#### **BREVARD COUNTY**

#### Oakwood Kingswood

Docket No. 080121-WS

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

Florida

Volume 5 Book 2 Set 2 of 16

#### Containing:

Monthly Operating Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE O 4305 NAY 22 8

FPSC-COMMISSION CLERK



#### MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	2 for Instructions.							
Genera	d Water System information for the Monti	#Year of January,	2007					
Сопѕеси	ive System Name: Oakwood					PWS Identification	Number: 3054100	
Consecut	ive System Type:	Community   Non-Transient Non-Cor	nmunity	1	Transient Non-Community			
Number o	of Service Connections at End of Month:	203			Total Population Ser	ved at End of Monti	h: 477	
Consecut	ive System Owner:	Aqua Utilities,Fl.						
Contact F		William Trendel	,		Contact Person's Titl			
	Person's Mailing Address:	140 Hope Street			Longwood	State: FL	Zip Code: 32750	
	erson's Telephone Number:	(407) 339-5424			Contact Person's Fax	Number:	(407) 339-7490	
Contact P	erson's E-Mail Address:							
And t	Distribution System Distribetant Residua	Data for the Month New of a	Januar	v 20	007			
Type of E	Disinfectant Residual Maintained in Distri		c Chlorine	<u>ारा</u>	Combined Chlorine (Chloramines)		Chlorine Dioxide	
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	Lowest Residual Disinfectant	Repair or Maintenance Work tha			Lowest Residual Disinfectant		faintenance Work that Involv	
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am duly	authorized to sign this report on behalf of	the consecutive system identified in Part I on	this report. I certify th	hat th	e information provided in this report is tr	ue and accurate to th	he best of my	
cnowledg	e and belief.	<b>)</b>	, ,		,		•	
	1	<i>)</i>						
	Leure Le	3/7/07 wi	Iliam Trendel				C-6411	
Signature	and Date	Pri	nted or Typed Name				License Number or Title	
•	nn	CUMENT NUMBER-DATE						
D	EP Form 62:555 900(4)		_					
E	ffective August 28, 2003	04305 MAY 22 8	Page 1					
		04000						

FPSC-COMMISSION CLERK



See Page	2 for Instructions.								
	I Water System Information for the Mont	i/Year of:	Febu	ary 2007					
·	ve System Name: Oakwood						PWS Identification	n Number: 3054100	
	ve System Type:	Community	Non-Transient No	n-Community	<b>5</b> 7	Transient Non-Community			
	f Service Connections at End of Month:		203			Total Population	Served at End of Mon	th: 47	77
	ve System Owner:	Aqua Utilities,F							
Contact P		William Trendel				T	litle: Senior Facilities		
	erson's Mailing Address:	140 Hope Street				Longwood	State: FL	Zip Code: 32750	
Contact P	erson's Telephone Number: erson's E-Mail Address:	(407) 339-5424				Contact Person's I	ax Number:	(407) 339-7490	
Common	GSUITS E-MAIL Address:								
II. Daily l	Sistribution System Disinfectant Residua	Data for the Mo	ntle/Year of	Fe	buary 2	007			
Type of D	isinfectant Residual Maintained in Distri	hution System:		Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide	
		Emergency	or Abnormal Oper	ating Conditions			Emergency	r Abnormal Operatin	o Conditions:
ļ	Lowest Residual Disinfectant		Maintenance Wor		11	Lowest Residual Disinfectant	, – •	Maintenance Work th	- IS
	Concentration at Remote Point	,	· · · · · · · · · · · · · · · · · · ·		Day of				· · · · · · · · · · · · · · · · · · ·
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ii CCIIII	cation by Authorized Representative					<u> </u>		<u> </u>	
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(	Checi Sel 31	dlan		William Trendel				C-6411	
ignature a	nd Date	74 S.L		Printed or Typed Na		· · · · · · · · · · · · · · · · · · ·	<del></del> :	License Number or Title	
				i integ or Typed Na	.,,,,			Piccuse (Aminori Ol. 110)	·



See Page 2 for Instructions.				
Contact Person's Telephone Number:  Contact Person's E-Mail Address:	Community   Non-Transient Non-Community 203  Aqua Utilities, Fl.  William Trendel 146 Hope Street (407) 339-5424		Total Population Served at End of Month:  Contact Person's Title: Senior Facilities Opc State: FL Z	477
II Dady Distribution System Disinfectant Residual Type of Disinfectant Residual Maintained in Distrib	Data for the Month/Year of : oution System:  Free Chlori	March, 2007 ine      Variable   Variable	(Chloramines)	hlorine Dioxide
Lowest Residual Disinfectant Concentration at Remote Point Month in Distribution System, mg/L    4.1   3.  4.1  5.  6.  3.9  7.  8.  3.7  9.  10.  11.  12.  3.2  13.  14.  2.9  15.  16.  16.  16. Continuous by Authorized Representative  am duly authorized to sign this report on behalf of the prowledge and belief.	Emergency or Abnormal Operating Condi Repair or Maintenance Work that Invol Taking Water System Components Out Operation	Lowest Residu   Concentration a in Distribution   17   18   19   20   3.0   21   22   3.0   24   25   26   27   3.0   28   29   3.0   31   31   31   31   31   31   31   3	al Disinfectant at Remote Point System, mg/L  A  A  B  B  B  C  C  C  C  C  C  C  C  C  C	onormal Operating Conditions; ntenance Work that Involves System Components Out of Operation
ignature and Date	1/8/01 William Tre			6411 cense Number or Title

DEP Form 62-555 900(4) Effective August 28, 2003



	e 2 for Instructions.						
	al Water System Information for the Mont	h/Year of: Api	il, 2007				. 7004100
	tive System Name: Oakwood	eg er en er er en		المادان ومتعصبوني		PWS Identification Number	. 3054100
Number	of Service Connections at Find of Month:	Community   Non-Transient No 203	n-Consmunity	Transient Non-Cor	nmunity Total Population Serv	ved at End of Month:	477
	tive System Owner	Aqua Utilities,FI					
Contact	·	William Trendel				e: Senior Facilities Operator	
	Person's Mailing Address:	140 Hope Street	recording to the second second second second	Longwood	the same of the sa		de: 32750
	Person's Telephone Number: Person's E-Mail Address:	(407) 339-5424		*** *** * · · · · · · · · · · · · · · ·	Contact Person's Fax	Number: (407)	339-7490
Contact	reison's E-Mail Address:	######################################					
ll. Daily Type of l	Distribution System Disinfectant Residua Disinfectant Residual Maintained in Distri	Data for the Month/Year of button System:	April,	2007 ▼  Combined Chlorin	c (Chloramines)	[ Chlorii	ne Dioxide
		Emergency or Abnormal Oper	ating Conditions:			Emergency or Abnor	mal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Wor	- 11	Lowest Resig	lual Disinfectant	-	ance Work that Involves
	Concentration at Remote Point	Taking Water System Com	II Dan	,F	i	-	tem Components Out of
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	m Distribution System, mg/L	Operation	Mont	h in Distribution	n System, mg/L	UĮ	peration
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ii. Celti	ication by Authorized Representative			<u> </u>			
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nowledg	authorized to sign this report on hehalf of e and belief.	the conscentive System mentitien in ha	crontins report. Teernry tha	ii ine intormation prov	raed in this repart is tru	is and accurate to the pest of	ту
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11	Julia 11 / B	13/01	William Trendel			C-6411	
Ignature	and Date	(·) / U +	Printed or Typed Name			<del>-</del> ·	Number or Title
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See Page 2 for Instructions.				
1. General Water System Information for the Mon	th/Year of: May, 2007			· · · · · · · · · · · · · · · · · · ·
Consecutive System Name: Oakwood			- · · · · · · · · · · · · · · · · · · ·	PWS Identification Number: 3054100
Consecutive System Type.	Community     Non-Transient Non-Community	T"  Trans	sient Non-Community	
Number of Service Connections at End of Month:	203		Total Population Ser	ved at End of Month: 477
Consecutive System Owner  Contact Person:	Aqua Utilities,Fl.			The second secon
Contact Person's Mailing Address:	William Trendel	p		le: Senior Facilities Operator
Contact Person's Telephone Number:	140 Hope Street	Long		State: FL Zip Code: 32750
Contact Person's E-Mail Address:	(407) 339-5424		Contact Person's Fax	Number: (407) 339-7490
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II. Daily Distribution System Disinfectant Residua Type of Disinfectant Residual Maintained in Distr	of Data for the Month/Year of : ibution System:	May, 2007	bined Chlorine (Chloramines)	Chlorine Dioxide
	Emergency or Abnormal Operating Conditi	ons	i	Emergency or Abnormal Operating Conditions;
Lowest Residual Disinfectant	Repair or Maintenance Work that Involve		owest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the Concentration at Remote Point	Taking Water System Components Out of	E Day of C.	ncentration at Remote Point	Taking Water System Components Out of
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1) Cartiffyot as last Asalta in 10				
9. Certification by Authorized Representative				
am duly authorized to sign this report on behalf of nowledge and belief.	The consecutive system identified in Part I on this report	t. I certify that the info	ormation provided in this report is tr	ue and accurate to the best of my
1510 11 /6/0	107	د.د.		
ignature and Date	William Trend			C-6411
,	Printed or Typ	oca mame		License Number or Title



See Page 2 for Instructions. I. General Water System Information for the Month/Year of: June, 2007 Consecutive System Name: Oakwood PWS Identification Number: 3054100 Consecutive System Type: F | Community [7] Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 477 Total Population Served at End of Month: Consecutive System Owner: Aqua Utilities, Fl. Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 140 Hope Street State: FL Zip Code: 32750 Longwood Contact Person's Telephone Number (407) 339-5424 Contact Person's Fax Number: (407) 339-7490 Contact Person's E-Mail Address: II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: June, 2007 Type of Disinfectant Residual Maintained in Distribution System; Chlorine Dioxide [7] Combined Chlorine (Chloramines) Free Chlorine Emergency or Abnormal Operating Conditions; + Emergency or Abnormal Operating Conditions: Lowest Residual Disinfectant Repair or Maintenance Work that Involves Repair or Maintenance Work that Involves Lowest Residual Disinfectant Day of Concentration at Remote Point Taking Water System Components Out of Taking Water System Components Out of Concentration at Remote Point in Distribution System, mg/L Month Operation in Distribution System, mg/L Operation Month 17 18 19 2.1 20 21 2.2 39 22 23 2.5 24 25 10 26 1.5 -11 27 12 3.0 28 13 29 14 2.4 30

III. Certification by Authorized Representative

than duly authorized to sign this report on behalf of the consecutive system identified in Part I on 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

