

ORIGINAL

**The Woods**

Docket No. 060368-WS

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

Florida

**VOLUME 6**

**Book 7**

**Set 50 of 57**

Containing  
Additional Engineering Requirements

Monthly Operating Reports

CMP \_\_\_\_\_

COM \_\_\_\_\_

CTR \_\_\_\_\_

ECR 1 \_\_\_\_\_

GCL \_\_\_\_\_

OPC \_\_\_\_\_

RCA \_\_\_\_\_

SCR \_\_\_\_\_

SGA \_\_\_\_\_

SEC \_\_\_\_\_

OTH \_\_\_\_\_

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00880 JAN 25 8

FPSC-COMMISSION CLERK

# Aqua Utilities Florida, Inc. Monthly Operating Reports

## The Woods

	<b>Tab Number</b>	<b>Page Number</b>
<b>Year: 2004</b>		
January	1	3
February	2	5
March	3	7
April	4	9
May	5	11
June	6	13
July	7	15
August	8	17
September	9	19
October	10	21
November	11	23
December	12	25
<b>Year: 2005</b>		
January	1	27
February	2	29
March	3	31
April	4	33
May	5	35
June	6	37
July	7	39
August	8	41
September	9	43
October	10	45
November	11	47
December	12	49



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

See page 4 for instructions

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

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

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>71</u>		Total Population Served at End of Month: <u>150</u>	
PWS Owner: <u>AquaSource Utility, Inc.</u>			
Contact Person: <u>Michael Fitzgerald</u>		Contact Person's Title: <u>Area Manager - Florida</u>	
Contact Person's Mailing Address: <u>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 369-4881</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>mvfitzgerald@suburbanwater.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 369-4881</u>	
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):			

Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.):		
	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
Other Operators:	<u>Carl Virtuoso</u>	<u>C</u>	<u>4835</u>	<u>6 Days per week</u>
	<u>Mike Gorski</u>	<u>C</u>	<u>7713</u>	<u>6 Days per week</u>
				<u>6 Days per week</u>
				<u>6 Days per week</u>

**II. Certification by Lead Chief Operator**

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

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

Mark March  
Printed or Typed Name

C8287  
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Ultraviolet Radiation  Other (Describe):

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

Days Staffed	or Visited	Day of Operation	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Contact Time Before or Provided	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Disinfectant Residual Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		
																Lowest CT	Operating UV Dose	UV Dose
1	X		24 hrs	20,000														
2	X		24 hrs	12,000														
3	X		24 hrs	16,000														
4			24 hrs	16,000														
5	X		24 hrs	12,000														
6	X		24 hrs	17,000														
7	X		24 hrs	15,000														
8	X		24 hrs	14,000														
9	X		24 hrs	15,000														
10	X		24 hrs	17,000														
11			24 hrs	17,000														
12	X		24 hrs	17,000														
13	X		24 hrs	13,000														
14	X		24 hrs	20,000														
15	X		24 hrs	14,000														
16	X		24 hrs	15,000														
17	X		24 hrs	17,500														
18			24 hrs	17,500														
19	X		24 hrs	18,000														
20	X		24 hrs	14,000														
21	X		24 hrs	13,000														
22	X		24 hrs	11,000														
23	X		24 hrs	11,000														
24	X		24 hrs	13,500														
25			24 hrs	13,500														
26	X		24 hrs	11,000														
27	X		24 hrs	11,000														
28	X		24 hrs	12,000														
29	X		24 hrs	11,000														
30	X		24 hrs	13,000														
31	X		24 hrs	14,500														
				Total	451,500													
				Average	14,565													
				Maximum	20,000													

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Carl Virtuoso	C	4835	6 Days per week
	Mike Gorski	C	7713	6 Days per week
				6 Days per week
				6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month Year of:

February-04

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

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

CT Calculations, for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Days Staffed	Plant	or	Visited by	Hours of Operation	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (1) at C	Disinfectant Provided Before or After Customer Measurement Point During Peak Flow, mg-mn/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-mn/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Required UV Dose, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions. Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations		
																	UV Dose	UV Dose	UV Dose

