

ORIGINAL

Village Water

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 54 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

00884 JAN 26 6

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Village Water

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		January-04	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	AquaSource Utility, Inc.		
Contact Person:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
		State:	FL
		Zip Code:	34470
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com		

II. Daily Data for the Month Year of:		January-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.2		17		
2			18		
3			19		
4			20	1.0	
5	2		21		
6	1.4		22	1.0	
7			23	1.9	1
8	2.16		24	1.7	
9			25		
10	1.58		26	1.3	
11			27	1.1	
12	1.9		28	1.4	
13	2.0+		29	1.2	
14			30	1.4	
15	0.9		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	<u>Mark March</u> Printed or Typed Name	<u>C8287</u> License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		February-04	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	AquaSource Utility, Inc.		
Contact Person:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
		State:	FL
		Zip Code:	34470
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com		

II. Daily Data for the Month Year of:		February-04			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	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	Day of the Month	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	1.3		17	1.0	
2	1.5		18	1.2	
3	1.2		19	1.0	
4	1.3		20	1.1	
5	1.0		21	1.0	
6	1.2		22		
7			23		
8			24	1.3	
9	1.1		25	1.0	
10	1.3		26	1.2	
11	1.2		27	1.4	
12	1.4		28	1.3	
13	1.0		29	1.0	
14	1.1		30		
15			31		
16	0.8				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		March-04	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	AquaSource Utility, Inc.		
Contact Person:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
		State:	FL
		Zip Code:	34470
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com		

II. Daily Data for the Month Year of:		March-04			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	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	Day of the Month	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	1.6		17	1.3	
2	1.4		18	1.5	
3			19	1.6	
4	2		20		
5	1.7		21		
6			22	1.4	
7			23	1.7	
8	1.4		24	1.5	
9	1.6		25	1.3	
10	1.8		26	1.5	
11	1.5		27	1.2	
12	1.6		28		
13	1.3		29	1.5	
14			30	1.3	
15	1.9		31	1.4	
16	1.7				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		April-04	
Consecutive System Name: <u>Village Water</u>		PWS Identification Number: <u>6532779</u>	
Consecutive System 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>170</u>		Total Population Served at End of Month: <u>493</u>	
Consecutive System 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@aquaaamerica.com</u>			

II. Daily Data for the Month Year of:		April-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.4		17	1.5	
2	1.6		18		
3	1.4		19	1.3	
4			20	1.5	
5	1.1		21	1.4	
6	1.2		22	1.4	
7	1.4		23	1.6	
8	1.5		24	1.4	
9	1.6		25		
10			26	1.5	I
11	1.4		27	1.3	
12	1.4		28	1.4	
13	1.6		29	1.2	
14	1.5		30	1.3	
15	1.3		31		
16	1.4				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		May-04	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: AquaSource Utility, Inc.			
Contact Person: Michael Fitzgerald		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aquaaamerica.com			

II. Daily Data for the Month Year of:		May-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.4	
2			18	1.6	
3	1.6		19	1.2	
4	1.4		20	1.3	
5	1.1		21	1.5	
6	1.3		22	1.3	
7	1.4		23		
8	1.2		24	1.6	
9			25	1.5	
10	1.3		26	1.2	
11	1.5		27	1.3	
12	1.6		28	1.1	
13	1.4		29	1.0	
14	1.2		30		
15	1.6		31	1.3	
16					

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: AquaSource Utility, Inc.

Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida

Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470

Contact Person's Telephone Number: (352) 369-4881 Contact Person's Fax Number: (352) 732-3213

Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	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	1.3		17	1.1	
2	0.8		18	1.2	
3	1.1		19	1.4	
4	1.4		20		
5	1.2		21	1.6	
6			22	1.5	
7	1.6		23	1.4	
8	1.4		24	1.0	
9	1.4		25	1.2	
10	1.5		26	1.4	
11	1.3		27		
12	1.2		28	1.5	
13			29	1.2	
14	0.6		30	1.3	
15	1.3		31		
16	1.4				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		July-04	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	2315 Griffin Road, Suite 4	City:	Leesburg State: FL Zip Code: 34748
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

II. Daily Data for the Month Year of:		July-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.1		17	1.0	
2	1.4		18		
3			19	1.0	
4			20	1.0	
5	1.3		21	0.9	
6	1.5		22	1.0	
7	1.2		23	1.0	
8	1.4		24	1.4	
9	0.6		25		
10			26	1.1	
11			27	1.2	
12	0.8		28	1.4	
13	0.8		29	1.2	
14	0.9		30	1.2	
15	0.9		31	1.3	
16	0.8				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

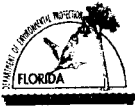
See page 2 for instructions

I. General Information for the Month Year of:		August-04	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com			

II. Daily Data for the Month Year of:		August-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17.0	1.0	
2	1.2		18.0	1.0	
3	1.0		19.0	1.0	
4	0.9		20.0	1.0	
5	0.8		21.0	1.0	
6	1.1		22.0		
7	1.0		23.0	1.0	
8			24.0	1.0	
9	1.0		25.0	1.0	
10	1.0		26.0	1.0	
11	1.2		27.0	0.7	
12	1.2		28.0	0.9	
13	1.0		29.0		
14	1.0		30.0	1.0	
15			31.0	1.0	
16	1.0				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A7880 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		September-04	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

II. Daily Data for the Month Year of:		September-04			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	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	Day of the Month	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	0.7		17	0.7	
2	0.8		18		
3	0.7		19.0		
4			20.0	0.9	
5			21.0	1.0	
6	1.0		22.0	1.0	
7	0.9		23.0	1.0	
8	0.7		24.0	0.7	
9	0.8		25.0		
10	0.7		26.0		
11			27.0	0.7	
12			28.0	0.7	
13	0.8		29.0	1.6	
14	0.6		30.0	1.0	
15	0.7		31.0		
16	0.8				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A7880 License Number or Title
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Docket No. 060368-WS

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

In

Florida

Report Missing:

Monthly Operating Report

Village Water

October 2004

Aqua Utilities Florida, Inc.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		November-04	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida		Contact Person's Title: Area Manager - Florida	
Contact Person: Carolyn McFalls		Contact Person's Mailing Address: 6960 Professional Parkway East	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota State: FL Zip Code: 34240	
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com			

II. Daily Data for the Month Year of:		November-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.2		17.0	0.9	
2	1.0		18.0	0.9	
3	1.2		19.0	1.0	
4	1.0		20.0		
5	1.0		21.0		
6			22.0	1.1	
7			23.0	1.0	
8	1.0		24.0	1.0	
9	0.9		25.0	1.0	
10	0.9		26.0	1.0	
11	1.2		27.0		
12	1.0		28.0		
13			29.0	1.0	
14			30.0	1.0	
15	0.7		31.0		
16	0.9				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A7880 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		December-04	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East Suite 400	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7400	Contact Person's Fax Number:	(941) 907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

II. Daily Data for the Month Year of:		December-04			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.0		17	1.0	
2	1.0		18		
3	1.0		19		
4			20	1.0	
5			21	1.0	
6	0.7		22	1.0	
7	0.8		23	1.0	
8	1.0		24	1.0	
9	1.0		25		
10	1.0		26		
11			27	1.0	
12			28	0.9	
13	1.0		29	1.0	
14	1.0		30	1.0	
15	1.0		31	1.0	
16	0.9				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	<u>David Rodriguez</u>	<u>A-7880</u>
	Printed or Typed Name	License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

I. General Information for the Month Year of:		January-05	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	South Regional Manager
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400	City:	Sarasota
		State:	FL
		Zip Code:	34240
Contact Person's Telephone Number:	(941) 907-7400	Contact Person's Fax Number:	(941) 907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