15

7/5/07

William Trendel
Printed or Typed Name

C-6411

License Number or Title

DEP Form 62-555 300(4) Effective August 28, 2003



See Page	2 for Instructions.		·				
l Genera	d Water System Information for the Mont	h Year of	July, 2007			· · · · · · · · · · · · · · · · · · ·	
Consecut	ive System Name: Kingswood					PWS Identification Number	3054101
		Community	Non-Transient Non-Community	77	Transient Non-Community		
Number (	of Service Connections at End of Month:	· · ·	58		Total Population Ser	ved at End of Month:	136
Consecut	ive System Owner:	Aqua Utilities,Fl.					
Contact F		William Trendel			Contact Person's Titl	e:Senior Pacilities Operator	
Contact F	erson's Mailing Address:	140 Hope St.			City: Longwood	State: FL	32750
	erson's Telephone Number:	407-339-5424			Contact Person's Fax	Number: (407) 3	39-7490
Contact P	erson's E-Mail Address:						
lt. Dady	Distribution System Disinfectant Residue	HAART BAN SID	N	uly, 200	17		
Type of I	Disinfectant Residual Maintained in Distri	bution System:	Free Chlorine	u1y, 200	Combined Chlorine (Chloramines)	Chlorin	e Dioxide
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			Abnormal Operating Conditions;	)			mal Operating Conditions;
:	Lowest Residual Disinfectant	Repair or M	aintenance Work that Involves	Day of	Lowest Residual Disinfectant	Repair or Maintena	ince Work that Involves
Day of the	Concentration at Remote Point	Taking Wat	er System Components Out of	the	Concentration at Remote Point	Taking Water Syst	em Components Out of
Month	in Distribution System, mg/L	ļ	Operation	Month	in Distribution System, mg/L	Or	eration
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II Ca <u>u</u> i	ication by Authorized Representative					<u> </u>	
am duly	authorized to sign this report on behalf o	The consecutive syst	em identified in Part I on this report. I cer	tify that tl	ne information provided in this report is th	ue and accurate to the best of	<sup>r</sup> my
nowledge	e and belief	/	-		·		-
		9/2/2-	•				
	Il well of	5/5/07	William Trendel	<b>.</b>		C-6411	
ignature	and Date		Printed or Typed Na	me	· · · · · · · · · · · · · · · · · · ·	License	Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003



See Page 2 for Instructions.	
1. Gen and Warrel Systems Information for the Munife Year of Aug.	, 2007
Consecutive System Nanic: Oakwood	PWS Identification Number: 3054100
Consecutive System Type: [7] Community [7] Non-Transient No	ommunity 37 Transient Non-Community
Number of Service Connections at End of Month; 203	Total Population Served at End of Month: 477
Consecutive System Owner: Aqua Utilities, Fl.	
Contact Person: William Trendel	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 140 Hope Street	Longwood State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424  Contact Person's E-Mail Address:	Contact Person's Fax Number: (407) 339-7490
Contact resons E-mail Address;	
II. Darb Distribution System Disinfectant Residual Data for the Montal year of	August, 2007
	Free Chlorine 17 Combined Chlorine (Chloramines) T Chlorine Dioxide
Emergency or Abnormal Open	ng Conditions:
Lowest Residual Disinfectant Repair or Maintenance Wor	- 1
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III. e civilication les Authorized Representation	
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knowledge and belief.	, , , , , , , , , , , , , , , , , , , ,
11/11/0/0/09	
_ UUDDO / 1/0/U/_	William Trendel C-6411
Signature and Date	Printed or Typed Name  License Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003



See Page 2 for Instructions.				
1. General Water System Information for the Mont	th/Year of Sept. 2007			
Consecutive System Name: Oakwood			PWS Identification Number: 3054100	
	Community   Non-Transient Non-Community	Transient Non-Community		
Number of Service Connections at End of Month:	203	Total Pop	ulation Served at End of Month:	477
Consecutive System Owner:	Aqua Utilities,FI.			
Contact Person:	William Trendel		erson's Title: Senior Facilities Operator	
Contact Person's Mailing Address:	140 Hope Street	Longwood	State: FL Zip Code: 32750	
Contact Person's Telephone Number:	(407) 339-5424	Contact P	erson's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:				
II Daily Distribution System Distributiont Residua	al Data for the MondriYear of .	Sept. 2007		
Type of Disinfectant Residual Maintained in Distri	ibution System:     Free Chlorine	Combined Chlorine (Chlorami	nes) Chlorine Dioxide	
	Emergency or Abnormal Operating Conditions		Emergency or Abnormal Opera	ting Conditions;
Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Lowest Residual Disin		
Day of the Concentration at Remote Point	Taking Water System Components Out of	Day of Concentration at Pomot		
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III Certification by Authorized Representative				التناج المتابية
I am duly authorized to sign this report on behalf o	The consecutive system identified in Part I on this report. I o	ertify that the information provided in this	report is true and accurate to the best of my	
knowledge and belief.		•		
	1.1010			
- Willes I	0/8/07 William Trendel		C-6411	
Signature and Date	Printed or Typed I	Vame	License Number or	Title



See Page 2 for Instructions.					
Consecutive System Name: Oakwood	October, 2007		- Inuto	13 diff. win 31 mb 2054100	·
	El N. T. W. C.	F +		Identification Number: 3054100	
Consecutive System Type: [7] Comm Number of Service Connections at End of Month:	unity Non-Transient Non-Community 203	Transient Non-Con	Total Population Served at	t End of Month: 477	
	Jtilities,Fl.	. <del></del>	Total Population Scived at	TEND OF MONUS.	<del></del> -
	n Trendel		Contact Person's Title: Ser	nior Facilities Operator	
	ope Street	Longwood	State		<del></del> ·
	39-5424		Contact Person's Fax Num		
Contact Person's E-Mail Address:					
		A.A. I. A005			
II Daily Distribution System Disinfection Residual Data to Type of Disinfectant Residual Maintained in Distribution 5	System: Free Chlorine	ctober, 2007 Combined Chloring	(Chlasaminas)	Chlorine Dioxide	
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the state of the same	rgency or Abnormal Operating Conditions			iergengy or Adhormal Operating Co.	
	epair or Maintenance Work that Involves 5	Lowest Resid	ual Disinfectant.	Repair of Maintenance Work that In	volves"
Bayof the Concentration at Remote Point T	aking Water System Components Out of the	Dayor Concentration	at Remote Point	Taking Water System Components C	of
Month. in Distribution System, mg/L	Operation		n System, mg/L	Operation	
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III. Certification by Authorized Representative					
I am duly authorized to sign this report on behalf of the con-	secutive system identified in Part I on this report. I c	ertify that the information provi	ided in this report is true and	accurate to the best of my	
knowledge and belief.					
11/12/11/11/11/11	107				
Signature and Date	William Trendel	·		C-6411	
	Printed or Typed ?	Jame		License Number or Title	

DEP Form 62-555 900(4) Effective August 28, 2003



See Page	2 for Instructions.									
1 Genera	d Water System Information for the Montl	l/Year of	7	Nov. 2007				r <del>a</del>		<del></del>
Consecut	ive System Name: Oakwood							PWS Identifica	tion Number: 3054100	
Consecut	ive System Type:	Community _	Non-Transient	Non-Community		Transient Non-Co			<del></del>	
Number o	of Service Connections at End of Month:		203				Total Population Ser	rved at End of N	fonth:	471
Consecut	ive System Owner:	Aqua Utilities	FI.						<del> </del>	
Contact F	erson	William Trend	lel				Contact Person's Tit			
Contact F	erson's Mailing Address:	140 Hope Stre	ct			Longwood		State: FL	Zip Code: 32750	
Contact F	erson's Telephone Number:	(407) 339-542	4				Contact Person's Far	x Number:	(407) 339-7490	
Contact P	crson's E-Mail Address:						<del></del>			·
II Daily	Distribution System Distributant Residua	Data for the N	Toutly Vear of		Nov. 200	)7		·		
Type of D	Disinfectant Residual Maintained in Distri	bution System:		Free Chlorine		Combined Chlorin	ne (Chloramines)		Chlorine Dioxide	
				erating Conditions;		diget himpy		Embrand	or Abnormal Oper	ating Conditioner
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	Lowest Residual Disinfectant			ork that Involves	Day of		dual Disinfectant		or Maintenance Wor	
Day of the	Concentration at Remote Point	Taking	Water System Co	imponents Out of	the	Concentration	at Remote Point	Taking	Water System Comp	conents Out of
Month	in Distribution System, mg/L		Operation	Maria de la Companya	Month:	in Distributi	on System, mg/L		Operation	
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10		<u> </u>			<del>1</del>					
III. Cem	fication by Authorized Representative									
l am duly	authorized to sign this report on behalf of	the consecutiv	e system identified in	Part I on this report. I ce	ertify that t	he information pro	vided in this report is t	rue and accurate	to the best of my	
	Willed 12	15/0	7	William Trendel				_	C-6411	
Signature	and Date	•		Printed or Typed N	ame				License Number of	r Title



See Page 2 for Instructions.					
<ol> <li>General Water System Information for the Month</li> </ol>	th/Year of Dec.2007				entropy and the second of the
Consecutive System Name: Oakwood				PWS Identification Num	ber: 3054100
Consecutive System Type:	Community   Non-Transient Non-Community	m	Transient Non-Community		المتعاقبين والمارا والمستطور المارا السياسين والمار والمعاولين المساويين ويساب الوسان
Number of Service Connections at End of Month:	203		Total Population Serv	ved at End of Month:	477
Consecutive System Owner:	Aqua Utilities,Fl.				
Contact Person:	William Trendel			e: Senior Facilities Open	ator
Contact Person's Mailing Address.	140 Hope Street		Ding. ooa		Code: 32750
Contact Person's Telephone Number:	(407) 339-5424		Contact Person's Fax	Number: (40	7) 339-7490
Contact Person's E-Mail Address:					
W. Dady Distribution System Disinfectant Residua	at Ports to the Manual/Vorte of	Dec.200	17		7
Type of Disinfectant Residual Maintained in Distri-	ibution System: Free Chlorine		Combined Chlorine (Chloramines)	Chi	orine Dioxide
	Emergency or Abnormal Operating Conditions;	}		Emergency or Abr	formal Operating Conditions;
Lowest Book due Division to the		<b>f</b>	Lowest Residual Disinfectant		enance Work that Involves
Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of	1		
Day of the Concentration at Remote Point	Taking Water System Components Out of	the	Concentration at Remote Point	raking water a	system Components Out of
Month in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L		Operation
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III Cettification by Authorized Representative					
am duly authorized to sign this report on behalf of	of the consecutive system identified in Part I on this report. I co	ertify that	the information provided in this report is tri	ue and accurate to the be	st of my
knowledge and belief					
illes of	6/08 William Trendel				5411
Signature and Date	Printed or Tyned N	ame		Lie	ense Number or Title