Day of Month	Operator	Plant in Operation	Hours of Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (1) at C	Disinfectant Provided Before or After Customer Measurement Point During Peak Flow, mg-mn/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-mn/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Required UV Dose, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions. Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
1		X	24 hrs	14,500												
2		X	24 hrs	14,000												
3		X	24 hrs	14,000												
4		X	24 hrs	11,000												
5		X	24 hrs	13,000												
6		X	24 hrs	11,000												
7		X	24 hrs	18,000												
8			24 hrs	18,000												
9		X	24 hrs	15,000												
10		X	24 hrs	12,000												
11		X	24 hrs	11,000												
12		X	24 hrs	11,000												
13		X	24 hrs	14,000												
14		X	24 hrs	11,500												
15			24 hrs	13,000												
16		X	24 hrs	13,000												
17		X	24 hrs	12,000												
18		X	24 hrs	15,000												
19		X	24 hrs	15,000												
20		X	24 hrs	12,000												
21		X	24 hrs	13,000												
22		X	24 hrs	13,000												
23		X	24 hrs	14,000												
24		X	24 hrs	12,000												
25		X	24 hrs	15,000												
26		X	24 hrs	13,000												
27		X	24 hrs	15,000												
28		X	24 hrs	13,500												
29			24 hrs	13,500												
30			24 hrs													
31			24 hrs													
Total				388,500												
Average				13,397												
Maximum				18,000												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Carl Virtuoso	C	4835	6 Days per week
	Mike Gorski	C	7713	6 Days per week
				6 Days per week
				6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	13,000											1	
2	X	24 hrs	12,000											1	
3	X	24 hrs	17,000											1.1	
4	X	24 hrs	12,000											1.2	
5	X	24 hrs	12,000											1.1	
6	X	24 hrs	13,000											1.0	
7		24 hrs	13,000												
8	X	24 hrs	14,000											1.2	
9	X	24 hrs	10,000											1.3	
10	X	24 hrs	13,000											1.0	
11	X	24 hrs	8,000											1.0	1
12	X	24 hrs	15,000											0.9	
13	X	24 hrs	13,000											0.8	
14	X	24 hrs	14,000											1.0	
15	X	24 hrs	16,000											1.0	
16	X	24 hrs	12,000											1.2	
17	X	24 hrs	13,000											1.1	
18	X	24 hrs	13,000											1.2	
19	X	24 hrs	15,000											1.1	
20	X	24 hrs	15,000											1.3	
21		24 hrs	15,000												
22	X	24 hrs	10,000											1.2	
23	X	24 hrs	11,000											0.9	
24	X	24 hrs	13,000											1.3	
25	X	24 hrs	12,000											1.2	
26	X	24 hrs	13,000											1.1	
27	X	24 hrs	15,000											0.8	
28		24 hrs	15,000												
29	X	24 hrs	12,000											1.0	
30	X	24 hrs	11,000											1	
31	X	24 hrs	13,000											0.9	
<b>Total</b>			403,000												
<b>Average</b>			13,000												
<b>Maximum</b>			17,000												

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





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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Carl Virtuoso	C	4835	6 Days per week
	Mike Gorski	C	7713	6 Days per week
				6 Days per week
				6 Days per week

**II. Certification by Lead Chief Operator**

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

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

Mark March  
\_\_\_\_\_  
Printed or Typed Name

C8287  
\_\_\_\_\_  
License Number





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

PWS Identification Number: 6600347 | Plant Name: The Woods

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

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

Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Days	Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Provided Before or at First Customer Measurement (T) at C	Lowest CT During Peak Flow	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
														UV Dose	UV Dose
1	X	24 hrs	10,500	10,500											
2		24 hrs	10,500												
3	X	24 hrs	15,000												
4	X	24 hrs	12,000												
5	X	24 hrs	13,000												
6	X	24 hrs	14,000												
7	X	24 hrs	12,000												
8	X	24 hrs	15,500												
9		24 hrs	15,500												
10	X	24 hrs	15,000												
11	X	24 hrs	16,000												
12	X	24 hrs	12,000												
13	X	24 hrs	15,000												
14	X	24 hrs	16,000												
15	X	24 hrs	13,000												
16		24 hrs	13,000												
17	X	24 hrs	13,000												
18	X	24 hrs	12,000												
19	X	24 hrs	16,000												
20	X	24 hrs	14,000												
21	X	24 hrs	11,000												
22	X	24 hrs	16,000												
23		24 hrs	16,000												
24	X	24 hrs	17,000												
25	X	24 hrs	10,000												
26	X	24 hrs	16,000												
27	X	24 hrs	14,000												
28	X	24 hrs	14,000												
29	X	24 hrs	19,000												
30	X	24 hrs	19,000												
31	X	24 hrs	17,000												
<b>Total</b>			<b>442,000</b>												
<b>Average</b>			<b>14,258</b>												
<b>Maximum</b>			<b>19,000</b>												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: <a href="mailto:mvfitzgerald@aquaaamerica.com">mvfitzgerald@aquaaamerica.com</a>		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Carl Virtuoso	C	4835	6 Days per week
	Mike Gorski	C	7713	6 Days per week
				6 Days per week
				6 Days per week

**II. Certification by Lead Chief Operator**

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

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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
<b>Licensed Operators:</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>
<b>Lead/Chief Operator:</b>	Mark March	C	8287
<b>Other Operators:</b>	Mike Gorski	C	7713

**II. Certification by Lead Chief Operator**

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

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

Mark March  
Printed or Typed Name

C8287  
License Number







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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Mark March	C	8287	6 Days per week
Other Operators:	Tom Felton	C	2241	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Days Staffed	or Visited by	Day of the Month ("X")	Hours of Operation	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (1) at C	Disinfectant Contact Time Provided Before or During Customer Measurement	Temp. of Water	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
																CT Calculations	UV Dose

Total	Average	Maximum	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
666,700	21,506	82,000	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
16,000	8,000	15,000	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	24 hrs	

