this plant									
	le, appropriate treatment process performance records. F			nal operations records to the PWS owner so the PWS						
owner can retain them, t	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.							
	David Rodriguez	-4		A-7880						
Signature and Date	Printed or Typed Name	e		License Number						

Page 1

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Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Wepair or Maintenance Work that Involves Taking	Lowest Residual v Disinfectant Concentation at Remote Pourt in Distribution System, mg/L	Minimung UV Dose Required, mW sec(cm2	tsawo.I gmirandO yu Dose, -Wm	Kedured, CT	PH of Water, II Applicable	Temp. of Valer. O	Lowest CT Provided Before or at First Customer During Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd	Met Quanity of Finished Water Produced, gal	zmoH martin Timald Oesenstion	Plant Plant Staffed Or Visited by Operator (Place	
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ekivoid anivold) (Sanime	Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide													
Comorned Cinorane (Cinorannics)	Means of Achieving Four-Log Virus Inactiviation/Removal: *   Prec Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)   Other (Describe):													
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\* Refer to the instructions for this report to determine which plants must provide this information.



1. General Information f	for the Month Year of: March-05			
A. Public Water System	(PWS) Information			
PWS Name:	Rosalie Oaks		PWS Identific	eation Number: 3531546
PWS Type:	X Community Non-Transient Non-Com	nmunity	Transient Non-Commun	ity Consecutive
Number of Service Cor	nnections at End of Month: 91		Total Population Served a	t End of Month: 192
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Carolyn McFalls		Contact Person's Title:	South Region Manager
Contact Person's Mailir	ng Address: 6960 Professional Parkway East, :		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telepl	hone Number: (941) 907-7400		Contact Person Person's Fa	ax Number: (941) 907-7401
Contact Person's E-Mai	il Address: cfmcfalls@aquaamerica.com			
B. Water Treatment Pla	nt Information			
Plant Name:	Rosalie Oaks		Plant Telepho	
Plant Address:	Rosalie Oaks Blvd		City: Lake Wales	State: FL Zip Code: 33853
Type of Water Treated	by Plant: X Raw Ground Water P	urchased Finished Wa	ter	
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	526,000		
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	David Rodriguez	A	7880	3 Days per week
Other Operators:	Steve Fuller	В	7519	3 Days per week
II. Certification by Leac	l Chief Operator			
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	d/chief operator of th	ne water treatment plant i	dentified in Part I of this report. I certify that the
	this report is true and accurate to the best of my knowle			
International Standard 6	0 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	h day that a licensed operator staffed or visited this plant	t during the month in	idicated above: (1) record	ds of amounts of chemicals used and chemical feed
rates: and (2) if applicab	ele, appropriate treatment process performance records.	Futhermore Lagree	to provide these addition	al operations records to the PWS owner so the PWS
	ogether with copies of this report, at a convenient location			operations reverse to the same
owner can retain mem, t	ogether with copies of this report, at a convenient location	on for at least ten ye	ais.	
	David Rodriguez			A-7880
Signature and Date	Printed or Typed Nan	ne		License Number

Page 1

PWS Io	WS Identification Number: 3531546 Plant Name: Rosalie Oaks														
III Dai	III. Daily Data for the Month Year of: March-05														
			Log Virus Inacti	iviation/Rem			x Free (	hlorin	. []	Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)
		et Radiation			Other (Describe	e):			ــا	Cinorine L	o i o ni de	Ц,	<i>5201.0</i>	Comomed Cinorate	(00)
Type of	f Disinfe	ectant Resid	ual Maintained	in Distribution		<del></del>		·	Free Chi	orine	Co	mbined C	hlorine (Chlor	ramines)	Chlorine Dioxide
	* 1					or UV Dose, to 1	Demonstrate I	our-Log				R 47.785		150 (15 15 Market 1975)	
33.1	Days				- 化制油油 -	CT Calcu			1 14	3.0	JUV I	Dose			
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	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited		NY . O		Concentration	(T) at C	at First	_			Lowest	Minimum	Concentration:		
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	-11 -6	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in		io de Care
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow	Water,	pH of Water, if	Required,	mW-	Required, mW	Distribution		nal Operating Conditions, § Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		onents Out of Operation
.1		24 hrs	8,500											† · · · · · · · · · · · · · · · · · · ·	
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3		24 hrs	10,500												
4	X	24 hrs	10,500		0.9								0.5		
5		24 hrs	12,667							l					
7	X	24 hrs 24 hrs	12,667	<u> </u>	0.5										
8		24 hrs	12,667 17,500	<u> </u>	0.5		ļ						0.4		
9	x	24 hrs	17,500		0.8				7.1	<u> </u>			0.6		
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions 1. General Information for the Month Year of: April, 2005 A. Public Water System (PWS) Information 3531546 PWS Name: Rosalie Oaks PWS Identification Number: PWS Type: Consecutive Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 192 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person's Title: Contact Person: Carolyn McFalls Area Manager - Florida Zip Code: 34240 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: 941/907-7401 Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com B. Water Treatment Plant Information 941/907-7400 Plant Name: Rosalie Oaks Plant Telephone Number: Lake Wales State: Zip Code: 33853 FL Plant Address: Rosalic Oaks Blvd City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 526,000  $\mathbf{C}$ Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) in Control Day(s)/Shift(s) Worked **Licensed Operators** Name License Class License Number Lead/Chief Operator: 7880 3 Days per week David Rodriguez Α Other Operators: В 7519 3 Days per week Steve Fuller 医克克斯曼氏反应性 的现代 4. 点数接触数 · 表列。40年7月2日日本第二日 シング マコ をなばり着か II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7880 David Rodriguez