See Page :	2 for Instructions.	g:					
l. General	Water System Information for the Montl	n/Year of:	Jan. 2006				
Consecutiv	ve System Name: Oakwood		,			PWS Identification Number	: 3054100
Consecuti	ve System Type: [편]	Community   Non-Transien	t Non-Community	<u> </u>	Transient Non-Community	na sesse e a sance e a na compansa de la compansa del compansa de la compansa del compansa de la	
Number o	Service Connections at End of Month:	203			Total Population Ser	ved at End of Month:	477
Consecutiv	ve System Owner.	Aqua Utilities, Florida			and the second of the second o		
Contact Po		Bill Trendel			Contact Person's Tit		
	erson's Mailing Address:	140 Hope St.					de: 32750
Contact Pe	erson's Telephone Number	(407) 339-5424			Contact Person's Far	k Number: (407)	339-7490
Contact Po	erson's E-Mail Address:	betrendel@aquaamerica	com				** - *********************************
H. Đaily I	Distribution System Disinfectant Residua	I Data for the Month/Year of :		an. 200	6		
Type of D	isinfectant Residual Maintained in Distri	bution System:	Free Chlorine	व्	Combined Chlorine (Chloramines)	Chlori	ne Dioxide
		Emergency or Abnormal C	Operating Conditions:	1.0		Emergency or Abnor	mal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance			Lowest Residual Disinfectant		ance Work that Involves
į	Concentration at Remote Point	Taking Water System C		Day of	Concentration at Remote Point		tem Components Out of
Day of the		Operati		the Month	in Distribution System, mg/L		peration
Month	in Distribution System, mg/L	Operaci	OII		4.0		peration
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14				30			
15				31	4.0		
16							
III. Certi	fication by Authorized Representative				•		
knowledg	ge and helief			rtify that (	he information provided in this report is t		
	MuanSleso	112/04	William Trendel			C-641	
Signature	and Date	- / /	Printed or Typed N	amc		Licens	se Number or Title

DEP Form 62-555,900(4) Effective August 28, 2003 DOCUMENT NUMBER - DATE

Page 1

04305 MAY 22 8



See Page 2 for Instructions. 1. General Water System Information for the Month/Year of: Feb. 2006 Consecutive System Name: Oakwood PWS Identification Number: 3054100 Consecutive System Type: I Non-Transient Non-Community [F] Community Transient Non-Community Number of Service Connections at End of Month: 203 Total Population Served at End of Month: Consecutive System Owner Aqua Utilities, Florida Contact Person: Bill Trendel Contact Person's Title: Senior Operator Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL. Zip Code: 32750 Contact Person's Telephone Number (407) 339-5424 Contact Person's Fax Number: (407) 339-7490 Contact Person's E-Mail Address: betrendel@aquaamerica.com II. Daily Distribution System Disinfectant Residual Data for the Month/Year of Feb. 2006 Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine (Chloramines) Free Chlorine Chlorine Dioxide Emergency or Abnormal Operating Conditions: Emergency or Abnormal Operating Conditions: Lowest Residual Disinfectant Repair or Maintenance Work that Involves Lowest Residual Disinfectant Repair or Maintenance Work that Involves Day of Concentration at Remote Point Day of the Taking Water System Components Out of Concentration at Remote Point Taking Water System Components Out of the Month in Distribution System, mg/L Operation Month in Distribution System, mg/L Operation 17 5.0 2 18 19 20 21 5.0 22 23 5.0 24 ŋ 25 10 26 ΙĮ 27 12 28 5.0 13 29 14 5.0 30 15 31 16 III. Certification by Authorized Representative I am duly authorized to sign this report on behalf-of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and helief. 3/7/04 William Trendel

OEP Form 62-555 900(4) Effective August 28, 2003 License Number or Title

Printed or Typed Name



	2 for instructions.						
L. Genera	Water System Information for the Mont	h/Year of March, 2006				·	
	ive System Name: Oakwood					PWS Identification Nu	umber: 3054100
	ive System Type: [7]	Community   Non-Transient Non-Communit	ty	Transient	Non-Community		
	of Service Connections at End of Month:	203			Total Population Se	rved at End of Month;	477
Contact P	ive System Owner.	Aqua Utilities, Florida					
	erson's Mailing Address:	Bill Trendel			Contact Person's Ti		
Contact P	erson's Telephone Number:	140 Hope St.	·	City: Lon			Cip Code: 32750
	erson's E-Mail Address:	(407) 339-5424		·	Contact Person's Fa	x Number: (4	407) 339-7490
		betrendel@aguaamerica.com					
II. Daily	Distribution System Disinfectant Residua	d Data for the Month/Year of ;	Marc	1-06			
Type of D	isinfectant Residual Maintained in Distri	bution System: Free Chlo	rine	Combined	Chlorine (Chloramines)	<b>5</b>   3	Chlorine Dioxide
} {		Emergency or Abnormal Operating Cond	ditions:			Emergency or A	bnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Inve		Lowes	t Residual Disinfectant		ntenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Or	Day	<sup>2</sup>	ntration at Remote Point		System Components Out of
Month	ln Distribution System, mg/L	Operation	Mon	į	tribution System, mg/L	Laking Water	Operation
	3,000	Operation			u mation system, mg/L	<del> </del>	Operation
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15							
16	5.0		<b>-</b>			<u> </u>	
II. Cenin	cation by Authorized Representative						
am duly a mowledge	authorized to sign this report on behalf of and belief	the consecutive system identified in Part I on this re	port. I certify the	t the informat	tion provided in this report is t	rue and accurate to the t	pest of my
ignature a	ll Jud 4	/4/06 William T		······································	·		-6411
.,	· <del>-</del>	Printed or	Typed Name			f	icense Number or Title

#### FROM

### ORGINATION FROM A SUBPART H SYSTEM

See Page 2 for Instructions.				
I. General Water System Information for the Montl	1/Year of: April-06			
Consecutive System Name: Oakwood				PWS Identification Number: 3054100
	Community   Non-Transient Non-Community	1-1	Transient Non-Community	
Number of Service Connections at End of Month:	203		Total Population Sci	ved at End of Month: 477
*	Aqua Utilities, Florida		the state of the s	* WEIGHT MAN MAN TO THE PARTY OF THE STATE O
	Bill Trendel		Contact Person's Tit	
	140 Hope St.		a' ' <u></u>	State: FL Zip Code: 32750
<del></del>	(407) 339-5424		Contact Person's Fa	Number: (407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquaamerica.com		<u> </u>	
II. Daily Distribution System Disinfectant Residua	Data for the Month/Year of:	April-0	06	** ***********************************
Type of Disinfectant Residual Maintained in Distril	bution System: Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide
ì	Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Ŋ.	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the Concentration at Remote Point	Taking Water System Components Out of	Day of	Concentration at Remote Point	Taking Water System Components Out of
Month in Distribution System, mg/L	Operation	the Mooth	in Distribution System, mg/L	Operation
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		<u></u>		
III. Certification by Authorized Representative				
I am duly authorized to sign this report on behalf of	the consecutive system identified in Part I on this report. I co	rtify that t	he information provided in this report is to	ue and accurate to the heat of me
knowledge and helief.	s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DO DIED ROOMERS DE HE DE DE CHERT
1/ de /	~/ x x			
- Willard	5/4/06 William Trendel			(-61])
Signature and Date	Printed or Typed No	attic		Ficcus Dimiler of Liffs

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Page 1



See Page	2 for Instructions.				
I. Genera	Water System Information for the Mont	h/Year of: M	ay-06	· · · · · · · · · · · · · · · · · · ·	
	ive System Name: Oakwood				PWS Identification Number: 3054100
Consecut	ive System Type:	Community   Non-Transient No	n-Community !	Transient Non-Community	
	of Service Connections at End of Month:	203		Total Population	on Served at End of Month: 477
	ive System Owner:	Aqua Utilities, Florida			
Contact I		Bill Trendel		Contact Person	's Title: Senior Operator
	erson's Mailing Address:	140 Hope St.		City: Longwood	State: FL Zip Code: 32750
	erson's Telephone Number:	(407) 339-5424		Contact Person	's Fax Number: (407) 339-7490
Contact [	erson's E-Mail Address:	betrendel@aquaamerica.com	<u>n</u>		
II. Daitu	Distribution Co., 181 Co., 181			8.6	A process of the second
Type of I	Distribution System Districtant Residua Districtant Residual Maintained in Distr	il Dala for the Month/Year of : ibution System:	May-	Combined Chlorine (Chloramines)	Chlorine Dioxide
	_	Emergency or Abnormal Oper	~ II		Emergency or Abnormal Operating Conditions;
ĺ	Lowest Residual Disinfectant	Repair or Maintenance Wor	II Davi	Lowest Residual Disinfecta	
Day of the	Concentration at Remote Point	Taking Water System Com	ponents Out of the	"   Concentration at Remote Po	oint Taking Water System Components Out of
Month	in Distribution System, mg/L	Operation	Mon	in Distribution System, mg	/L Operation
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III. Certil	ication by Authorized Representative	<u> </u>		•	
l am duty	authorized to sign this report on behalf o	of the consecutive system identified in Pa	rt I on this report. I certify th	it the information provided in this repo	rt is true and accurate to the best of my
knowledg	and belief.		•		·
Signature	Lillian Durd	) Lr.f.8/01r	William Trendet Printed or Typed Name		C-6411 License Number or Title
			rimed or typed Name		Diceise Manipel of Lifts

ZEP Form 62-555 900(4) Effective August 28, 2003



See l'age 2 for Instructions.			
General Water System Information for the Mor Consecutive System Name: Oakwood Consecutive System Type     F  To the More More More More More More More Mor	onth/Year of: June-06  C   Community   Non-Transient Non-Community	[7] Transient Non-Community	PWS Identification Number: 3054100
Number of Service Connections at End of Month Consecutive System Owner	n: 203 Aqua Utilities, Florida	Total Population Ser	ved at End of Month: 477
Contact Person's Mailing Address. Contact Person's Telephone Number: Contact Person's E-Mail Address:	Bill Trendel 140 Hope St (407) 339-5424 betrendel@aguaamerica.com	Contact Person's Titl City: Longwood Contact Person's Fax	State: FL Zip Code: 32750
II. Daily Distribution System Disinfectant Reside Type of Disinfectant Residual Maintained in Dis		June-06 명 Combined Chlorine (Chloramines)	[7] Chilorine Dioxide
Lowest Residual Disinfectant    Lowest Residual Disinfectant     Concentration at Remote Point     Month   in Distribution System, mg/L	Taking Water System Components Out of	Lowest Residual Disinfectant  Day of the Concentration at Remote Point  Month in Distribution System, mg/L	·
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5 6 7 8 8 24		21 22 23 24 25	
10 11 12 13		26 27 0.3 28 29 0.4	
14 15 0,4		30 31	
III. Certification by Authorized Representative			
I am duly authorized to sign this report on behalf knowledge and belief.	If of the consecutive system identified in Part I on this report. I	certify that the information provided in this report is to	rue and accurate to the best of my
Egnature and Date	William Trendel Printed or Typed		C-6411 License Number or Title

DEP Form 62-555 900(4) Effective August 28, 2003



DEP Form 62-555 900(4)

Effective August 26, 2003

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.  1. General Water System Information for the Mont Consecutive System Name: Oakwood Consecutive System Type: FV Number of Service Connections at End of Month: Consecutive System Owner: Contact Person: Mailing Address: Contact Person's Meiling Address: Contact Person's Telephone Number Contact Person's E-Mail Address:	Community   Non-Transient Non-Community 203  Aqua Utilities, Fl. William Trendel 140 Hope Street (407) 339-5424	Transient Non-Community Total Population Service Contact Person's Title   Longwood   Contact Person's Fax	e: Senior Facilities Operator State FL Zip Code: 32750
II. Daily Distribution System Disinfectant Residual Type of Disinfectant Residual Maintained in Distri  Lowest Residual Disinfectant  Concentration at Remote Point in Distribution System, mg/L.		July, 2006    F   Combined Chlorine (Chloramines)    Lowest Residual Disinfectant     Day of the Concentration at Remote Point     Month in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1 2 3 4 5 6 7 8		17 4.0 18 19 20 21 22 23 24 25 4.0	
10		26   4.0   28   29   30   31	
III. Certification by Authorized Representative  I am duly authorized to sign this report on behalf of knowledge and belief.  Signature and Date	of the consecutive system identified in Pari I on this report. To    S/3/CG   William Trendel   Printed or Typed )		C-6411 License Number of Title