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Mark March	C	8287	6 Days per week
Other Operators:	Tom Felton	C	2241	6 Days per week
	Gwayne Murray	C	12419	6 Days per week
	Ken Estes	C	12032	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	9,000		2									1.2	
2	X	24 hrs	16,000		2									1.2	
3	X	24 hrs	16,000		2.2									1.4	
4	X	24 hrs	10,000		0.9									0.5	
5		24 hrs	6,500												
6	X	24 hrs	6,500		1.5									0.7	
7	X	24 hrs	5,000		2									1.0	
8	X	24 hrs	5,000												
9	X	24 hrs	9,000		2									1.1	
10	X	24 hrs	10,000		2.2									1.4	
11	X	24 hrs	12,000		0.5									0.5	
12	X	24 hrs	12,000		2									1.1	
13	X	24 hrs	6,000		0.8									0.5	
14	X	24 hrs	17,000		0.5									0.3	
15	X	24 hrs	8,000		0.5									0.3	
16	X	24 hrs	22,000		1.3									0.2	
17	X	24 hrs	7,000		2									0.5	
18	X	24 hrs	15,000		0.9									0.4	
19	X	24 hrs	15,000		2									1.2	
20	X	24 hrs	7,000		2.1									1.1	
21	X	24 hrs	102,000		2.1									0.7	
22	X	24 hrs	15,000		2									0.8	
23	X	24 hrs	27,000		1.8									0.6	
24	X	24 hrs	12,000		2									1.4	
25	X	24 hrs	12,000		2									1.5	
26		24 hrs	60,500												
27	X	24 hrs	60,500		2.1									1.5	
28	X	24 hrs	42,000		2									1.3	
29	X	24 hrs	9,000		2.2									1.5	
30	X	24 hrs	12,000		2.2									1.3	
31		24 hrs													
<b>Total</b>			566,000												
<b>Average</b>			18,867												
<b>Maximum</b>			102,000												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL
Contact Person's Telephone Number: (352) 369-4881		Zip Code: 34470	
Contact Person's E-Mail Address: mvfitzgerald@aquamerica.com		Contact Person's Fax Number: (352) 732-3213	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 369-4881		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Mark March	C	8287	6 Days per week
Other Operators:	Barry Cohen	C	8253	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	14,000		2									1.4	
2	X	24 hrs	13,000		2									1.5	
3	X	24 hrs	7,000		2.2									1.6	
4	X	24 hrs	16,000		2.2									1.5	
5	X	24 hrs	6,000		2.2									1.5	
6	X	24 hrs	15,000		2.2									1.5	
7	X	24 hrs	11,000		1.4									1.0	
8	X	24 hrs	14,000		1.2									0.8	
9	X	24 hrs	10,000		2.2									1.4	
10	X	24 hrs	9,000		2									1.4	
11	X	24 hrs	15,000		2.1									1.5	
12	X	24 hrs	8,000		1.5									1.0	
13	X	24 hrs	15,000		1.8									1.2	
14	X	24 hrs	93,000		1.5									1.1	
15	X	24 hrs	14,000		1.6									1.0	
16	X	24 hrs	42,000		1.5									1.1	
17	X	24 hrs	10,000		1.6										
18	X	24 hrs	13,000		1.5									1.0	
19	X	24 hrs	15,000		1.4									0.8	
20	X	24 hrs	13,000		1.4									0.9	
21	X	24 hrs	15,000		1.5									0.8	
22	X	24 hrs	12,000		1.6									0.8	
23	X	24 hrs	30,000		1.4									1.0	
24		24 hrs	30,000												
25	X	24 hrs	22,000		1.5									0.9	
26	X	24 hrs	14,000		1.6									0.9	
27	X	24 hrs	12,000		1.5									0.8	
28	X	24 hrs	15,000		1.6									1.0	
29	X	24 hrs	16,000		1.5									0.9	
30	X	24 hrs	14,000		1.4									0.9	
31		24 hrs	14,000												
<b>Total</b>			547,000												
<b>Average</b>			17,645												
<b>Maximum</b>			93,000												

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



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

See page 4 for instructions

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

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

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>71</u>	Total Population Served at End of Month: <u>150</u>		
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager - Florida</u>	
Contact Person's Mailing Address: <u>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 732-6027</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 732-6027</u>		
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
Other Operators:	<u>Barry Cohen</u>	<u>C</u>	<u>8253</u>	<u>6 Days per week</u>

**II. Certification by Lead Chief Operator**

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

	<u>Mark March</u>	<u>C8287</u>
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	23,000		1.2									0.7	
2	X	24 hrs	15,000		1.1									0.6	
3	X	24 hrs	17,000		1.3									0.8	
4	X	24 hrs	7,000		1.3									0.7	
5	X	24 hrs	9,000		1.3									0.8	
6	X	24 hrs	55,000		1.2									0.9	
7		24 hrs	54,000												
8	X	24 hrs	44,000		1.1									0.6	
9	X	24 hrs	30,000		1.3									0.8	
10	X	24 hrs	13,000		1.2									0.7	
11	X	24 hrs	17,000		1.2									0.6	
12	X	24 hrs	10,000		1.5									0.8	
13	X	24 hrs	19,000		1.5									0.7	
14	X	24 hrs	17,000		0.8									0.7	
15	X	24 hrs	14,000		1.4									0.8	
16	X	24 hrs	16,000		1									0.6	
17	X	24 hrs	16,000		1.2									0.7	
18	X	24 hrs	16,000		1.5									0.7	
19	X	24 hrs	55,000		0.8									0.5	
20	X	24 hrs	18,000		1									0.9	
21	X	24 hrs	20,000		1.5									0.9	
22	X	24 hrs	21,000		1.2									0.8	
23	X	24 hrs	21,000		1.4									0.8	
24	X	24 hrs	50,000		1.2									0.7	
25	X	24 hrs	16,000		1.5									0.9	
26	X	24 hrs	26,000		1.2									0.8	
27	X	24 hrs	16,000		1.2									0.7	
28	X	24 hrs	21,000		1									0.7	
29	X	24 hrs	13,000		1									0.6	
30	X	24 hrs	15,000		1.2									0.8	
31		24 hrs													
<b>Total</b>			684,000												
<b>Average</b>			22,800												
<b>Maximum</b>			55,000												