Printed or Typed Name

Page 1

Signature and Date

License Number

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						KS	RO ailezo A	Plant Name:		3531546	:1	on Numbe	lentificat	PWS 16

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

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See	page	4	for	instructions
		-		

I. General Information	for the Month Year of: May, 2005									
A. Public Water System	(PWS) Information									
PWS Name:	Rosalie Oaks		PWS Identific	eation Number: 3531546						
PWS Type:	☐ Non-Transient Non-Com	munity	Transient Non-Commun	ity Consecutive						
Number of Service Cor	nections at End of Month: 91		Total Population Served a	End of Month: 192						
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Carolyn McFalls		Contact Person's Title:	Area Manager - Florida						
Contact Person's Mailir	<u> </u>		City: Sarasota	State: FL Zip Code: 34240						
Contact Person's Telepl	none Number: 941/907-7400		Contact Person Person's Fax Number: 941/907-7401							
Contact Person's E-Mai	l Address: <u>cfmcfalls@aquaamerica.com</u>									
B. Water Treatment Pla	nt Information									
Plant Name:	Rosalie Oaks		Plant Telepho							
Plant Address:	Rosalie Oaks Blvd	City: Lake Wales	State: FL Zip Code: 33853							
Type of Water Treated		rchased Finished Wa	nter .							
		526,000								
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection							
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	\$4					
Lead/Chief Operator:	David Rodriguez	Α	7880	3 Days per week						
Other Operators:	Steve Fuller	В	7519	3 Days per week						
[[연화하다] 사고 하면서										
			L							
II. Certification by Lead	Chief Operator									
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	ne water treatment plant i	dentified in Part I of this report. I certify that t	ne					
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	ll drinking water treatmer	it chemicals used at thisplant conform to NSF						
International Standard 6	0 or other applicable standards referenced in subsection 6	62-555.320(3), F.A	.C. I also certify that the	following additional operations records for this	5					
plant were prepared each	n day that a licensed operator staffed or visited this plant of	during the month is	ndicated above: (1) record	ds of amounts of chemicals used and chemical	feed					
rates; and (2) if applicab	le, appropriate treatment process performance records. F	uthermore, I agree	to provide these addition	al operations records to the PWS owner so the	PWS					
	ogether with copies of this report, at a convenient location			•						
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	David Rodriguez			A7880						
Signature and Date	Printed or Typed Name	e		License Number						

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Emergency of Abnormal Operating Conditions;	Point in	Required,		CI	lo Hq	30	Buring	Point During	First Customer		bədsini To	SmoH	орегасог	
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\* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

DEP Form 62-555 900(3)Alternate

I. General Information	for the Month/Year of: Ju	ne-05											
A. Public Water System	(PWS) Information												
PWS Name:	Rosalie Oaks			PWS	Identification Number	r: 3531546							
PWS Type:	X Community Non-	Fransient Non-Commu	unity	Transient Non-	Community	Consecutive							
Number of Service Cor	nections at End of Month: 91				Served at End of Mont	h: 192							
PWS Owner:	Aqua Utilities Florida												
Contact Person:	Carolyn McFalls		1. 11. 17	Contact Person's	Title: Area Manage								
Contact Person's Mailir	ng Address: 6960 Professional Parkway	East		City: Sarasota State: FL Zip Code: 34240									
Contact Person's Telepl	none Number: 941/907-7400	Contact Person Po	erson's Fax Number:	941/907-7401									
Contact Person's E-Mai	l Address: <u>cfmcfalls@aqu</u>												
B. Water Treatment Pla	nt Information					·							
Plant Name:	Rosalie Oaks		Plant	Telephone Number:	941/907-7400								
Plant Address:	Rosalie Oaks Blvd		City: Lake	Wales State: F	L Zip Code: 33853								
Type of Water Treated			hased Finished Wa	ater									
Permitted Maximum D	bay Operating Capacity of Plant, gallons per	r day: 52	26,000										
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) C													
Licensed Operators	Name	License Class	License Num										
Lead/Chief Operator:	David Rodriguez		Α	7880		3 Days per week							
Other Operators:	Steve Fuller		В	7519		3 Days per week							
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II. Certification by Leac	Chief Operator												
	<del></del>												
	treatment plant operator licensed in Flo												
	this report is true and accurate to the be												
International Standard 6	0 or other applicable standards reference	ed in subsection 62-	-555.320(3), F.A	.C. I also certify	that the following ad	ditional operations records for this							
	a day that a licensed operator staffed or												
						s records to the PWS owner so the PWS							
	ogether with copies of this report, at a c												
			, , , , , , , , , , , , , , , , , , ,										
	Dav	vid Rodriguez			A7880	<u></u>							
Signature and Date		nted or Typed Name			License Num	ber							