Page 1



See Page	2 for Instructions.					
I. Genera	Water System Information for the Mont	n/Year of:	August, 2006			
	ive System Name: Oakwood	<del></del>		·	*	PWS Identification Number: 3054100
Consecuti	ve System Type:	Community   Non-Transic	ent Non-Community	7	Transient Non-Community	
Number o	f Service Connections at End of Month:	203			Total Population Ser	rved at End of Month: 477
	ve System Owner:	Aqua Utilities,Fl.				
Contact P		William Trendel				le: Senior Facilities Operator
	erson's Mailing Address:	140 Hope Street				State: FL Zip Code: 32750
	erson's Telephone Number:	(407) 339-5424			Contact Person's Fax	Number: (407) 339-7490
Contact I	erson's E-Mail Address:					
II. Daily	Distribution System Disinfectant Residua	Data for the Month/Year of :	Au	gust, 20	006	<del>-</del>
Type of D	isinfectant Residual Maintained in Distri	bution System:	Free Chlorine	ু কুল	Combined Chlorine (Chloramines)	Chlorine Dioxide
Ī		Emergency or Abnormal	Operating Conditions:			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance		i. *	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
	Concentration at Remote Point	Taking Water System		Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the Month	in Distribution System, mg/L		and the second second	the		
- WASHELL	in Distribution System, mg/L	Operat Contract Contr	μοπ	Month	in Distribution System, mg/L	Operation
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12				28		
13				29	4.0	
14				30		
15	3.0			31		
16						
II Certif	ication by Authorized Representative					
I am duiy		the consecutive system identified	I in Part I on this report. I cen		he information provided in this report is tr	ue and accurate to the best of my
Signature	Silli Sal 9/8	3/06	William Trendel Printed or Typed Na	ine		C-6411 License Number or Title
			,,			witelike ( Million of 1104

DEP Form 62-555,900(4) Effective August 28, 2003



See Page	2 for Instructions.						
I. Genera	I Water System Information for the Mont	h/Year of:	September, 2006				
Consecuti	ve System Name: Oakwood					PWS Identification Number: 3054	100
	ve System Type: 17	Community J	Non-Transient Non-Community	7	Transient Non-Community		
	f Service Connections at End of Month:		203		Total Population Ser	ved at End of Month:	477
***********	ve System Owner:	Aqua Utilities,Fl.					
Contact P	erson's Mailing Address:	William Trendel	to the same of the contract of the grant contract of the same same same same same same same sam			le: Senior Facilities Operator	
	erson's Telephone Number:	140 Hope Street			<del> </del>	State: FL Zip Code: 32	
	erson's F-Mail Address:	(407) 339-5424			Contact Person's Far	Number: (407) 339-74	90
II. Daily	Distribution System Disinfectant Residua	Data for the Mont		tember,	2006		
T YPE OF ID	isinfectant Residual Maintained in Distri	bution System:	Free Chlorine	হ	Combined Chlorine (Chloramines)	Chlorine Dio	xide
		Emergency of	Abnormal Operating Conditions;	1		Emergency or Abnormal (	Operating Conditions;
	Lowest Residual Disinfectant		faintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance	
Day of the	Concentration at Remote Point		iter System Components Out of	Day of	Concentration at Remote Point	Taking Water System C	
Month	in Distribution System, mg/L	ļ	Operation	Month	in Distribution System, mg/L	Operati	
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III Conif	cation by Authorized Representative						
iii, ceitiii	canon by Authorized Representative		<del></del>				
l am duly a	authorized to sign this report on hehalf of	the concentive on	stem identified in Part I on this report. I ce	ام ده داد د	na inganangian ang manida di makanan na ing		
knowledge	and belief	the consecutive sy:	nem memoried in Fait 1 on this report. Tee	nny matt	ne intermation provided in this report is tr	ne and accurate to the best of my	
	$\cdots$ $($	, ,					
ille	May Le 10/	8/06	William Trendel			C-6411	
Signature a	and Date	7 - 6	Printed or Typed Na	ame	* - · · · · · · · · · · · · · · · · · ·	License Num	ber or Title



See Page 2 for Instructions.					
I. General Water System Information for the N	Month/Year of: October, 2006				
Consecutive System Name: Oakwood				PWS Identification Number:	3054100
Consecutive System Type:	Community   Non-Transient Non-Community	Transient Non-Co			
Number of Service Connections at End of Mo			Total Population Ser	ved at End of Month:	477
Consecutive System Owner:	Aqua Utilities,Fl.				
Contact Person:	William Trendel		Contact Person's Title	e: Senior Facilities Operator	
Contact Person's Mailing Address:	140 Hope Street	Longwood		State: FL Zip Code	: 32750
Contact Person's Telephone Number.	(407) 339-5424		Contact Person's Fax	Number: (407) 33	9-7490
Contact Person's E-Mail Address:	· — ·— ·				
II. Daily Distribution System Disinfectant Res	idual Data for the Month/Year of :	October, 2006			
Type of Disinfectant Residual Maintained in D	istribution System: T Free Chlorine	Combined Chlori	ne (Chloramines)	Chlorine	Dioxide
l i	Emergency or Abnormal Operating Condition	is:		Emergency or Abnorm	al Operating Conditions;
Lowest Residual Disinfecta	Repair or Maintenance Work that Involves	ir ;	idual Disinfectant		ice Work that Involves
Day of the Concentration at Remote Po-		Day of Company	n at Remote Point		
Month in Distribution System, mg/		1	j.		m Components Out of
1	Operation		ion System, mg/L	<u>Ope</u>	ration
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II. Certification by Anthorized Representative					
		····			
am duly authorized to sign this report on beha	If of the consecutive system identified in Part I on this report. $1$	certify that the information pro	vided in this report is tru	e and accurate to the best of m	ıv
nowledge and helief.					,
1.12. 1.16					
ignature and Date	11/5/04 William Trendel			C-6411	
ISHORIC AND DAIL	Printed or Typed	Name		License N	lumber or Title
and the second s					

DEP Form 62-555.900(4) Effective August 28, 2003



Consecutive System Name Oakwood  Consecutive System Type: F Community   Non-Trans.  Nomber of Service Connections at End of Month: 203  Consecutive System Owner Aqua Utilities, FI.  Contact Person: William Trendel  Contact Person's Mailing Address: 140 Hope Street  Contact Person's Telephone Number: (407) 339-5424  Contact Person's E-Mail Address:		(Contact Persons 4)	PWS Identification Number 308-1100  rved at End of Month. 477  tle: Senior Facilities Operator  IState, FL. Zip Code 1,2750  s Number. (407) 339-7490
II. Duily Distribution System Disinfectant Residual Data for the Month/Year of : [Type of Disinfectant Residual Maintained in Distribution System:	November, 2		
Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L  Emergency or Abnormal Repair or Maintenance Taking Water System Operat	Operating Conditions; • Work that Involves Components Out of the Month	Combined Chlorine (Chlorinines)  Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Energency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
4 2	17 18 19 20 21	15	
7 4.0 8 9 4.2	22 23 24 25 26	(-) (-)	
12 14 15 3.5	27 28 29 36	0.6	
III. Certification by Authorized Representative	11		
Limit duly authorized to sign this report on behalf of the consecutive system identified knowledge and helief  [12/5/0/6]		ndomistion provided in flus report is tim	e and accurate to the best of my
Signature and Date	William Trendel Printed in Typed Name		C 6411 License Number of Title



Sec Page 2 for Instructions.				
I. General Water System Information for the Month	/Year of: Decemb	per, 2006		PWS Identification Number: 3054100
Consecutive System Name: Oakwood			Transient Non-Community	
	Community Non-Transient Non-	Community	Total Population Ser	rved at End of Month: 477
Number of Service Connections at End of Month:	203		Total Population Ser	TVO AL CITA VI INCINCE
Consecutive System Owner:	Aqua Utilities,Fl.	·	Contact Person's Tit	le: Senior Facilities Operator
Contact Person:	William Trendel			State: FL Zip Code: 32750
Contact Person's Mailing Address:	140 Hope Street		Contact Person's Fa	المراجع المراج
Contact Person's Telephone Number:	(407) 339-5424		Contact reisons ra	A Truphori
Contact Person's E-Mail Address:				
If. Daily Distribution System Disinfectant Residua	Data for the Month/Year of:	December	, 2006	
Type of Disinfectant Residual Maintained in Distri	bution System:	Free Chlorine 7	Combined Chlorine (Chloramines)	Chlorine Dioxide
Lowest Residual Disinfectant  Concentration at Remote Point  Month in Distribution System. mg/L  i 2 3 4 3.7 5 6 3.5 7 8 9 10 11 12 3.7 13 14 3.8	Emergency or Abnormal Operal Repair or Maintenance Work Taking Water System Compo Operation	Day of that Involves onents Out of the Month	in Distribution System, mig/L.  4.0  3.5  3.0  4.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Our of Operation
15 -		3.1		
₹6/->				
III. Certification by Authorized Representative				
I am duly authorized to sign this report on behalf of knowledge and belief.  Signature and Date	of the consecutive system identified in Par	tt I on this report. I certify th  William Trendel  Printed or Typed Name	nt the information provided in this report is	true and accurate to the best of my  C-6411  License Number or Title

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080	ABORATORY REPORT  4155 St. Johns Parkway Suite 1300 Samford, FL 32771 FDOH # E83509 er: 2/3 6/2-4/2-	TING FORM.  307 Coolidge ehigh Acres, FL FDOH # E8	AVe. 33936	16331 Cc Brooksville FDOH #	e, FL 346	d. seg	ARBO NVII ABO DO U.S. I N PRE (772)	RON RAT orth, Fort 465-2400 Date and 1	Phercal F D. Ext. 28 Time:	5 Fago: (77	H INC. 2) 467 684 2 /530	
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System Name:	DAKWOOD #	1702				F	riple Accept spie Preserva			[]New One to	× 157°	
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Collector:	M CARTHY					C	ollector's P	hone #: _	SA	mE		
Relinquished By: 🗾	en Month	Received i	Ву:				Relinquis	shed By:				
	2/13/07 1550											<del></del>
Type of Supply: (check only one)	Community Water System Private Well	Noncom: Swimmin	munity Wat		Nor		Noncommu				Use System	<del></del>
Reason for Samplin	ng: (check only one)	e Compliance	Rep	eat	Repla	cement	Main (	Clearance	Пи	 leli Survey	Other	<del></del>
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Sample Collection	Date(s): 12/13/07	7			<del></del>						illert) SM9223	
·	BE COMPLETED BY COLLECTO	R OF SAMPLE									lilert) SM9223	
Sample (Local	SAMPLE POINT sticn or Specific Address)	Collection	Sample	Disinfect	рН	Non	Total	Fecal or	Data	Lab	Sample	
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community and nontrar	t residuals for routine and repeat usient noncommunity systems se to not include raw or plant sample	erving population	s up to	3.5	-	TNTC-Too	Present A - Numerous to sence of gas	Count TA-	Turbid	Growth Analyst: /	ALE	<b>=</b>
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Person performing ana	itysis is:		Other_	<del></del>	. Ke	port auto	orized by:	<del></del>	echnical D	rector or Desig		·
· = '	ator (# <u>C-Y6/7</u> ) a certified operator (#	, —		a certified lab	1	1.43	113/1	2	Unioss oth	eneise noted, a	all test results	
	ing Address of Person/Firm to Re		рюуеа ву	DEP or DOH	guit	deilnes. Ču	escons regel	ding this rep		hod, Laborator; be directed to t		
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LONGE	2000, FL 3	750	Page	of(	- 1		ved by DEP Reviewing C					
DEP Sample Types: D=Dis	strilution (Routine Compliance); C=Repea	ator Check R=Raw	 : N≃€πtry to \$	Dastribution; P≃P	·				ed in Florida	Administrative C	ode Pule 62 160	