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





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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	4,900		1.1									0.6	
2	X	24 hrs	9,900		1.6									0.5	
3	X	24 hrs	8,700		1.6									0.6	
4	X	24 hrs	6,200		1.7									0.6	
5	X	24 hrs	4,800		1.6									0.6	
6	X	24 hrs	5,100		1.7									0.7	
7	X	24 hrs	5,100		1.5									1.0	
8	X	24 hrs	4,900		0.9									0.5	
9	X	24 hrs	6,400		1									1.4	
10	X	24 hrs	7,200		2.1									0.5	
11	X	24 hrs	4,800		1.4									0.9	
12	X	24 hrs	5,400		1.3									0.8	
13	X	24 hrs	6,300		1.8									0.9	
14	X	24 hrs	4,600		1.4									0.8	
15	X	24 hrs	4,500		1.5									0.5	
16	X	24 hrs	4,100		1.8									0.6	
17	X	24 hrs	4,600		1.6									0.8	
18		24 hrs	5,450												
19	X	24 hrs	5,450		1.7									0.8	
20	X	24 hrs	5,600		1.3									0.7	
21	X	24 hrs	4,300		1.4									0.7	
22	X	24 hrs	4,800		1.6									0.9	
23	X	24 hrs	5,100		1.4									1.0	
24	X	24 hrs	4,800		1.7									1.2	
25		24 hrs	4,700												
26	X	24 hrs	4,700		1.6									1.0	
27	X	24 hrs	5,600		1.8									1.0	
28	X	24 hrs	5,200		1.9									1.3	
29	X	24 hrs	6,000		2.1									1.5	
30	X	24 hrs	4,000		2.2									1.8	
31	X	24 hrs	6,800		1.7									1.4	
<b>Total</b>			170,000												
<b>Average</b>			5,484												
<b>Maximum</b>			9,900												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 71		Total Population Served at End of Month: 150	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
		Zip Code: 33597	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	5,300		1.7										1.3	
2		24 hrs	5,500													
3	X	24 hrs	5,600		2.1										1.8	
4	X	24 hrs	5,500		1.4										1.1	
5	X	24 hrs	5,600		1.7										1.3	
6	X	24 hrs	4,700		1.1										0.8	
7	X	24 hrs	5,500		1.4										1.1	
8	X	24 hrs	3,400		1.3										1.0	
9		24 hrs	6,000													
10	X	24 hrs	6,000		1.1										0.6	
11	X	24 hrs	5,600		1.8										0.8	
12	X	24 hrs	4,200		1.4										0.6	
13	X	24 hrs	5,900		1.6										0.8	
14	X	24 hrs	4,200		1.7										0.7	
15		24 hrs	4,600													
16	X	24 hrs	4,600		1.5										0.8	
17	X	24 hrs	4,500		1.5										0.5	
18	X	24 hrs	10,100		1.9										1.0	
19	X	24 hrs	6,100		1.3										0.7	
20	X	24 hrs	5,600		1.7										1.0	
21	X	24 hrs	4,200		1.4										0.8	
22	X	24 hrs	6,000		2											
23		24 hrs	5,000													
24	X	24 hrs	5,100		1.4										0.7	
25	X	24 hrs	5,600		1.6										0.8	
26	X	24 hrs	4,500		1.7										0.8	
27	X	24 hrs	5,400		1.5										0.8	
28	X	24 hrs	4,600		1.5										0.7	
29	X	24 hrs	4,200		1.7											
30		24 hrs	5,600													
31	X	24 hrs	5,700		1.5										0.8	
<b>Total</b>			164,400													
<b>Average</b>			5,303													
<b>Maximum</b>			10,100													

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration of Remote Point in Distribution System, mg/L			
1	X	24 hrs	4,300			1.5									0.7	
2	X	24 hrs	5,200			1.4									0.7	
3	X	24 hrs	3,200			1.6									0.8	
4	X	24 hrs	5,000			1.5									0.7	
5	X	24 hrs	3,800			1.3										
6		24 hrs	6,150													
7	X	24 hrs	6,150			1.9									0.8	
8	X	24 hrs	5,800			1.5									0.7	
9	X	24 hrs	5,200			1.4									0.7	
10	X	24 hrs	6,600			1.4									0.8	
11	X	24 hrs	5,300			1.3									0.7	
12	X	24 hrs	4,500			1.2										
13		24 hrs	6,450													
14	X	24 hrs	6,450			1.3									0.5	
15	X	24 hrs	5,000			1.2									0.7	
16	X	24 hrs	4,900			1.4									0.7	
17	X	24 hrs	4,600			1.3									0.7	
18	X	24 hrs	4,800			1.2									0.6	
19	X	24 hrs	4,800			1.1										
20		24 hrs	6,000													
21	X	24 hrs	6,000			1.3									0.7	
22	X	24 hrs	4,100			1.5									0.7	
23	X	24 hrs	6,100			1.2									0.6	
24	X	24 hrs	3,900			1.6									0.8	
25	X	24 hrs	4,700			1.6									0.7	
26	X	24 hrs	3,900			1.6										
27		24 hrs	4,500													
28	X	24 hrs	4,500			1.4									0.6	
29		24 hrs														
30		24 hrs														
31		24 hrs														
<b>Total</b>			141,900													
<b>Average</b>			5,068													
<b>Maximum</b>			6,600													