Page 1

37

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

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Water System Components Out of Operation	System, mg/L	zmɔ/ɔəs	zec/cm2	J/nim-gm	Applicable	0	T/mm-gm	sənnını	J\gm,wolf	Rate, gpd	13,000	STA hrs	X	1
Repair or Maintenance Work that Involves Taking	nomdrigiQ	Mm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Produced, gal	Operation	("X"	finoM
Emergency or Abnormal Operating Conditions;	Point in	Redmied,	UV Dose,	cı l	to Hq	10	During	Samu Daioq	First Customer	Dook Flam	behzini To TeteW	znoH ni msl4	(Place	Day of
National Control of the 1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997	* st Remote *	UV Dose	Operating	mmmmM		Temp	Customer	Measurement	(C) Before or at		Net Quantity	Buon	py	10 ve(I
	Сопсспивноп	muminiM	Lowest			M. (2)	terist te	O18(T)	Concentration		,,O <b>/-1</b> (.	1000	beitziV	444
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	Residual						Provided	Disinfectant	Lowest Residual	•			Staffed	
	- Lowest		4			* **	LowestCT					Section 12	Plant	
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amines) Chlorine Dioxide	hlorine (Chlora	Denidm				X	7,100			n Distributio	i bənistnisM İsu	CISAN INGIO	əluisi(1	1 ype oi
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				:(:	Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	)zouc		əpixoi	Chlorine D		niotine	X Free C	\		LLLI Walionkeen	itog Virus Inacti	* Dog: -t:-	7017V 10	SIBOTAL
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									20-əunc		th Year of:	or the Mon	retric /	ir.CL III
						rks	Kosalie Os	Flant Name:		9401000		SOUTH NATION	Patrilla	DI CM I

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



See page 4	for	instructions
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I. General Information f	for the Month Year of:	July-05				
A. Public Water System	(PWS) Information					
PWS Name:	Rosalie Oaks			PWS Identific	cation Number:	3531546
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Commur	nity Con	secutive
Number of Service Con	nnections at End of Month:	91		Total Population Served a	t End of Month:	192
PWS Owner:	Aqua Utilities Florida					
	Carolyn McFalls			Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailir		_ <del></del>		City: Sarasota	<del></del>	Zip Code: 34240
Contact Person's Teleph				Contact Person Person's F	ax Number:	941/907-7401
Contact Person's E-Mai		@aquaamerica.com				
B. Water Treatment Pla	nt Information					
	Rosalie Oaks			Plant Telepho		941/907-7400
	Rosalie Oaks Blvd			City: Lake Wales	State: FL	Zip Code: 33853
Type of Water Treated			rchased Finished Wa	ter		
	Day Operating Capacity of Plant, gallo		526,000	In or i	(2 (00 210(4) F.A.C.)	
	bsection 62-699.310(4), F.A.C.):	V	I v v v andre sa	Plant Class (per subsectio		C hift(s) Worked
Licensed Operators	Name		License Class	License Number		
Lead/Chief Operator:	David Rodrigu		A	7880		ys per week
Other Operators:	Steve Fuller	·	В	7519	3 Da	ys per week
					<u></u>	
	<u> </u>		<u> </u>	<u></u>		
II. Certification by Lead	Chief Operator					
·	treatment plant operator licensed	in Florida, am the lead	chief operator of th	ne water treatment plant i	identified in Part I of thi	s report. I certify that the
information provided in	this report is true and accurate to	the best of my knowled	lea. Leartify that al	l drinking water treatmet	nt chemicals used at this	plant conform to NSF
information provided in	this report is true and accurate to	the best of my knowled	ige. Teering mat an	C. Y. L	f-lli-a additional on	erations records for this
International Standard 6	0 or other applicable standards ref	erenced in subsection (	52-555.320(3), F.A.	C. Talso certify that the	following additional op	t and showing food
plant were prepared each	h day that a licensed operator staff	ed or visited this plant	during the month ir	idicated above: (1) recor	ds of amounts of chemic	cals used and chemical feed
	le, appropriate treatment process p				nal operations records to	the PWS owner so the PWS
owner can retain them, t	ogether with copies of this report,	at a convenient locatio	n for at least ten ye	ars.		
		David Daddone			A7880	
Cionatura and Data	<del></del>	David Rodriguez			License Number	
Signature and Date		Printed or Typed Name	e		Piceuse Mannoei	
DEP Form 62-555.900(3)Alternate			Page 1			

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Emergency or Abnormal Operating Conditions;	ni mio4	Required,	UV Dose,	D	lo Hq	to	gnrnd	garmG taioq	First Customer		of Finished	Hours	Operator	Day of
	at Remote	UV Dose	Operating	muminiM		Temp	Customer	Measurement	(C) Before or at		Net Quanity		ρλ	7.4.5
	Concentration	muminiM	Lowest				at First	O is (T)	Concentration		1.		Visited	
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						KS	Rosalie Oa	Plant Name:		9401606	1.	amnı nor	enthea	DICMA