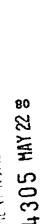
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FPSC-COMMISS

2 Defined in Florida Administrative Code Rule 62 160

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# Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Jeft Kottkanio 11 Grovettion

Charlie Crist

Covernor

Michael W. Sole Secretary

VIA EMAIL JWLIHVARCIK@AQUAAMERICA.COM

June 22, 2007

Jack Lihvarcik, President Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leasburg, FL 34748 OCD-PW-SS-07-0631

Brevard County – PW
Oakwood Manor (Consecutive to 3050834 Mims)
PWS ID Number 3054100

Dear Mr. Lihvarcik:

This confirms a visit to the subject consecutive community public water system on May 17, 2007, by Chris Rossing to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code F 4.C*) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than <u>July 31, 2007</u>. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Chris Rossing by e-mail at Chris.Rossing@dep.state.fl.us or by phone at (407) 893-3318, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager Drinking Water Compliance and Enforcement

KMD/cr Enclosures

cc Patrick Farris, Environmental Compliance Specialist Chris Rossing, DEP Drinking Water Compliance

# State of Florida Department of Environmental Protection Central District

# Sanitary Survey Report for Consecutive Water Systems That Do Not Retreat Their Water

System Name OAKWOOD MANOR (CONSECUTIVE TO I	
System Location 3200 Brockett Road, Mims, FL 32754	
Owner Name Aqua Utilities Florida, Inc. Attn: Jack Lih	
Owner Address 1100 Thomas Avenue, Leesburg, FL 34	748
Contact Ferson Patrick Farris Title Environment	ntal Compliance Specialist Phone 352/787-
This Survey Date 5/17/07 Last Survey Date	4/28/04 Last C.I. Date 12/23/98
PWS TYPE & CATEGORY/CLASS	PURCHASED WATER SOURCE
<u> </u>	PWS Name Mims Water Treatment/North Bre
Consecutive/Community (6) Consecutive/Non-transient non-community	PWS ID # 3050834
☐ Consecutive/Non-community	Source Design Capacity 2,400,000 gpd
Constituting	Treatment: Disinfection/ammoniation/sand filtra
	Aqua-Mag/lime softening/fluoridatio
PWS STATUS	Aqua-Wag inne sortening/mondatio
Approved system with approval number & date	
	AUXILIARY POWER SOURCE
□ Accepted     □	☐ Yes ☐ None ☒ Not Required
Unapproved system	Source Purchased
Food Service:  Yes No No N/A  DISTRIBUTION SYSTEM	Bill Trendel C-6411  MORs submitted regularly? ☑ Yes ☐ No ☐  Data missing from MORs? ☑ No ☐ Yes ☐
Number of Service Connections 203	
Population Served 477 Basis Operator	
Flow Measuring Device Master Meter (purchased)	Comments
Chlorine Residual >2.2 Total / 1.23 Free	
Backflow Prevention Devices:   ✓ Yes   ✓ No	DEFICIENCIES:
Cross-connections None observed	See page 3.
Written Cross-connection Control Program: Yes	
Bacteriological Monitoring Yes	
Coliform Sampling Plan:   Yes □ No □ N/A	
Lead and Copper Sampling Yes	
Comments	
Commence	

2

PWS ID#	3054100
Date	5/17/07

#### **DEFICIENCIES / COMMENTS:**

 Failure to test the backflow prevention assembly provided at the interconnect with 3050834 Mims Water Treatment.

To ensure continued satisfactory operation of backflow-prevention assemblies, they must be periodically tested by individuals who are certified and understand the design and operation of the assemblies. All assemblies are equipped with test cocks and shall be tested annually or more frequently as specified by the local cross connection control program. [Section 7.2, AWWA Manual M14, 2nd Edition as incorporated into Rule 62-555.330, F.A.C.]

Note: The cross-connection control program for the remainder of the distribution system will be evaluated separately.

2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. Failure to keep records documenting that water mains are being flushed

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

#### **COMMENTS/REMINDERS:**

 The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2007, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2007.

Inspector	Title _ Environmental Speci	alist I Date _	6/7/07
Approved by	TitleEnvironmental Man	ager Date	6/22/07

#### **RESPONSE FORM**

#### Please provide any changes to the following:

PWS ID Number: 3054100		Business Name:	
PWS Name: Oakwood Ma	nor (Consecutive to	_	
Mims)		Owner(s) Name:	
Mailing Address.			
		Mailing Address:	· · · · · · · · · · · · · · · · · · ·
Date:			
		Fax #:	
		E-Mail Address:	
Florida Department of Er Drinking Water Compliar 3319 Maguire Boulevard, Orlando, Florida 32803	nce/Enforcement Prog , Suite 232		
Attention: Chris Rossing, En			Adv. 47 0007 Ab - fallaccina
In response to the Departme actions were done to correct		the subject public water system dated	May 17, 2007, the following
Deficiency Item No.	Corrective A	ction Done	Date Done
			<u> </u>
			·····
	· · · · · · · · · · · · · · · · · · ·		
			······································
<del></del>			
(Attach add tional sheet if ned	cessary)		
	-	line:	
I hereby certify to the correcti			
PWS Owner/Representative	Signature:		
Name of PWS Owner/Repres	entative:		
		(Please Type or Print)	

#### A UA

Utilities Florida

Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

July 31, 2007

Chris Rossing Environmental Specialist FDEP Central District 3319 Maguire Blvd. Suite 232 Orlando, FL 32803

RE: Reply to Compliance Evaluation Inspections Oakwood Manor PWS ID 3054100 Kingswood Manor PWS ID 3054101 Brevard County

Dear Mr. Rossing:

Thank you for your inspections on May 17, 2007. The purpose of the correspondence is to provide a written response as requested in your letters.

#### **Both Facilities:**

- 1. The backflow prevention assemblies were tested on July 9, 2007. Oakwood Manor's backflow passed and will be tested annually as required. Kingswood Manor's backflow failed the test and will be repaired or replaced within two weeks. The testing reports are enclosed with this letter. (Attachment 1)
- 2. Records of isolation valve exercising will be kept from now on and will be available for future inspections.
- 3. Records of water main flushing are enclosed. (Attachment 2)

If you have any questions, please contact me at (352) 435-4029 or by e-mail at <u>PAFarrista aquaamerica.com</u>. Thank you.

Sincerely.

Patrick A. Farns

Patrick Farris

**Environmental Compliance Specialist** 

Aqua Utilities Florida. Inc.

Enclosures:

cc Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Attachment # 1.



Member of the Better Business Bureau

Buro, any.

Backflow Specialist - Plan That Hydrard Teeting - Furtiling Maintenation Support

P. O. Box 915081	Longwood FL 32791 * Telephon	ue 407-332-4497 or 321-689-4738	* Fax 407-265-2819
P. O. Box 901 * E	idgewater FL 32132* Telephone	386-345-4027 or 321-689-4738 '	Pax 386-345-4027
CUSTOMER NAME : AQUA	t Unitimes	TEST DATE: 7-9-1	
STREET ADDRESS ONE	mon US they 1 1 Ba	CHOT Do Mins F	<u>t.</u>
MAILING ADDRESS :	3144		
LOCATION OF ASSEMBLY:	H. policy C. more		11.14
TYPE OF ASSEMBLY: YR P	☐ DC /□ PVB ☐	FSI 60 DIME 13	Spon SIZE: T
MANUFACTURE FEBC	MODEL: §	SERIA	LNO.9606111355
TYPE OF SERVICE(CHECK	ONE): Q POTABLE	T TRAIGATION	O FIRE LINE
CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
Lesized	Opened At:	Leskod	Air Inlet Opened at
D Closed Tight	PSI		PSI
Gage Pressure Across Check		Closed Tight	Did Not Open
With Back Pressure	Did Not Open 4	Gage Pressure Across Check	Chnek Valve:
ValuePSI		Vaive PS[	Held At PSI
Cleaned Only Resinced:	Clenard Only 11:-5 vc. Replaced: Live	Cleaned Only Replaced	Cleaned Only Replaced:
Rubber Kit	Rubber Kit: 1	Rubber Kit	Rubber Kit
CV Assembly	R V Assembly	CV Assembly	CV Assembly
Ov Dise	Or Disc	Or Disc	Disc, CV Disc, Air In
O-Rings	☐ Disphragro	Disc O-Rings Sent	Spring, Air
☐ Seat	Seat	, <del></del>	Spring CV
Spring	Spring	Spring	Retainer
Stern/Guide	Gulde	Stern/Guide	Guide
Retainer	O-Rings	Retainer	O-Ring
Lock Nuts	☐ Other ☐ Exercised	Lock Nws	
Other	Exercised	Other	Other
Gauge Prossure Acrasa Check	Relief Valve Opened at	Gauge Pressure Across Check	Air IniciPSI
Valve 6.4 PSI	2.4 PSI	Valve -4 PSI	Check ValvePSI
Shut Off Value # 2 Outlet	□ Leaking	Holdright	Exercised
A. Noke		_	
REMARKS: HYMLAL - TEST LEGATE LOTEST—PASS  I HEREBY CERTIFY THAT THE BATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTANCE OF THE			
ASSEMBLY: TESTER BAY RODRIGUEZ (ROD) CERT NO: A12-05-2137 PADE DATE 13-31-03			
TESTER HAROLD EBERT (HAP) CERT NO: AII-45-3251 EXPIR DATE: 12-31-07			
TEST EQUIP USED (MAKE AMODEL): MIDWEST 130 GAUGE SNE_112102			
DATE LAST CALIBRATED 2-13-071 15771			
TESTER'S COMPANY NAME CORRECT FLOW, INC TESTER'S SIGNATURE: 10865			
		PANY_METER # Y	
READING #			



Member of the Better Business Bureau

Buro Corry.