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	5,300		1.4										0.7	
2	X	24 hrs	3,500		1.3										0.7	
3	X	24 hrs	5,400		1.2										0.5	
4	X	24 hrs	3,400		1.3										0.5	
5	X	24 hrs	4,000		1.4											
6		24 hrs	5,750													
7	X	24 hrs	5,750		1.6										0.7	
8	X	24 hrs	5,400		1.7										0.9	
9	X	24 hrs	3,000		1.6										0.8	
10	X	24 hrs	3,700		1.7										0.8	
11	X	24 hrs	4,600		1.6										0.8	
12	X	24 hrs	5,000		1.6											
13		24 hrs	4,100													
14	X	24 hrs	4,100		1.5										0.7	
15	X	24 hrs	3,200		1.6										0.7	
16	X	24 hrs	2,600		1.3										0.5	
17	X	24 hrs	3,400		1.3										0.4	
18	X	24 hrs	3,100		1.6										0.5	
19	X	24 hrs	3,300		1.4											
20		24 hrs	3,850													
21	X	24 hrs	3,850		1.5										0.7	
22	X	24 hrs	2,900		1.4										0.7	
23	X	24 hrs	3,000		1.4										0.7	
24	X	24 hrs	3,400		1.6										0.8	
25	X	24 hrs	3,300		1.6										0.9	
26	X	24 hrs	2,600		1.6											
27		24 hrs	3,750													
28	X	24 hrs	3,750		1.7										0.9	
29	X	24 hrs	3,600		1.7										0.9	
30	X	24 hrs	2,500		1.6										0.9	
31	X	24 hrs	3,706		1.4										0.8	
<b>Total</b>			118,806													
<b>Average</b>			3,832													
<b>Maximum</b>			5,750													

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





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

See page 4 for instructions

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

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

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager - Florida</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
Other Operators:	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 Days per week</u>

**II. Certification by Lead Chief Operator**

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

	<u>Will Fontaine</u>	<u>C6813</u>
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	4,100		1.5									0.8	
2	X	24 hrs	4,000		1.4										
3		24 hrs	5,550												
4	X	24 hrs	5,550		1.5									0.9	
5	X	24 hrs	3,300		1.8									1.0	
6	X	24 hrs	3,400		1.7									0.8	
7	X	24 hrs	4,100		1.5									0.8	
8	X	24 hrs	2,300		1.3									0.7	
9	X	24 hrs	3,700		1.5										
10		24 hrs	3,600												
11	X	24 hrs	3,600		1.9									0.8	
12	X	24 hrs	7,400		1.4									0.7	
13	X	24 hrs	4,400		1.3									0.7	
14	X	24 hrs	4,500		1.4									0.9	
15	X	24 hrs	4,000		1.3									0.6	
16	X	24 hrs	4,000		1.4										
17	X	24 hrs	5,400		1.3										
18	X	24 hrs	5,000		1.7									0.6	
19	X	24 hrs	5,600		1.8									0.8	
20	X	24 hrs	5,600		2									0.9	
21	X	24 hrs	4,600		2									1.2	
22	X	24 hrs	3,200		1.6									1.0	
23	X	24 hrs	5,800		1.5										
24	X	24 hrs	4,100		1.4										
25	X	24 hrs	4,000		1.6									1.0	
26	X	24 hrs	4,200		1.5									0.8	
27	X	24 hrs	4,200		1.5									0.8	
28	X	24 hrs	4,000		1.7									0.7	
29	X	24 hrs	3,700		1.4									0.7	
30	X	24 hrs	5,100		1.5										
31		24 hrs													
<b>Total</b>			132,000												
<b>Average</b>			4,400												
<b>Maximum</b>			7,400												