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions

I. General Information	for the Month/Year of: August-05								
A. Public Water System	(PWS) Information								
PWS Name:	Rosalie Oaks		PWS Identific	cation Number: 3531546					
	☐ Non-Transient Non-Com	munity	Transient Non-Commun	ity Consecutive					
Number of Service Cor	nnections at End of Month: 91		Total Population Served at End of Month: 192						
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Carolyn McFalls		Contact Person's Title:	Area Manager - Florida					
Contact Person's Mailir	<u> </u>			State: FL Zip Code: 34240					
Contact Person's Telepl			Contact Person Person's F	ax Number: 941/907-7401					
Contact Person's E-Mai	il Address: <u>cfmcfalls@aquaamerica.com</u>								
B. Water Treatment Pla	nt Information								
Plant Name:	Rosalie Oaks		Plant Telepho	one Number: 941/907-7400					
Plant Address:	Rosalie Oaks Blvd	City: Lake Wales	State: FL Zip Code: 33853						
Type of Water Treated		rchased Finished Wa	iter						
	Day Operating Capacity of Plant, gallons per day:	526,000							
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	n 62-699.310(4), F.A.C.) C					
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked					
Lead/Chief Operator:	David Rodriguez	Α	7880	3 Days per week					
Other Operators:	Steve Fuller	В	7519	3 Days per week					
to appear to some									
A SAVINE NEW YORK									
1.40									
Her Stranger A									
An I suita a ma									
II. Certification by Lead	d Chief Operator								
L the undersigned water	treatment plant operator licensed in Florida, am the lead/	/chief operator of th	ne water treatment nlant i	dentified in Part Lof this report. I certify that the					
	this report is true and accurate to the best of my knowled								
	0 or other applicable standards referenced in subsection 6								
plant were prepared each	h day that a licensed operator staffed or visited this plant	during the month ir	ndicated above: (1) record	ds of amounts of chemicals used and chemical feed					
rates; and (2) if applicab	le, appropriate treatment process performance records. F	Futhermore, I agree	to provide these addition	al operations records to the PWS owner so the PWS					
owner can retain them, to	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.						
	•								
	David Rodriguez			A7880					
Signature and Date	Printed or Typed Name	e		License Number					

Page 1

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Emergency or Abnormal Operating Conditions;	ni mio9	Redured,		CT	lo Hq	to	Buind	Point Durion	First Customer		behsinished	smoH	Operator	
Stortibus ) pulican ( learned & 20 /20 /20 /20		the state of the s	Operating	muminiM	J-11-	Temp	Customer	Measurement	(C) Before or at		Net Quanity		pλ	30
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\* Refer to the instructions for this report to determine which plants must provide this information.



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Ju	page	7	101	mou	uctions

I. General Information f	or the Month/Year of:	September-05				
A. Public Water System	(PWS) Information					
PWS Name:	Rosalie Oaks	***************************************	1_24	PWS Identifi	cation Number:	3531546
PWS Type:	X Community	Non-Transient Non-Con	nmunity 🔲	Transient Non-Commu	nity 🔲	Consecutive
Number of Service Con	nections at End of Month:	91		Total Population Served a	nt End of Month:	192
PWS Owner:	Aqua Utilities Florida					
	Carolyn McFalls			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailir				City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph				Contact Person Person's I	Fax Number:	941/907-7401
Contact Person's E-Mai		@aquaamerica.com	· · · · · · · · · · · · · · · · · · ·			
B. Water Treatment Pla	nt Information					
Plant Name:	Rosalie Oaks			Plant Teleph		941/907-7400
Plant Address:	Rosalie Oaks Blvd			City: Lake Wales	State: FL	Zip Code: 33853
Type of Water Treated			urchased Finished Wa	iter		
	Day Operating Capacity of Plant, galle	ons per day:	526,000			
	bsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection	on 62-699.310(4), F.A	.C.) C
Licensed Operators	Name		License Class	License Number		(s)/Shift(s) Worked
Lead/Chief Operator:	David Rodrig		A	7880		3 Days per week
Other Operators:	Steve Fulle	r	В	7519		3 Days per week
			<u> </u>			
	<u> </u>		<u> </u>	<u> </u>		
II. Certification by Lead	Chief Operator					
	<del></del>				· 1 · .: C · 1 · D · . I	Cd : Itife that the
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead	d/chief operator of the	ne water treatment plant	identified in Part I c	of this report. I certify that the
information provided in	this report is true and accurate to	the best of my knowle	dge. I certify that al	I drinking water treatme	nt chemicals used a	t thisplant conform to NSF
International Standard 6	0 or other applicable standards re	ferenced in subsection	62-555.320(3), F.A.	.C. I also certify that the	following additions	al operations records for this
plant were prepared eacl	h day that a licensed operator staff	fed or visited this plant	t during the month in	ndicated above: (1) recor	ds of amounts of ch	nemicals used and chemical feed
rates: and (2) if applicab	ole, appropriate treatment process	performance records.	Futhermore, I agree	to provide these addition	nal operations recor	ds to the PWS owner so the PWS
	ogether with copies of this report,				1	
o mer can retain them, t	ogenier with copies of this report,	, at a som comont rocati	on tot at loadt toll yo	· vana az v		
					. =000	
		David Rodriguez			A7880	
Signature and Date		Printed or Typed Nar	ne		License Number	
DEP Form 62-555.900(3)Alternate			Page 1			