Beckflow Specialist \* Plan. Theil Hychard Testing + Facilities Maintenance Support

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P. O. Box 915081 * Longwood FL 32791 * Telephone 407-332-4497 or 321-689-4738 * Fax 407-265-2819 P. O. Box 901 * Edgewater FL 32132* Telephone 386-345-4027 or 321-689-4738 * Fax 386-345-4027			
CUSTOMER NAME AQUA UTILITIES TEST DATE: 1-9-7			
STREET ADDRESS: V-104	SWAD DC + TURGET	ine Rd. Mims PL	
MAILING ADDRESS	Suft		
	S.W. Corner pkuy		Dea_ Size: 3"
TYPE OF ASSEMBLY: [] R I	DC DAMB O	PS.) DITTIME 2:	Size:
MANUFACTURE: FOLC			LNO MUSING TAG
TYPE OF SERVICE(CHECK	ONE): POTABLE	☐ IRRIGATION	☐ FIRELINE
CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
Leaked	Opened At:	Leaked	Air Inlet Opened at
Closed Tight	PSI		PSI
Goge Pressum Across Check		Closed Tight	Did Not Open
Witt: Back Pressure	Did Not Open 🖸	Gage Pressure Across Check	Check Valve: Leaked
ValvePSi		Valve PSI	Hold AtPSI
Cleaned Only Replaced:	Cleaned Only Raplaced:	Citaned Only Replaced	Clemed Only Replaced:
Rubber Kit	Rubber Kit:	Rubber Kit	Rubber Kit
CV Assembly	R V Assembly	CV Assembly	CV Assembly
Or Disc	Or Disc	Or	Disc CV
O-Rings	Diaphragm	Disc O-Rines	Disc, Air lin Spring, Air
Sext .	☐ Seat	Samt .	, <del>-</del> ' '
Spring Sand	Spring	Spring	Spring, CV Retainer
Stem/Guide Retainer	Guide	Stem/Guide	Guide
Look Nuts	☐ O-Rings ☐ Other	Retainer	O-Ring
Other	Exercised	Lock Nets  Other	☐ Other
- Cana			
Gauge Pressure Across Check	Relict Valve Opened at	Gauge Pressure Across Check	Air inletPSI
Valve PSI	PSI	ValvePSI	Check ValvePSI
Shut Off Value # 2 Outlet		☑ Holdtight	Exercised
A a Nov.	ALL REPAIRS SHALL BE COMPI		
REMARKS: HACLAST (CST) FOLLOD  I HEREBY CERTIFY THAT THE DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTANCE OF THE ASSEMBLY:			
TESTER: RAY RODRIGUEZ (ROD) CERT NO: ALZ-05-2127 EXPIR DATE: 12-31-07			
TESTER HAROLD EBERT (HAP) CERT NO: A12-95-9251 EXPIR DATE: 12-31-07			
TEST FOURP USED (MAKE &MODEL) MIDWEST 830 GAUGE SNR_112197			
DATE LAST CALIBRATED 2-13-07 357711			
TESTER'S COMPANY NAME CORRECT FLOW, INC TESTER'S SIGNATURE			
METER # READING #			

Attachment # 2.

# Water Flushing To be used to record water lost due to flushing

LUSH	ING: CC	ina, hydra	nis, lanks, c	>000; (c) CLO	t CAM UDY W	MER.	Plant Month / Y	CHULVO Year OCTO	14-WF. BER-03
Date	Я <sub>1</sub> О Аррент. Вебоге	CI <sub>2</sub> Res. After	Finsh Point Size	Time Flushed minutes	Hydran Rem	st Meter lings / end	Total Gallons Flushed	Location of Flush Point	Reason Flushed
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0-31	<u> </u>	1 3	# CV	4 4211	13		Flushing legend		Complaint CC
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# Water Flushing To the used to record water lost due to flushing

#### AQUA UTIL.,FL

FLUSHING:	-
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Date	R <sub>2</sub> O Appear. Before	CL <sub>2</sub> Res. After	Plush Point Size	Time Flushed minutes	Hydran Read start	ings	Total Gallons Plushed	Location of Flush Point	Reason Flushed
1-17	40004	2.1	2*0	00 15			3,000	10651	ce
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11-22	CHOWDY	20	2"	BOU	Įδ		2,000	WATH ST	

Ŧ			Oax	wood	<del></del>	ı	Plushing Pro	gram PP	Custome Main Cl (explain	CRIANCE	CC MC
	1-21	WM	OMCI 3 SI	BROK	EN 24 Blow	BOU	; ]/	000	6ts		
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# Water Flushing & Break Repair Record To be used to record water lost the to flushing or main/service line repairs

FLUSHING: (Include service times, mains, hydrants, tanks, etc) Month / Year Aug. 2006

Date	H <sub>i</sub> O Appear.	CL <sub>2</sub> Res.	Flush Point	Time Plushed		it Meter Jings	Total Gallous Flushed	Location of Flush Point	Remon Flushed
	Belore	After	Size	minutes	ştert	/ end			
8/28/06	Hozy	1,2	4"_	10			10,000	Langfordi 8 4 W	Pathe
3/28	Cloudy	1.2	2"	15			3,000	End of 9th W	11
8/28	11	1.1	2"	15			3,000	End of 7thw	^
8/28	71	1.2	2"	15			3,000	End of 4thw	lt .
8/2	11	08	4"	10			10,000	Ospray Cir. (2)	lı .
8/2	11	9.8	40	10			10,000	(Grev Herours)	14
8/2	,	1.0	4"	10			10,000	Ve veteen (102)	10
22	1,1	19	4"	10			10,000	Velveton (332)	11
82	7.	1.1	4"	10			10,000	Granite (13)	31
8/2	11	1.1	4"	10			10,000	Granile (7)	
813	11	0.7	2"	15			3,000	Popolantic (2)	•
8/3	1,	0.7	2"	15			3,000	Kinaley/Norweck(4)	0
83	1,,	08	2"	15	Orker	22	3,000	Dover Baily (24)	
8/3	17	0.7	2"	15			3.000	Drothom Konder (4)	4.3
8/3	1,	1.0	2"	15			3,000	Droward Dr (1)	18
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Flushing legend:

Flushing Program FP Line Repair LR Contractor Use CU Customer Complaint CC Main Clearence (explain others)

#### MAIN/SERVICE LINE REPAIRS:

Date	Location of Repair	Size of Line	Size of Nale or Crack	Approx. Time Leaked	Estimated Water Loss	Couse of Break (if known)	Initial
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(Use AWWA Water Loss Calculation Tables, located in the Florida Water Unaccounted for Water Guide, to estimate water losses, )

# Water Flushing To be used to record with lost due to flushing

### AQUA UTIL.,FL

Appear. Res. Point Size Plushed Readings Flushed Plush Point Size salvates grant / end  After Size salvates grant / end  Push Point Flushed Plush Point Flushed Plush Point Flushed Power St Chy O Power	Appear. Res. Point Flushed Readings Flushed Before After Size minutes start / end	ushed	Flush Point	Re
Flushing lagend:  Flushing Program FP  Customer Complains  Main Clearance		a		•
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#### **POPPIES FLUSHING**

# Water Flushing To be used to record water lost due to flushing

#### AQUA UTIL.,FL

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(include a	arvice lines, m	ains, hydra	nto, tanks, c	== BLACA	LWM	eR .	Mo	nth / Y	car	JUL . 00	<u> </u>
Date	H <sub>2</sub> O Appear. Before	CL <sub>2</sub> Res. After	Flush Point Size	Time Flushed minutes	Read	t Meter lings / end		l Gallons Inshed		Location of Flush Point	Reason Flushed
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Effective August 28, 2003

#### MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my nowledge and belief.  2/7/C7  DOCUMENT NUMERICATED  Printed or Typed Name  C-6411  License Number or Title	Sec Luge	2 for instructions,						
Consider Person   System   S	1 Gener	al Water System Information for the Moni	th/Year of Janua	ry, 2007			·····	
Severe Connections at End of Month:   136     136							PWS Identification Number:	3054101
Contact Person's Mailing Address: William Trended (Contact Person's Title Senior Facilities Operator Contact Person's Mailing Address: 409 Hope St (27-339-5424 (27-339-5424) (Contact Person's Title Senior Facilities Operator (27-339-5424) (Contact Person's End Address: (27-339-5424) (Contac	Consecut	rive System Type:	· · · · · · · · · · · · · · · · · · ·	r-Community	_ [ [			
Contact Person's Matting Address 140 Hope St. Contact Person's Telephone Number 407-339-3424 (207) 339-7490  Contact Person's Telephone Number 407-339-3424 (207) 339-7490  Contact Person's Telephone Number 407-339-3424 (207) 339-7490  Contact Person's Telephone Number 407-339-3424 (207) 339-7490  Contact Person's E-Mail Address  Lowest Residual Disinfectant Rendad Manifalance in Distribution System of Distribution System (17 Foe Chlorine Content Person's E-Mail Address  Lowest Residual Disinfectant Rendad Manifalance in Distribution System (17 Foe Chlorine Content Person's E-Mail Address  Lowest Residual Disinfectant Rendad Manifalance in Distribution System, mg/L (200)  Lowest Residual Disinfectant Rendad Manifalance in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Taking Water System Components Out of Month in Distribution System, mg/L (200)  Ta			. <b>-</b>			Total Population Ser	rved at End of Month:	136
Contact Person's Telephone Number (407) 339-3424 (07) 339-				·· ·—		· · · · · · · · · · · · · · · · · · ·		
Contect Person's E-Mail Address'    Contect Person's E-Mail Address'   407-339-5424					<del></del>	The second secon		30570
Contact Person's E-Mail Address					~			
Type of Disinfectant Nesidual Maintained in Distribution Systems    Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L   Lowest Residual Disinfectant Concentration at Remote Point Concentration at Remote Point			407-337-3424	·····	<del></del> -	Contact Person's Pax	(Number: (407) 33	9-7490
Section   Processing   Process   P								
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Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	sype of D	asinteetant Residual Maintained in Distri	bution System:	Free Chlorine	া	Combined Chlorine (Chloramines)	Chlorine	Dioxide
Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L    Day of the Concentration at Remote Point in Distribution System, mg/L   1	1		Emergency or Abnormal Opera	iting Conditions:			Emergency or Abnorm	al Operating Conditions:
Concentration at Remote Point   Taking Water System Components Out of in Distribution System, mg/L   Operation	ļ	Lowest Residual Disinfectant			[]	Lowest Residual Disinfectant		- · · -
Month   in Distribution System, mg/L   Operation   Month   in Distribution System, mg/L   Operation	Day of the	Concentration at Remote Point					1	•
17	Month	in Distribution System, mg/L						•
18   3.7   3   4   4.4   20   5   6   21   22   7   7   8   23   4.2   24   4.7   7   7   7   7   7   7   7   7   7	1				H————	in Distribution System, mg/L	Ope	aduon
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23 4.2  9 4.6  10  11 41  27  12  28  13  14  29  30 30 3.6  31  4 Cettification by Authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my newledge and belief.  21 7 / C 7  DOCUMENT NUMERING Name  C-6411  License Number or Title	5				21		·	
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10 25 4.7  11 41 26 27  12 28 29 30 3.6  15 30 3.6  16 3.2  1 Certification by Authorized Representative  am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my newledge and belief.  25 4.7  28  29 30 3.6  31  Certification by Authorized Representative  27  28  29  30  31  Certification by Authorized for sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my newledge and belief.  26  27  28  29  30  3.6  31  Certification provided in this report is true and accurate to the best of my newledge and belief.  27  28  29  30  31  Certification provided in this report is true and accurate to the best of my newledge and belief.  27  28  29  30  31  Certification provided in this report is true and accurate to the best of my newledge and belief.  27  28  29  30  31  Certification provided in this report is true and accurate to the best of my newledge and belief.  27  28  29  30  31  Certification provided in this report is true and accurate to the best of my newledge and belief.  27  28  29  30  31  Certification provided in this report is true and accurate to the best of my newledge and belief.  29  20  20  21  22  28  29  30  30  30  30  30  30  30  30  30  3		A.C.	·		1			
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28  13  14  29  30  3.6  31  15  Certification by Authorized Representative  am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my newledge and belief.  2/7/C7  DOCUMENT NUMERICAGE  Printed or Typed Name  License Number or Title		41			3 *		· · · - · · · · · · · · · · · · · · · ·	
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15 16 3.2  Certification by Authorized Representative  am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my nowledge and belief.  C-6411  Inguature and Date  DOCUMENT NUMPHIBARTEAGE  Printed or Typed Name  C-6411  License Number or Title					1——	3.6		
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Printed or Typed Name  License Number or Title		all 11	107	distinguished			C-6411	
•	ignature a	nd Date	DOCUMENT HOW	Printed or Typed Nat	nie	· · · · · · · · · · · · · · · · · · ·		Number or Title
DEP Form 62-555 90D(4) 0 L 3 0 5 MAY 22 8	ne:	D. Farm CO. SEC. DATE:	01.205	MAY 22 8				