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



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

See page 4 for instructions

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

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

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager - Florida</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	5,600		1.5										
2	X	24 hrs	4,000		1.5									1	
3	X	24 hrs	4,600		1.4									1	
4	X	24 hrs	3,400		1.5									1	
5	X	24 hrs	3,300		1.5									1.1	
6	X	24 hrs	3,300		1.4									0.9	
7	X	24 hrs	3,300		1.5										
8	X	24 hrs	3,800		1.6										
9	X	24 hrs	4,400		1.5									0.6	
10	X	24 hrs	3,600		1.4									0.5	
11	X	24 hrs	3,700		1.3									0.5	
12	X	24 hrs	3,800		1.4									0.5	
13	X	24 hrs	3,700		1.5									0.7	
14	X	24 hrs	3,700		1.5										
15	X	24 hrs	4,500		1.4										
16	X	24 hrs	5,500		1.5									0.8	
17	X	24 hrs	4,700		1.4									0.8	
18	X	24 hrs	4,800		1.3									0.8	
19	X	24 hrs	6,500		1.6									0.6	
20	X	24 hrs	2,800		1.6									1.0	
21	X	24 hrs	4,600		1.7										
22	X	24 hrs	2,900		1.6										
23	X	24 hrs	6,300		1.2									0.6	
24	X	24 hrs	4,100		1.3									0.6	
25	X	24 hrs	4,300		1.2									0.5	
26	X	24 hrs	4,100		1.3									0.5	
27	X	24 hrs	3,800		1.2									0.5	
28	X	24 hrs	5,700		1.5										
29	X	24 hrs	5,300		1.6										
30	X	24 hrs	6,500		1.6									0.8	
31	X	24 hrs	6,100		1.7									1.2	
<b>Total</b>			136,700												
<b>Average</b>			4,410												
<b>Maximum</b>			6,500												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquamerica.com">beheath@aquamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month Year of:

June-05

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

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

Days Staffed	Plant	Days or Visted	Operator by	Day of the (Place "X")	Hours	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration	Disinfectant Contact Time (T) at C	Provided at First	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, sec/cm <sup>2</sup>	Lowest UV Dose Required, mW-sec/cm <sup>2</sup>	Minimum UV Dose at Retention Point in Distribution System, mg/L	CT Calculations		
																		CT Calculations	UV Dose	
1	X						4,600													
2	X						4,700													
3	X						3,300													
4	X						3,600													
5	X						3,700													
6	X						3,600													
7	X						4,000													
8	X						3,900													
9	X						4,100													
10	X						4,800													
11	X						2,800													
12	X						3,800													
13	X						3,900													
14	X						4,800													
15	X						5,700													
16	X						4,200													
17	X						6,000													
18	X						4,500													
19	X						7,100													
20	X						4,400													
21	X						4,700													
22	X						4,600													
23	X						5,300													
24	X						3,600													
25	X						3,100													
26	X						4,600													
27	X						5,300													
28	X						4,000													
29	X						5,500													
30	X						3,800													
31																				

Total	132,000
Average	4,400
Maximum	7,100

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



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

See page 4 for instructions

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

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

PWS Name: The Woods	PWS Identification Number: 6600347
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 72	Total Population Served at End of Month: 216
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager - Florida
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

**B. Water Treatment Plant Information**

Plant Name: The Woods	Plant Telephone Number: (352) 787-0980
Plant Address: CR 576	City: Webster State: FL Zip Code: 33597
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.) C
<b>Licensed Operators</b>	<b>Name License-Class License Number Day(s)/Shift(s) Worked</b>
<b>Lead/Chief Operator:</b>	Will Fontaine C 6813 6 Days per week
<b>Other Operators:</b>	John Worrell C 6597 6 Days per week
	Marty Neal C 10027 6 Days per week

**II. Certification by Lead Chief Operator**

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

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	3,600		1.5									0.9	
2	X	24 hrs	4,800		1.7										
3	X	24 hrs	3,600		1.5										
4	X	24 hrs	7,100		1.4									0.7	
5	X	24 hrs	3,600		1.4									0.6	
6	X	24 hrs	6,400		1.5									0.6	
7	X	24 hrs	4,600		1.1									0.4	
8	X	24 hrs	3,700		1.4									0.6	
9	X	24 hrs	3,700		1.4										
10	X	24 hrs	4,400		1.3										
11	X	24 hrs	5,000		1.2									0.4	
12	X	24 hrs	3,800		1.4									0.5	
13	X	24 hrs	4,200		1.5									0.4	
14	X	24 hrs	4,400		1.7									0.5	
15	X	24 hrs	4,200		1.3									0.4	
16	X	24 hrs	4,400		1.8										
17	X	24 hrs	4,700		2.1										
18	X	24 hrs	4,500		2									1.6	
19	X	24 hrs	4,400		2.1									1.7	
20	X	24 hrs	4,800		2.2									1.7	
21	X	24 hrs	4,800		2.1									1.7	
22	X	24 hrs	4,800		2									1.7	
23	X	24 hrs	3,100		1.9										
24	X	24 hrs	5,500		1.9										
25	X	24 hrs	5,300		1.7									0.5	
26	X	24 hrs	4,700		1.6									0.5	
27	X	24 hrs	5,300		1.8									0.6	
28	X	24 hrs	5,700		1.7									1.0	
29	X	24 hrs	6,500		1.8									1.4	
30	X	24 hrs	5,100		1.6										
31	X	24 hrs	3,800		1.7										
<b>Total</b>			144,500												
<b>Average</b>			4,661												
<b>Maximum</b>			7,100												

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





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

See page 4 for instructions

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

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

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u>	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
Other Operators:	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 Days per week</u>