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PWS Id	lentifica	ation Numbe	er:	3531546		Plant Name:	Rosalie Oa	aks						
III. Dai	ly Data	for the Mon	nth Year of:		September-05									
			Log Virus Inacti	iviation/Rem			X Free (	Chlorine	e TT	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		let Radiation			Other (Describe	e):								
			ual Maintained	in Distribution					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
1770			T Transca	li Bistricuti	CT Calculations,	or LIV Dose to	Demonstrate I	iour-Log					XX.3.1-2.51.533	
	Daine .				Ox Culculations,		lations	Our Log	Y II US IIIIUUT	acion, ii ripp	UV	Dose		
	Days Plant		1				Lowest CT	- Sec. 2			and Total	77		
	Staffed	1		1	Lowest Residual	Disinfectant	Provided						Lowest	
1	or				Disinfectant	Contact Time	Before or				1 335		Disinfectant	
	Visited	1		İ	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	ļ	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW .:	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	ļ	24 hrs	5,000											
2	X	24 hrs	5,000		0.8								0.7	
3	<u> </u>	24 hrs	5,667	<u> </u>			ļ	L						
4	<del></del>	24 hrs	5,667											
5	X	24 hrs	5,667	<del> </del>	1.0				7.1				0.7	
6	L.,	24 hrs	6,000				ļ							
7	X	24 hrs	6,000	ļ	0.6			<u> </u>					0.7	
8	<del></del>	24 hrs	4,000									<u> </u>	- 00	
9	X	24 hrs	4,000		1.0		ļ	├		<u> </u>			0.9	
10	<b></b>	24 hrs	6,000				<del> </del>	ļ				<del> </del>		
11		24 hrs	6,000		ļ				7.0		<del> </del>		1.0	
12	X	24 hrs 24 hrs	6,000	<del> </del>	1.4			<del> </del>	7.0	<del></del> -		<u> </u>	1.0	
14	X	24 hrs	7,000 7,000	<del> </del>	1.0		<del> </del>	<del> </del> -					0.8	
15		24 hrs	6,000		1.0		<del> </del>	<del> </del>	<del></del>				0.8	
16	X	24 hrs	6,000	<del> </del>	1.2		<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>	1.0	
17		24 hrs	6,000		1.2					<del> </del>			1.0	
18		24 hrs	6,000	<del>                                     </del>			<del> </del>	<del> </del>	<del></del>	<del> </del>	-	<u> </u>		
19	Х	24 hrs	6,000	<del> </del>	1.0		<u> </u>	<del> </del>				<del>                                     </del>	0.8	
20		24 hrs	4,500	<del> </del>	1.0		<del> </del>	<del>                                     </del>				<del> </del>		
21	X	24 hrs	4,500	1	0.8			<b> </b>	<del> </del>	<del> </del>	T	<b></b> -	0.7	
22	<del></del>	24 hrs	5,000		7.0		<b></b>	<b>!</b>		<u> </u>				
23	X	24 hrs	5,000	<u> </u>	0.7			T	7.0				0.6	
24		24 hrs	5,000		<del></del>		1	t						
25		24 hrs	5,000	T				T	1			T		
26	Х	24 hrs	5,000		0.7			<del>                                     </del>					0.7	
27		24 hrs	5,000											
28	X	24 hrs	5,000		1.2			1					1.0	
29		24 hrs	4,500											
30	X	24 hrs	4,500		1.0				7.1				0.8	
31		24 hrs												
Total	di Tanan	. A. F.M. 924	162,001											
Average			5,400	]										
Maximu	m		7,000	1										

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



See page 4 for instructions

I. General Information t	for the Month Year of: October-05									
A. Public Water System	(PWS) Information									
	Rosalie Oaks		PWS Identifi	cation Number:	3531546					
PWS Type:	X Community Non-Transient Non-C	Community	Transient Non-Commu	nity	Consecutive					
Number of Service Con	nections at End of Month: 91		Total Population Served a	Total Population Served at End of Month: 192						
	Aqua Utilities Florida									
	Carolyn McFalls		Contact Person's Title:	Area Manager - Flor						
Contact Person's Mailir			City: Sarasota	State: FL	Zip Code: 34240					
Contact Person's Telepl			Contact Person Person's F	ax Number:	941/907-7401					
Contact Person's E-Mai		]								
B. Water Treatment Pla	nt Information									
	Rosalie Oaks			one Number:	941/907-7400					
	Rosalie Oaks Blvd	**************************************	City: Lake Wales	State: FL	Zip Code: 33853					
Type of Water Treated		Purchased Finished	Water							
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	526,000		(2 (00 210/4) 72.4						
	bsection 62-699.310(4), F.A.C.): V	17.02.1	Plant Class (per subsection	on 62-699.310(4), F.A	.C.) C					
Licensed Operators	Name Name	License Class			(s)/Shift(s):Worked					
Lead/Chief Operator:	David Rodriguez	A	7880		3 Days per week					
Other Operators:	Steve Fuller	В	7519		3 Days per week					
	· 									
The state of the s	<u> </u>									
[1] ::: 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1										
		<u> </u>								
II. Certification by Lead	Chief Operator									
		1/1:6		' 1 ' 1' D 4 I -	Estimate I contify that the					
	treatment plant operator licensed in Florida, am the le									
	this report is true and accurate to the best of my know									
	0 or other applicable standards referenced in subsection									
plant were prepared each	n day that a licensed operator staffed or visited this pla	ant during the month	n indicated above: (1) recor	ds of amounts of ch	emicals used and chemical feed					
	le, appropriate treatment process performance records									
	ogether with copies of this report, at a convenient loc			•						
van roum mon, t	ogenie copies of this topoli, at a contention too	and to at read ton	<i>y</i>							
	David Rodriguez			A7880						
Signature and Date	Printed or Typed N	Vame		License Number						
DEP Form 62-555 900(3)Alternate		Page 1								