II. Daily Data for the Month Year of:		January-05			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.0	
2			18	1.0	
3	1.0		19	0.8	
4	1.0		20	0.8	
5	1.0		21	0.8	
6	1.0		22		
7	1.0		23		
8			24	0.7	
9			25	0.9	
10	1.0		26	1.0	
11	1.0		27	1.0	
12	1.0		28	1.0	
13	0.8		29		
14	1.0		30		
15			31	1.1	
16					

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A-7880 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Carolyn McFalls Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: (941) 907-7400 Contact Person's Fax Number: (941) 907-7401

Contact Person's E-Mail Address: cfmcfalls@aquamerica.com

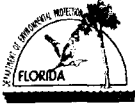
II. Daily Data for the Month/Year of: **February-05**

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

Day of the Month	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	Day of the Month	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	1.0	*Leak repair at 4315 Mustang drive, (8) BWN's	17	0.6	
2	1.2		18	1.0	
3	1.0		19		
4	1.0		20		
5			21	1.0	
6			22	1.1	
7	1.0		23	0.9	
8	1.0		24	0.7	
9	0.7		25	0.8	
10	1.2		26		
11	0.7		27		
12			28	0.6	
13					
14	0.8				
15	1.0				
16	0.8				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ David Rodriguez _____ A-7880 _____
 Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Carolyn McFalls Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East, suite 400 City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: (941) 907-7400 Contact Person's Fax Number: (941) 907-7401

Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	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	0.7		17	1.0	
2	1.3		18	1.3	
3	0.9		19		
4	0.9		20		
5			21	0.8	
6			22	0.6	
7	1.0		23	0.8	
8	0.9		24	1.2	
9	0.8		25	1.0	
10	0.8		26		
11	0.9		27		
12			28	0.8	
13			29	1.0	
14	1.2		30	1	
15	1.2		31	1.1	
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ David Rodriguez _____ A-7880 _____
 Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		April, 2005	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: cfmcfalls@aquamerica.com			

II. Daily Data for the Month Year of:		April, 2005			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1		17		
2			18	0.8	
3			19	0.6	
4	0.6		20	0.8	
5	0.6		21	0.9	
6	0.6		22	1.0	
7	0.8		23		
8	0.8		24		
9			25	0.8	
10			26	0.8	
11	0.8		27	1.0	
12	0.7		28	0.9	
13	0.7		29	1.0	
14	0.8		30		
15	0.7		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

David Rodriguez

Printed or Typed Name

A7880

License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month/Year of:		May, 2005	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
Contact Person's Telephone Number:	941/907-7400	State:	FL
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941/907-7401

II. Daily Data for the Month/Year of:		May, 2005			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	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	Day of the Month	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			17	0.8	
2	1		18	1.0	*Repairs made to 2" & 4" mains on Longhorn & Mustang Dr.
3	0.8		19	0.7	
4	1.2		20	1.0	
5	1		21		
6	1.2		22		
7			23	0.9	
8			24	1.1	
9	1.0		25	1.0	
10	1.0		26	0.8	
11	0.9		27	0.7	
12	1.0		28		
13	1.0		29		
14			30	1	
15			31	1	
16	0.9				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

David Rodriguez

Printed or Typed Name

A7880

License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		June-05	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com		Contact Person's Fax Number: 941/907-7401	

II. Daily Data for the Month Year of:		June-05			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.3		17	1.2	
2	1.0		18		
3	1.0		19		
4			20	1.1	
5			21	1.0	
6	1.2		22	1.4	
7	1.0		23	1.2	
8	1.3		24	1.3	
9	1.3		25		
10	1.1		26		
11			27	1.5	
12			28	1.1	
13	1.0		29	1.3	
14	1.5		30	1.0	
15	1.2		31		
16	1.3				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	David Rodriguez Printed or Typed Name	A7880 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		July-05	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