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Days	Plant Staffed or by Visited	Operator (X)	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Flow, mg/L During Peak	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow	Contact Time (T) at C	Disinfectant Provided Before or at First Customer Measurement Point During Peak Flow	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm2	Lowest Minimum UV Dose Required, mW-sec/cm2	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations			
																Lowest CT	UV Dose	UV Dose	
1	X			4,000		1.6									1				
2	X			2,900		1.3									0.9				
3	X			3,300		1.3									0.7				
4	X			4,800		1.4									0.7				
5	X			2,800		1.6									0.5				
6	X			3,000		1													
7	X			3,700		0.8													
8	X			4,100		1.4									0.5				
9	X			3,200		1.2									0.3				
10	X			5,500		1.1									0.5				
11	X			4,200		1.4									0.6				
12	X			5,000		1.5									0.9				
13	X			5,900		1.8													
14	X			3,500		1.7													
15	X			3,800		2									1.7				
16	X			3,700		2.1									1.7				
17	X			4,400		1.8									1.5				
18	X			4,400		2									1.5				
19	X			3,600		1.9									1.3				
20	X			3,300		1.5													
21	X			3,700		1.5													
22	X			6,400		1.8									1.3				
23	X			6,100		2									1.4				
24	X			4,700		1.8									1.4				
25	X			4,600		1.8									1.2				
26	X			4,000		1.7									1.0				
27	X			7,000		1.9													
28	X			7,200		1.8													
29	X			4,800		1.5									1.2				
30	X			3,600		1.4									1				
31	X			3,400		2													
				Total		134,600													
				Average		4,342													
				Maximum		7,200													

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



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

See page 4 for instructions

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

<b>A. Public Water System (PWS) Information</b>			
PWS Name:	The Woods	PWS Identification Number:	6600347
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	72	Total Population Served at End of Month:	216
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

<b>B. Water Treatment Plant Information</b>				
Plant Name:	The Woods	Plant Telephone Number:	(352) 787-0980	
Plant Address:	CR 576	City:	Webster State: FL Zip Code: 33597	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
<b>Lead/Chief Operator:</b>	Will Fontaine	C	6813	6 Days per week
<b>Other Operators:</b>	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:

Days	Plant Staffed	or Visited	by Operator	the (Place "X")	Day of Operation	Hours	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (1) at C	Disinfectant Contact Time Before or at First Measurement (1) at C	Temp. of Water, C	pH of Water, if Applicable	Required CT, mg-min/L	Minimum Operating UV Dose, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations		1.4
																		UV Dose	1.4	

Days	Plant Staffed	or Visited	by Operator	the (Place "X")	Day of Operation	Hours	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (1) at C	Disinfectant Contact Time Before or at First Measurement (1) at C	Temp. of Water, C	pH of Water, if Applicable	Required CT, mg-min/L	Minimum Operating UV Dose, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations	UV Dose		
1	X					24 hrs	X	3,150			2										
2	X					24 hrs	X	3,150													
3	X					24 hrs	X	2,600													
4	X					24 hrs	X	3,900													
5	X					24 hrs	X	4,900													
6	X					24 hrs	X	2,800													
7	X					24 hrs	X	3,600													
8	X					24 hrs	X	3,100													
9	X					24 hrs	X	2,600													
10	X					24 hrs	X	2,800													
11	X					24 hrs	X	5,000													
12	X					24 hrs	X	4,300													
13	X					24 hrs	X	2,900													
14	X					24 hrs	X	3,600													
15	X					24 hrs	X	3,000													
16	X					24 hrs	X	3,800													
17	X					24 hrs	X	2,900													
18	X					24 hrs	X	3,800													
19	X					24 hrs	X	4,000													
20	X					24 hrs	X	4,000													
21	X					24 hrs	X	3,600													
22	X					24 hrs	X	4,400													
23	X					24 hrs	X	3,800													
24	X					24 hrs	X	4,500													
25	X					24 hrs	X	4,500													
26	X					24 hrs	X	4,800													
27	X					24 hrs	X	4,700													
28	X					24 hrs	X	4,100													
29	X					24 hrs	X	5,600													
30	X					24 hrs	X	2,800													
31						24 hrs															
								<b>Total</b>	112,700											<b>Average</b>	3,757
								<b>Maximum</b>	5,600												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest GT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	2,900		1.7										
2	X	24 hrs	4,000		1.6										
3	X	24 hrs	4,600		1.5								0.5		
4	X	24 hrs	300		1.5								0.7		
5	X	24 hrs	5,100		1.4								0.7		
6	X	24 hrs	4,000		1.2								0.5		
7	X	24 hrs	6,500		1.1								0.5		
8	X	24 hrs	11,100		1.8										
9	X	24 hrs	6,600		2										
10	X	24 hrs	11,100		2.2								1.4		
11	X	24 hrs	6,300		2.2								1.7		
12	X	24 hrs	4,700		2.1								1.4		
13	X	24 hrs	4,000		1.5								1.0		
14	X	24 hrs	4,700		1.7								1.1		
15	X	24 hrs	4,200		1.6										
16	X	24 hrs	5,300		1.6										
17	X	24 hrs	5,400		1.7								1.3		
18	X	24 hrs	5,500		1.4								1.2		
19	X	24 hrs	3,500		1.3								1.0		
20	X	24 hrs	4,500		1.5								1.0		
21	X	24 hrs	4,900		1.4								0.8		
22	X	24 hrs	4,400		1.8										
23	X	24 hrs	6,000		2										
24	X	24 hrs	4,800		2								1.5		
25	X	24 hrs	4,900		2.1								1.8		
26	X	24 hrs	4,800		2.2								1.8		
27	X	24 hrs	4,800		2.2								1.6		
28	X	24 hrs	4,900		2.1								1.4		
29	X	24 hrs	2,700		2.1										
30	X	24 hrs	5,700		2										
31	X	24 hrs	5,300		2								1.2		
<b>Total</b>			157,500												
<b>Average</b>			5,081												
<b>Maximum</b>			11,100												