											L99°01	Ser to	w	Maximu
											L60°9			Average
							,				000,681			IstoT
	7.0			<u></u>	L		<u> </u>		8.0		4,333	24 hrs	X	18
						<u> </u>					4,333	24 hrs		30
											4,333	24 hrs		67
	8.0								0.1		000°6	24 hrs	X	- 87
											0006	24 hrs		7.7
	1′0								7.1		4,000	24 hrs	X	- 97
			<u> </u>								4,000	24 hrs	I	57
	8.0				T.T				0.1		000,2	24 hrs	X	74
					L						000°S	24 hrs		73
											000,2	24 hrs		77
	7.0								6.0		005'9	24 hrs	X	71
											005'9	24 hrs	l	- 07
	9.0								7.0		005'L	24 hrs	X	61
											005°L	24 hrs		81
	7.0				0.7				0.1		EEE'S	24 hrs	X	LI
											5,333	24 hrs		91
											5,333	24 hrs		sı
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	8.0								1.0		000'9	24 hrs	X	15
											000'9	24 hrs		H
	0.1				7.7				1.2		L99°01	24 hrs	X	10
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	ļ										L99'01	24 hrs		8
	7.0					<u> </u>			0.1		005,4	24 hrs	X	L
	010		<u></u>		ļ	ļ					005°₺	24 hrs		9
	9.0			ļ.—					L'0		005'5	24 hrs	X	S
	0:0						ļ				005,2	24 hrs		t
	8.0				0.7				1.1		L99°5	24 hrs	X	3
					ļ <u>.</u>	ļ					L99'S	24 hrs		7
warning or an amenadayan magic man	a Any turne (a	muo noc	musa manad	7.77	aromanddy t		9			12.1	L99'S	24 hrs		F
Emergency or Abnormal Operating Conditions: Repair or Mainferance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Minimum UV Dose Required, mW	Lowest Operating UV Dose, Wm	mg-min/L Required, CT Minimum	PH of	Temp. of of Water, O	Lowest CT Provided Before or at First Customer During Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak How, mg/L	Peak Flow Rate, gpd	Met Quanity of Finished Water Water	Plant in Plant in Plant in	Plant Staffed or Visited by Operator Operator "X"	Day of the Month
		950(	ΙΛΩ		事态作品			CT Calcul	4 5 3 3 7 2				Days	
	1	10.70%				90-Log	A structuate F	or UV Dose, to I	CT Calculations,	35. V. C.		<u> </u>		
Spixoid Chlorine Dioxide	hlorine (Chlora	D bənidm	(O)	orine	Free Chlo					n Distributio	i bənistnisM lsu	ctant Resid	of Disinfe	Type of
								:(	Other (Describe			noitsibs A t		
Combined Chlorine (Chloramines)	auoz(		pixoide	Chlorine D		plorine	X Free C		* :lsvo		itosani suriV go.			
									October-05		th Year of:			
									20 1-7-0		2	, , , , , , , , ,		- 0 111
						ks	Rosalie Oa	Plant Name:		3531546	:1	on Numbe	lentificat	PI SMd

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



See page 4 for instructions

I. General Information i	for the Month/Year of:	November-05				
A. Public Water System	(PWS) Information					
PWS Name:	Rosalie Oaks			PWS Identif	ication Number: 3531546	
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transient Non-Commu	nity Consecutive	
	nections at End of Month:	91		Total Population Served	at End of Month: 192	
PWS Owner:	Aqua Utilities Florida					
	Carolyn McFalls			Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailir	¥			City: Sarasota	State: FL Zip Code	e: 34240
Contact Person's Telepl				Contact Person Person's l	Fax Number: 941/907-	7401
Contact Person's E-Mai		@aquaamerica.com				
B. Water Treatment Pla						
Plant Name:	Rosalie Oaks			Plant Teleph	none Number: 941/907-	7400
Plant Address:	Rosalie Oaks Blvd			City: Lake Wales	State: FL Zip Code	e: 33853
Type of Water Treated			archased Finished Wa	ater		
	ay Operating Capacity of Plant, gall	ons per day:	526,000			
	osection 62-699.310(4), F.A.C.):	V			on 62-699.310(4), F.A.C.) C	
Licensed Operators	Name		License Class	License Number	Day(s)/Shift(s) W	orked .
Lead/Chief Operator:	David Rodrig	uez.	Α	7880	3 Days per we	eek
Other Operators:	Steve Fulle	г	В	7519	3 Days per we	eek
II. Card Card and II.	101: 00				· · · · · · · · · · · · · · · · · · ·	
II. Certification by Lead	Chief Operator					
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead	chief operator of the	he water treatment plant	identified in Part I of this report.	I certify that the
	this report is true and accurate to					
	0 or other applicable standards re					
	day that a licensed operator staff					
	le, appropriate treatment process				nai operations records to the PW	S owner so the PWS
owner can retain them, to	ogether with copies of this report,	at a convenient locatio	n for at least ten ye	ears.		
		Ct P. 11.			D 7510	
Signature and Date		Steve Fuller			B-7519	
orginature and Date		Printed or Typed Nam	e		License Number	