Page 1

FPSC-COMMISSION CLERK



See Page	2 for Instructions.						
1. General	Water System Information for the Montl	i/Year of: Febu	ary 2007				<u>.                                    </u>
Consecutiv	ve System Name: Kingswood					PWS Identification Number: 3	054101
	ve System Type: [72]	Community   Non-Transient No	n-Community	1	Transient Non-Community		
Number of	Service Connections at End of Month:	58	••••		Total Population Ser	ved at End of Month:	136
	ve System Owner:	Aqua Utilities,Fl.					
Contact Pe		William Trendel				e:Senior Facilities Operator	
	erson's Mailing Address:	140 Hope St.			- ,	State: FL	32750
	erson's Telephone Number:	407-339-5424			Contact Person's Fax	Number: (407) 33	9-7490
Contact Pe	erson's E-Mail Address:						
II Daily I	Distribution System Disinfectant Residua	Data for the Manda Van of	Fah	uary 2	NO7		
Type of Di	isinfectant Residual Maintained in Distri	bution System:	Free Chlorine		Combined Chlorine (Chloramines)	Chlorine	Dioxide
!		Emergency or Abnormal Oper	ating Conditions:			Emergency or Abnorm	al Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Wor			Lowest Residual Disinfectant	Repair or Maintenar	ce Work that Involves
	Concentration at Remote Point	Taking Water System Com	, 1	Day of	Concentration at Remote Point		m Components Out of
Day of the Month			ponents Out of	the			ration
	in Distribution System, mg/L	Operation		Month	in Distribution System, mg/L		lation
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II. Certific	ration by Authorized Representative						
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am duly a	uthorized to sign this report on behalf of	the consecutive system identified in Pa	rt I on this report. I cert	ify that t	ne information provided in this report is tr	ue and accurate to the hest of i	nγ
cnowledge	and belief.	III I Washington and the state of the state	mo report, 1 core				•
1.	11.11. 1.11	3/4/01	William Trendel			C-6411	
Signature a	della Sold		Printed or Typed Na	me			Number or Title



See Page 2 for Instructions.								
l General Water System Information for the Mont	/Year of:	March, 2007						
Consecutive System Name: Kingswood						PWS Identification N	lumber: 3054101	
Consecutive System Type:	Community [	Non-Transient Non-Community	П	Transient Non-Comm	nunity			
Number of Service Connections at End of Month:	·	58		i	Total Population Ser	ved at End of Month		36
Consecutive System Owner.	Aqua Utilities,Fl.							
Contact Person:	William Trendel				Contact Person's Titl	e Senior Facilities O		
Contact Person's Mailing Address:	140 Hope St.			City: Longwood		State: FL	32750	
Contact Person's Telephone Number:	407-339-5424			]	Contact Person's Fax	Number:	(407) 339-7490	
Contact Person's E-Mail Address:								
II. Daily Distribution System Disinfectant Residua	Data for the Month/	Virginal i	arch, 20	107				***************************************
Type of Disinfectant Residual Maintained in Distri	oution System:	Free Chlorine		Combined Chlorine (	Chloramines)	3.1	Chlorine Dioxide	
	Emergency or	Abnormal Operating Conditions;				Emergency or	Abnormal Operation	ng Conditions;
Lowest Residual Disinfectant		intenance Work that Involves		Lowest Residua	al Dicinfectant	i • •	intenance Work t	- 11
Comment of the second	•		Day of				r System Compon	
Day of the Concentration at Remote Point	laking wate	er System Components Out of	the	Concentration a		Taking wate		ients Out of
Month in Distribution System, mg/L		Operation	Month	in Distribution	System, mg/L		Operation	
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III Certification by Authorized Representative								
I am duly authorized to sign this report on behalf of	the consecutive syste	em identified in Part I on this report. I ce	rtify that t	he information provid	led in this report is to	rue and accurate to th	e best of my	
knowledge and belief			,	,	•		•	
	11-1-							
Milliand	4/8/01	William Trendel					C-6411	
Signature and Date	for free the state of the state	Printed or Typed No	ıme	<del></del>		=	License Number or Ti	tle
			<del>-</del>					

DEP Form 62-555,900(4) Effective August 28, 2003



See Page 2 for Instructions.				and the second s
General Water System Information for the Mor Consecutive System Name: Kingswood	nth/Year of: April, 2007			WS Identification Number: 3054101
transfer to the constitute and the constitute of	Community   Non-Transient Non-Community	····	Transient Non-Community	TO INCIDENTIAL CONTRACTOR OF THE PROPERTY OF T
Number of Service Connections at End of Month	: 58		Total Population Serv	ed at End of Month: 136
Consecutive System Owner:	Aqua Utilities,Fl.		Total Topulation Serv	ou at site of interest.
Contact Person:	William Trendel		Contact Person's Title	Senior Facilities Operator
Contact Person's Mailing Address:	140 Hope St.	·····		State: FL 32750
Contact Person's Telephone Number:	407-339-5424		Contact Person's Fax	The state of the s
Contact Person's E-Mail Address:	101111111111111111111111111111111111111		[Contact 1 classiful 1 ax ]	(101)
II. Daily Distribution System Disinfectant Residu	ial Data for the Month/Year of .	April, 20	07	
Type of Disinfectant Residual Maintained in Disi	ribution System: T Free Chlorine	е ∮र	Combined Chlorine (Chloramines)	Chlorine Dioxide
	Emergency or Abnormal Operating Conditi	ions:		Emergency or Abnormal Operating Conditions;
Lowest Residual Disinfectant		- 41 :	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Communication		11 There as 1	1	·
	, ,	Ol the	Concentration at Remote Point	Taking Water System Components Out of
Mouth in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Operation
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III Certification by Authorized Representative				
of the second of				
am duly authorized to sign this report on behalf	of the consecutive system identified in Part I on this repor	d. Lordify that th	ne information provided in this report is true	e and accurate to the hest of my
knowledge and belief.	or the emiscentive system recitings in that I on this lepor	it. I confirm mat th	ie modifiation provided in this report is no	o and accorded to the west of my
1				
11/11/10 JA	5/3/07 William Tren	ndel		C-6411
Signature and Date	Printed or Ty		Commence of the commence of th	License Number or Title
•	contact of 15	1/06 1401110		Election introduction



See Page 2 for Instructions.  1. General Water System Information for the Moni Consecutive System Name: Kingswood Consecutive System Type.  Number of Service Connections at End of Months Consecutive System Owner:  [Contact Person: (Contact Person's Mailing Address: (Contact Person's Telephone Number: (Contact Person's Telephone Number: (Contact Person's E-Mail Address:  [I. Daily Distribution System Disinfectant Residual Type of Distribution System Disinfectant Residual Contact Person's Page 10 Printed Pr	Community   F   Non-Transient Non-Community 58   Aqua Utilities,Fl   William Trendel   140 Hope St.   407-339-5424	Contact Person's Title  Contact Person's Title  Contact Person's Fax	PWS Identification Number: 3054101  ved at End of Month: 136  le Senior Facilities Operator  State: FL 32750  (Number: (407) 339-7490
Type of Disinfectant Residual Maintained in Distr	ibution System:	May, 2007    Joe   Combined Chlorine (Chloramines)	Chlorine Dioxide
Lowest Residual Disinfectant  Day of the 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	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
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II. Certification by Authorized Representative			
	The consecutive system identified in Part I on this report. I cer    S		C-6411 License Number or Title

DEP Form 62-555 900(4) Effective August 28, 2003



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#### MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.				
1. General Water System Information for the Mor	th/Year of: June, 2007			
Consecutive System Name: Kingswood	<del>,</del>		PWS Identification Nu	imber: 3054101
Consecutive System Type:	Community     Non-Transient Non-Community	T Transient Non-Community		
Number of Service Connections at find of Month:	58	·Total f	opulation Screed at End of Month:	136
Consecutive System Owner. Contact Person.	Aqua Utilities,Fl.	_		
Contact Person's Mailing Address	William Trendel		r Person's Title Senior Facilities Oper	
Contact Person's Telephone Number:	140 Hope St. 407-339-5424	City, Longwood	State: FL (4 Person's Fax Number:	32750 107) 339-7490
Contact Person's E-Mail Address;	407-339-3424	Соняс	Treison's rax (author). (4	1071 337-7470
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
II. Daily Distribution System Disinfectant Residu	al Data for the Month/Year of	June, 2007	1801	
Type of Disinfectant Residual Maintained in Distr	ibution System: T Free Chlorine	☑ Combined Chlorine (Chlora	mines) I   C	Inforine Dioxide
,	Emergency or Abnormal Operating Conditions;		Emergency or At	bnormal Operating Conditions;
Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Lowest Residual Dis		ntenance Work that Involves
Day of the Concentration at Remote Point		Day of Concentration at Ren		System Components Out of
Month in Distribution System, mg/L	Operation	Month in Distribution Syste		Operation
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III. Certification by Authorized Representative				
- Certification by Mathonized Representative		<u> </u>	<u></u>	
am duly authorized to sign this report on hehalf o	f the consecutive system identified in Part I on this report. I ce	erifuthat the information provided in the	vic remove is true and accurate to the k	sect of my
knowledge and helief	· ins omissioning space in the art of this report. The	may making information provided is t	its report is true and accurate to the b	icat of my
Min (A)				
Pall 1/5/	9 7 William Trendel		С	-6411
Signature and Dale	Printed or Typed N	ame	Li	icense Number or Title