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



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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

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

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

PWS Identification Number: 6600347 Plant Name: The Woods

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

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

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

Days	Plant Started	or	Visited	by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Measurement (T) at C Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
																UV Dose	UV Dose
1	X				24 hrs	5,400	1.8								1.5		
2	X				24 hrs	4,900	1.3								1		
3	X				24 hrs	6,800	1.4								0.7		
4	X				24 hrs	3,400	1.6								0.7		
5	X				24 hrs	4,200	1.7								0.7		
6	X				24 hrs	5,200	1.7										
7	X				24 hrs	5,600	2										
8	X				24 hrs	4,800	1.8								1.0		
9	X				24 hrs	4,600	1.6								1.1		
10	X				24 hrs	4,700	1.6								1.1		
11	X				24 hrs	5,200	1.7								1.0		
12	X				24 hrs	6,300	1.6										
13	X				24 hrs	9,700	1.5										
14	X				24 hrs	6,900	1.8								1.4		
15	X				24 hrs	13,200	1.7								1.4		
16	X				24 hrs	6,300	2								1.4		
17	X				24 hrs	5,800	2								1.7		
18	X				24 hrs	6,400	1.8								1.6		
19	X				24 hrs	6,700	2								1.4		
20	X				24 hrs	5,400	2.1										
21	X				24 hrs	6,300	1.9								1.2		
22	X				24 hrs	5,800	2.2								1.7		
23	X				24 hrs	7,100	2								1.6		
24	X				24 hrs	6,400	1.8								1.3		
25	X				24 hrs	6,100	1.9								1.3		
26	X				24 hrs	4,800	1.6										
27	X				24 hrs	8,100	1.7										
28	X				24 hrs	7,500	2.1								1.6		
29	X				24 hrs	6,050	1.9								1.6		
30	X				24 hrs	6,050	1.7								1.2		
31					24 hrs	6,050											
						<b>Total</b>	<b>185,700</b>										
						<b>Average</b>	<b>6,190</b>										
						<b>Maximum</b>	<b>13,200</b>										

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





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

See page 4 for instructions

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

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

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980		
Plant Address: CR 576		City: Webster	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water		
		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

**II. Certification by Lead Chief Operator**

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

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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WO#0002161235 SUMMIT CHASE CYCLE 3309 PREM-CODE=637784  
 SCHED-DATE 122606 PROMISED ALL DAY ORDER-DESC MVIN/Move In Customer  
 PRINT-DATE 12/21/06 PRINT-TIME 15:03:18 ORDER-STATUS NEW  
 SUMMIT CHASE

-----  
 CUST/PREM 000982862/637784 DIST F STYP RSM1 SRM1  
 CUST-NAME GOLEMO, PEGGY SCAT WTR  
 SRV-ADDR 30239 TAVARES RIDGE BLVD SET-MTR U78318121  
 SRV-CITY TAVARES FL 32778-4464 SET-DATE 31-OCT-2003  
 PHONE# H 352-455-1841 W - - SET-RDG 000700  
 M-NAME SET-SIZE 5/8  
 NONE SET-RMTH MR  
 M-ADDR ARB-RMT#  
 M-CITY ERT  
 BILLED A/R-STAT PA MIU#  
 DUE-DTE A/R-BAL .00 SERIAL # U999999  
 OCCUPANT AMT-COL .00 EXTENS-#  
 COMP# 1336596 RC=RS ROUTE 08405 STOP 01070  
 CRED-CDS TYPE-HEAT MTR-CDS 06  
 BILL-FR=12 SWIM(Y,N) N #DL= 5 DD= 0 M= 1/DL= 0 DD= 0 M= 0  
 FROZEN MODEL-1  
 LAST-SIZE 5/8 LAST-DATE 31-OCT-03 MODEL-2  
 PREM-ID

-----  
 READ ONLY: DATE TIME READ REMOTE INSIDE EMP#

REM	DATE	READING	MK	METER NUMBER	TEST YEAR	SZ	TYPE HEAT	CHECK X	SEAL	OCC DATE
								RESEALED		
								SEALED		
SET										
CURB STOP: ON OFF		SWIM POOL: YES NO		EMP#						

ERT#-----REMARKS:-----  
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R-DATE	ACTN	READING	CONSUM	DYS	C	AMOUNT	CHG-DATE	CAT	RATE	BILL-CHG
121306	OUT	2715	44	33	A	20.86				
111006	READ	2671	61	30	A	25.34				

MTR-INST:  
 WORK-ORDER-REMARKS:  
 TENT 12-26-06 - TURN WATER ON AND GET READ

APP-Time Start 21-DEC-2006 08:00:00 End 21-DEC-2006 20:00:00  
 Call-Ahead Ord# 2161235 Type Phone# Ext # Min-Before 0