II. Daily Data for the Month Year of:		July-05	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	1.1	17	
2		18	1.3
3		19	1.0
4	1	20	1.0
5	0.9	21	1.2
6	1.1	22	1.3
7	1.4	23	
8	1.3	24	
9		25	1.2
10		26	1.0
11	1.0	27	0.9
12	1.3	28	0.8
13	1.1	29	0.9
14	1.1	30	
15	1	31	
16			

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	David Rodriguez	A7880
Signature and Date	Printed or Typed Name	License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month/Year of:		August-05	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida		Contact Person's Title: Area Manager - Florida	
Contact Person: Carolyn McFalls		City: Sarasota State: FL Zip Code: 34240	
Contact Person's Mailing Address: 6960 Professional Parkway East		Contact Person's Fax Number: 941/907-7401	
Contact Person's Telephone Number: 941/907-7400			
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com			

II. Daily Data for the Month/Year of:		August-05	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	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	Day of the Month	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	1.1		17	1.4	
2	1.3		18	0.9	
3	0.9		19	1.0	
4	1.1		20		
5	1		21		
6			22	1.2	
7			23	1.3	
8	1.2		24	1.2	
9	1.3		25	0.6	
10	1.1		26	1.0	
11	0.9		27		
12	1.1		28		
13			29	1.2	
14			30	1	
15	1		31	0.9	
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

David Rodriguez
Printed or Typed Name

A7880
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		September-05	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: cfmcfalls@aquamerica.com			

II. Daily Data for the Month Year of:		September-05			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.2		17		
2	1.3		18		
3			19	0.9	
4			20	1.1	
5	1		21	1.5	
6	1.2		22	1.3	
7	1.0		23	1.1	
8	1.1		24		
9	1.3		25		
10			26	1.0	
11			27	1.3	
12	1.1		28	1.0	
13	1.0		29	1.1	
14	1.2		30	1.2	
15	1.1		31		
16	1.4				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

David Rodriguez

Printed or Typed Name

A7880

License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		October-05	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System 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:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
Contact Person's Telephone Number:	941/907-7400	State:	FL
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941/907-7401

II. Daily Data for the Month Year of:		October-05			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.2	
2			18	0.9	
3	1.5		19	1.1	
4	1.3		20	1.5	
5	0.9		21	1.4	
6	1.2		22		
7	1.1		23		
8			24	1.2	
9			25	1.1	
10	1.2		26	1.3	
11	1.4		27	1.0	
12	1.2		28	1.1	
13	1.5		29		
14	1.1		30		
15			31	1.2	
16					

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

_____ Signature and Date	David Rodriguez Printed or Typed Name	A7880 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

I. General Information for the Month Year of:		November-05	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System 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: 170		Total Population Served at End of Month: 493	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Carolyn McFalls		Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: cfmcfalls@aquaaamerica.com			

II. Daily Data for the Month Year of:		November-05			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.2		17	1.1	
2	1.4		18	1.2	
3	0.9		19	1.3	
4	1.2		20		
5			21	1.2	
6			22	1.1	
7	1.0		23	1.2	
8	1.6		24	1.2	
9	1.4		25	1.3	
10	2.0		26	1.1	
11	1.4		27		
12	0.9		28	1.0	
13			29	1.3	
14	1.3		30	0.9	
15	1.1		31		
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Steve Fuller Printed or Typed Name	B-7519 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Carolyn McFalls Contact Person's Title: Area Manager - Florida

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941/907-7400 Contact Person's Fax Number: 941/907-7401

Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com

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

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

Day of the Month	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	Day of the Month	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	1.1		17	1.3	
2	1.3		18	0.0	
3	1.4		19	1.1	
4	0		20	1.2	
5	1.4		21	1.2	
6	1.3		22	1.2	
7	1.2		23	1.3	
8	1.4		24	1.3	
9	1.0		25	0.0	
10	1.2		26	1.2	
11	0.0		27	1.1	
12	1.1		28	1.2	
13	1.2		29	1.3	
14	1.3		30	1.2	
15	1.3		31	1.1	
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title