PWS Ic	lentifica	tion Numbe	er:	3531546		Plant Name:	Rosalie Oa	aks						
III. Daily Data for the Month Year of:  November-05														
			Log Virus Inacti				Free (	Chlorine	е П	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):				Jinorine L		□ `	·	,
			ual Maintained	in Distributio		<del>"</del>			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
1)   0	Distille	- Count Acosta	dai mamameo	III DISTINGUIA		or UV Dose, to l	Demonstrate F	COLU-I AG					V	
	Days			34,015	Alexander of the second	or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable  CT Calculations								
	Plant				P 10 1 2 2 3 5 5 4		Lowest CT		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	7 4 Sec. 1	430		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided			14. July 14. 7			Residual	
] :	or	ļ			Disinfectant	Contact Time	Before or			125 47			Disinfectant	
	Visited				Concentration	(T) at C	at First			8 G.A.	Lowest	Minimum	Concentration	
D	by	177	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	T. Alexandra
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1		24 hrs	4,000	, gr	,,				- 17				3,000	
2		24 hrs	4,000		0.9		T		7.2				0.6	
3	X	24 hrs	3,000											
4		24 hrs	3,000		1			<b>!</b>					0.8	
5	X	24 hrs	6,667					ļ						
6		24 hrs	- 6,667					<del>                                     </del>			<u> </u>	<u> </u>		
7	<u>X</u>	24 hrs	6,667 5,000		0.7		<del>                                     </del>	<b>}</b>	<b>}</b>	<del> </del>	<del> </del>	<b></b>	0.6	
8		24 hrs 24 hrs	11,000		1.1		<u> </u>	<del> </del>		<del> </del>			0.5	
10	X	24 hrs	4,000		1			-		<del>                                     </del>		<del> </del>	0.5	
11		24 hrs	8,000		0.6			<del> </del>	7.3	<del> </del> -			0.4	
12	X	24 hrs	8,000	<del>                                     </del>			<b> </b>	1	1					
13		24 hrs	8,000					<b>†</b>						
14	X	24 hrs	8,000		0.5								0.4	
15		24 hrs	7,000		1								0.6	
16		24 hrs	7,000		0.6		ļ	<u> </u>					0.5	
17	X	24 hrs	12,000		0.7		<del> </del>	<del> </del>	7.2	ļ		<u> </u>	0.5	
18 19	X	24 hrs 24 hrs	6,000 7,667	<del></del>	2		<u> </u>	<del> </del>	7.2			<del> </del>	0.9	
20		24 hrs	7,667				<del> </del>		<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>	1
21	X	24 hrs	7,667	<b></b>	1.4		<del>                                     </del>	$\vdash$	<del>                                     </del>		<del> </del>		0.8	
22		24 hrs	8,000		1.5		<del>                                     </del>			<b>†</b>			0.9	
23		24 hrs	10,000		1.5			T					0.8	
24	X	24 hrs	7,000		1.4								0.9	
25		24 hrs	5,000		1.5								0.9	
26	X	24 hrs	5,333					<u> </u>	ļ		ļ	1		
27	7.5	24 hrs	5,333			ļ	<u> </u>	<u> </u>		<del> </del>	<del> </del>	<del> </del>	0.0	
28	X	24 hrs	5,333		1.3	ļ	ļ —	├	7.3	<del> </del>	<del> </del>	<del> </del>	0.8	
29 30		24 hrs	1,000	<b> </b>	2.1	<b> </b>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	0.9	
31	X	24 hrs 24 hrs	8,000		1.3	<del> </del>	<del>                                     </del>	╁──		<del> </del>	<del> </del>	<del> </del>	0.6	
Total			196,001	<del> </del>		L	<u> </u>	J	<u> </u>	L	1	ь	<del></del>	1
Average	out on the		6 522	1										

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



See page 4 for instructions

1 General Information	for the Month Year of:	December, 2005									
		December, 2005									
A. Public Water System		· <del>- · · · · · · · · · · · · · · · · · ·</del>		Tawa 11	G 1 N 1	2521546					
PWS Name:	Rosalie Oaks			PWS Identification Number: 3531546							
PWS Type:		Non-Transient Non-Comi	munity	Transient Non-Community Consecutive							
	nections at End of Month:	91		Total Population Served	at End of Month:	192					
PWS Owner:	Aqua Utilities Florida			To b min							
Contact Person:	Carolyn McFalls			Contact Person's Title:	Area Manager - Flo						
Contact Person's Mailir			City: Sarasota State: FL Zip Code: 34240								
Contact Person's Telephone Number: 941/907-7400 Contact Person's Fax Number: 941/907-7401  Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com											
<del></del>		gaquaamerica.com									
B. Water Treatment Pla					- <u>-</u> -						
Plant Name:	Rosalie Oaks				hone Number:	941/907-7400					
Plant Address:	Rosalie Oaks Blvd	<u> </u>		City: Lake Wales	State: FL	Zip Code: 33853					
Type of Water Treated			rchased Finished Wa	ater							
	Day Operating Capacity of Plant, gallor		526,000								
	osection 62-699.310(4), F.A.C.):	V		Plant Class (per subsect							
Licensed Operators	Name		License Class	License Number	Da Da	iy(s)/Shift(s) Worked					
Lead/Chief Operator:	Steve Fuller		B	7519		3 Days per week					
Other Operators:											
Service of the state of the service											
· 养育、品质的 100%。											
II. Certification by Lead	l Chief Operator										
	treatment plant operator licensed i										
	this report is true and accurate to the										
	0 or other applicable standards refe										
plant were prepared each	n day that a licensed operator staffe	d or visited this plant of	during the month in	ndicated above: (1) reco	ords of amounts of c	chemicals used and chemical feed					
rates; and (2) if applicab	le, appropriate treatment process p	erformance records. F	uthermore, I agree	to provide these addition	onal operations reco	ords to the PWS owner so the PWS					
	ogether with copies of this report,				•						
	-g vian copies of and topole, e			<del>-</del> -							
		Steve Fuller			B7519						
Signature and Date		Printed or Typed Name	<del></del>		License Number						
		Third or Types Hame	<del>.</del>								

PWS Id	entifica	tion Numbe	r:	3531546		Plant Name:	Rosalie Oa	iks							
III. Daily Data for the Month Year of: December, 2005															
			Log Virus Inacti	iviation/Pam		03	Eree (	hlorin		Chlorine I	Diovide		Ozone	Combined Chl	orine (Chloramines)
		et Radiation			Other (Describe	٠.	Ппсс	-11101111		· Chiornie i	Moxide	ш,	)2011C	Combined Cin	orme (Cinoralinia)
			ual Maintained:	in Distributi		·)			Free Chl		T C	mbinad C	hlorine (Chlor	cominac)	Chlorine Dioxid
Type of	Distine	ctant Kesio	uai Maintaineo	in Distributio	CT Calculations,	IB/ D 4-1	D					illomed C	mornie (Cinoi	annines)	
	_				C1 Calculations,	CT Calcu		our-ros	Virus inacuv	аноп, п Аррі	UV	Doce			
	Days Plant			ļ —		C1 Calcu		200				Juse			
	Staffed		Professional Contract		Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual		
1	or		g last, f		Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First			1.4	Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	T CT	UV Dose,	Required,	Point in	Emergency or I	Abnormal Operating Conditi
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		mance Work that Involves T
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	Components Out of Operati
2	X X	24 hrs 24 hrs	7,000 6,000	<del> </del>	1.5		<u> </u>		7.9	-	<del> </del> -		ļ <u>-</u>	<del> </del>	
3	_^_	24 hrs	6,667	<del> </del>	1.0		<del> </del>		1.9	<del>                                     </del>	<del>                                     </del>	-	1	<del> </del>	
4		24 hrs	6,667	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>			<del></del>	·		<del>                                     </del>	
5	X	24 hrs	6,667	<del>                                     </del>	1.2			<del> </del>	<del>                                     </del>	<del>                                     </del>	<del></del>	<b></b>	0.9		
6	X	24 hrs	6,000		2.3		<del>                                     </del>	1		<u> </u>			1.1	<u> </u>	
7	Х	24 hrs	9,000	1	1.4								0.7		
8	X	24 hrs	6,000		1.5			<b></b>					1		
9	X	24 hrs	8,000		1.8								1.6		
10		24 hrs	8,667												
11		24 hrs	8,667					ļ	<u> </u>	ļ	<u> </u>			ļ	
12	X	24 hrs	8,667		1.3				8			<u> </u>	1.2	<u> </u>	
13		24 hrs	8,000	<u> </u>	12		<del>                                     </del>	<b>-</b>	ļ	<b></b>			i	<del> </del>	
14 15	X	24 hrs	8,000 10,000	ļ	1.2	<u> </u>	-	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.9	<del> </del>	
16	X	24 hrs 24 hrs	12,000		1.3	<del></del>	ļ	╄	7.9			<del> </del>	0.9	<del></del>	
17		24 hrs	7,000	<del> </del>	1.2		<del>                                     </del>	<del> </del>	7.5	<del> </del>	<del>                                     </del>	<del>                                     </del>	0.0	<del>                                     </del>	
18		24 hrs	7,000	<del>                                     </del>			<del>                                     </del>	1	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<u> </u>	
19	X	24 hrs	7,000	<u> </u>	1.2	<u> </u>	<b>†</b>						1.3		
20	X	24 hrs	8,000		1.3							Ì	1		
21	X	24 hrs	5,000		1.2				8.1				0.8		
22	X	24 hrs	7,000		1.2								0.7		
23	X	24 hrs	10,000		1.2						<u> </u>		0.8	<del> </del>	
24		24 hrs	8,333	<u> </u>				ļ	ļ	<b> </b>	ļ	ļ	ļ		
25		24 hrs	8,333	ļ		ļ	<del> </del>		<u> </u>	<u> </u>		<del> </del>	0.7	<del></del>	
26	X	24 hrs	8,333	<del> </del>	1.2		<del> </del>	<u> </u>	<b></b>	<del> </del>	<del> </del>	ļ	0.7	<del> </del>	
27 - 28	X	24 hrs	9,000	<del> </del>	1.1	}	<del></del>	<del> </del>	ļ	<del> </del>	<del> </del>	<del> </del>	0.8	<del> </del>	
28	X	24 hrs 24 hrs	11,000 7,000	<del> </del>	1.2	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del>                                       </del>	<del></del>	0.8	+	
30	X	24 hrs 24 hrs	9,000	<del> </del>	1.1	<del> </del>	<del>                                     </del>	├─	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	0.8	<del> </del>	
31		24 hrs	2,000	<del> </del>	1.1	<del>                                     </del>	<del> </del>	1	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>		
Total	in the state of		238,001		1	<u> </u>	<del></del>		<del></del>		J	<del></del> -	· · · · · · · · · · · · · · · · · · ·		
A SEA			7.022	1											

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