Page 1



See Page	2 for Instructions.								
Urenera	l Water System Information for the Montl	Vear of	July, 2007						
	ve System Name: Oakwood						PWS Identificat	ion Number: 305410	0
		Community [	Non-Transient Non-Community	П	Transient Non-Commun				
	f Service Connections at End of Month:		203		Ţα	tal Population Serv	ed at End of M	onth:	477
		Aqua Utilities,Fl.							
Contact P		William Trendel			······································	ontact Person's Title			
	erson's Mailing Address:	140 Hope Street	519-4-4-5-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4		Longwood	man or a state of the land of the second of	State: FL	Zip Code: 327	
	······································	(407) 339-5424				ontact Person's Fax	Number:	(407) 339-7490	
Confact P	erson's E-Mail Address;								
II Daly	Di tabunon System Disinfectant Residua	l Data for the Month	Yenol.	uly, 200					
Type of D	Disinfectant Residual Maintained in Distri	bution System:	Free Chlorine	14	Combined Chlorine (Cl	nloramines)		Chlorine Dioxid	le
	Lowest Residual Disinfectant	Repair or Ma	Abnormal Operating Conditions; aintenance Work that Involves	Day of	Lowest Residual		Repair or	Maintenance W	N N
Day of the	Concentration at Remote Point	laking wat	er System Components Out of	the	Concentration at I	i	taking v	Water System Co	· K
Month	in Distribution System, mg/L	<u>i</u> _	Operation	Month	in Distribution S	ystem, mg/L		Operation	1
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III Cemi	rication by Authorized Representative							<u>.                                    </u>	
	authorized to sign this report on behalf-of	f the consecutive syst	ern identified in Part I on this report. I co	rtify that t	he information provided	in this report is tru	ue and accurate	to the best of my	
Signature	Will Delle 18	3/5/07	William Trendel					C-6411	714
Signature	and Date	·	Printed or Typed N	ame				License Numbe	FOT HUE

DEP Form 62-555,900(4) Effective August 28, 2003



See Page	2 for Instructions.							_
E Gener.	n Water System Information for the Moin	h Year of	August, 2007					
Consecut	ive System Name: Kingswood			*****		PWS Identification Num	nber: 3054101	
Consecut	ive System Type: ্বা	Community J	Non-Transient Non-Community		Transient Non-Community			_
Number of	of Service Connections at End of Month:		58		Total Population Ser	ved at End of Month:	136	,
Consecut	ive System Owner:	Aqua Utilities,Fl.						,
Contact F		William Trendel			Contact Person's Title	e:Senior Facilities Opera	itor	
	erson's Mailing Address:	140 Hope St.				State: FL	32750	٠.
	erson's Telephone Number:	407-339-5424			Contact Person's Fax	Number: (40	7) 339-7490	
Contact P	erson's E-Mail Address:	·····				,		
II Daily	Distribution System Disinfectant Residua	Data for the Mont	I/Yea at At	igust, 20	007			-
Type of D	Disinfectant Residual Maintained in Distri	bution System:	Free Chlorine	দ	Combined Chlorine (Chloramines)	/ Ch	lorine Dioxide	~
		Emergency or	Abnormal Operating Conditions;			Emergency or Abr	normal Operating Conditions;	Ì
ļ	Lowest Residual Disinfectant		faintenance Work that Involves	ii i	Lowest Residual Disinfectant		tenance Work that Involves	Į
	Concentration at Remote Point		ter System Components Out of	Day of	Concentration at Remote Point	•	System Components Out of	l
Day of the		i laking wa	•	the	1	-	•	
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L		Operation	ļ
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III Cani	ication by Ambiorized Representative							ı
am duly knowledg	authorized to sign this report on behalf of	the consecutive sy	stem identified in Part I on this report. I ce	rtify that (	ne information provided in this report is tr	ue and accurate to the be	st of my	
Signature	Will I 91	2/07	William Trendel	<b></b>			5411	-
Justana	and tagle	•	Printed or Typed No	ame		Lic	ense Number or Title	

<sup>\*</sup> OEP Form 62-555 900(4) Effective August 28, 2003



DEP Form 62-555 900(4)

Effective August 28, 2003

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	2 for Instructions.								
	Water System Information for the Month ve System Name: Kingswood	Year of	Sept. 2007				WS Identification Nur	nher: 3054101	
Consecuti Number o	ve System Type: 17  If Service Connections at End of Month:		Non-Transient Non-Community 58		Transient Non-Community Total Po		d at End of Month:	136	
Contact P Contact P Contact P	ive System Owner: erson: erson's Mailing Address: erson's Telephone Number: erson's E-Mail Address;	Aqua Utilities,FI. William Trendel 140 Hope St. 407-339-5424			City: Longwood		Senior Facilities Oper late: FL lumber: (4	ator 32750 07) 339-7490	
II Daily Type of D	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distrib	Data for the Month/ oution System:	Year of S	Sept. 200	)7 Combined Chlorine (Chloran	nines)		nlarine Dioxide	
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair or Ma	Abnormal Operating Conditions; aintenance Work that Involves or System Components Out of	Day of	Lowest Residual Disi Concentration at Rem	nfectant	Repair or Mair	normal Operating itenance Work that System Componen	Involves
Month			Operation	Month	in Distribution System	:		Operation	
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16				31		!			
III. Cemi	leation by Authorized Representative								
l am duly knowledg	authorized to sign this report on behalf of e and belief.	the consecutive syst	em identified in Part I on this report. I ce	ertify that t	he information provided in th	nis report is true	e and accurate to the b	est of my	
	Milliante	/10/8/0	7 William Trendel					-6411	
Signature	and Date	1-7	Printed or Typed N	ame			L	icense Number or Title	

Page 1



See Pag	se 2 for instructions.								
1 Gene	ral Water System Information for the M	mth/Yea; of	Oct. 2007						
	itive System Name: Kingswood		,				PWS Identification I	Number: 3054101	
	utive System Type:	Community	Non-Transient Non-Community	r	Transient Non-Co				
	of Service Connections at End of Mon		58			Total Population Se	rved at End of Month	: 136	<u>.                                    </u>
Contact	tive System Owner:	Aqua Utilities,F	<del></del>				<del></del>		
	Person's Mailing Address:	William Trendel		·		Contact Person's Ti	tle:Senior Facilities O		
Contact	Person's Telephone Number;	140 Hope St.	<u> </u>		City: Longwood	<del></del>	State: FL	32750	
	Person's E-Mail Address:	407-339-5424				Contact Person's Fa	x Number;	(407) 339-7490	
·- ·									
II Daily	Distribution System Disinfectant Resi	dual Data for the Mo		Oct.20					
	Disinfectant Residual Maintained in Di		Free Chlorine		Combined Chlorin	e (Chloramines)		Chlorine Dioxide	
11	PRINT MADE NO. 1879	Binergency	or Abnormal Operating Condition	Sir di	# 14 (PA ) 1 1	<b>学师</b> 计通时算	Emergency or	Abiibrinali Oberathia	Conditions
	Lowest Residual Disinfectan	t Repair of	Maintenance Work that Involves			lual Disinfectant	Repair of M	illitenance Work tha	tinvolves.
Day of the		n Takino U	Vater System Components Out of	Day or		at Remote Point	Taking Wal	r System Componer	
Month	TREE		Operation 4	the Month	3111 N. M. MCAD 9509 L. C.	on System, mg/L	1000	Operation !	
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III Centii	fication by Authorized Representative					<u> </u>			
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am duly	authorized to sign this report on behalt	f of the consecutive s	system identified in Part I on this report. I	certify that	the information prov	ided in this report is to	me and accurate to the	hest of my	•
mowledg	se and helief		James to the same to the same to post. I	with that	me amountation brow	raca in this report is th	ac and accusate to the	owe of my	
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/ 1	11117/ 11/7	107	William Trendel					C-6411	
ignature	and Date	7	Printed or Typed	Name			-	License Number or Title	

DEP Form 62-555,900(4) Effective: Just 28, 2003



See Page 2 for Instructions.				
1. General Water System Information for the Mont	h/Year off Nov	. 2007		
Consecutive System Name: Kingswood				PWS Identification Number: 3054101
	Community   Non-Transient Nor	-Community 🖺	Transient Non-Community	
Number of Service Connections at End of Month:	58		Total Population Ser	rved at End of Month: 136
Consecutive System Owner:	Aqua Utilities,Fl.			LO ' P TE-O-
Contact Person:	William Trendel			le Scnior Facilities Operator State: FL 32750
Contact Person's Mailing Address:	140 Hope St.		1 / <u> </u>	
Contact Person's Telephone Number:	407-339-5424		Contact Person's Fax	R Number: (407) 339-7490
Contact Person's E-Mail Address:				
H. Daily Distribution System Disinfectant Residua	Data for the Mouth/Year of :	Nov. 20	07	
Type of Disinfectant Residual Maintained in Distri		Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide
	Emergency or Abnormal Opera	ting Conditions		Emergency or Abnormal Operating Conditions;
Lowest Residual Disinfectant	Repair of Maintenance:World		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
こうさいばい 木 三級 保み しょうしきか しょうしょう 大田 日本 大学 佐	NG-1977 - 1988年 - 1987、 1978年 - 1997 - 1997 - 1997	II. Dan AF	1 20 2 2 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 3	Taking Water System Components Out of
nay of the Concentration at Remote Point	Taking Water System Comp	onents Out of the	Concentration at Remote Point	
Month In Distribution System, mg/L	Operation		in Distribution System, mg/L	Operation
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41. Certification by Authorized Representative				
and the set of the set				t a control of the
am duly authorized to sign this report on hehalf of converge and belief.	the consecutive system identified in Par	t I on this report. I certify that t	he information provided in this report is tr	tue and accurate to the best of my
Chowledge and Bellet.	) .			
Le delle and let	1 12/5/07	William Trendel		C-6411
Signature and Date	<u> </u>	Printed or Typed Name		License Number or Title
12	•	range or rabourance		Diodule (Antibel of File



Sec Page 2 for Instructions.			<del></del> -			
General Water System Information  Consecutive System Name: Kir  Kir  Kir  Kir  Kir  Kir  Kir  Kir		Dec,2007			PWS Identification Number: 30	54101
Consecutive System Type:	ngswood  ▼  Community   T	Non-Transient Non-Community	·	Transient Non-Community	1 44 9 Identification required	
Number of Service Connections at		58		Total Population Service	ved at End of Month:	136
Consecutive System Owner:	Aqua Utilities,Fl.					
Contact Person:	William Trendel				e:Senior Facilities Operator	
Contact Person's Mailing Address:	140 Hope St.		· · · · · · · ·		State: FL	32750
Contact Person's Telephone Number	er: 407-339-5424			Contact Person's Fax	Number: (407) 339	7490
Contact Person's E-Mail Address:						
<ol> <li>Daily Distribution System Disir</li> </ol>	ofectant Residual Data for the Mont	#Year of :	Dec. 200			
Type of Disinfectant Residual Mair	ntained in Distribution System:	Free Chlorine	la	Combined Chlorine (Chloramines)	T Chlorine I	Dioxide
Lowest Residual Day of the Concentration at Re	Disinfectant Repair or Nemote Point Taking Wa	Abnormal Operating Conditions; faintenance Work that Involves ter System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorma Repair or Maintenand Täking Water System Oper	e Work that Involves a Components Out of
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III. Certification by Authorized Re	presentative					
I am duly authorized to sign this replaced t	port on behalf of the consecutive sy	stem identified in Part I on this report. I ce	rtify that	the information provided in this report is tr	rue and accurate to the best of m	у
Well !	1/6/08	William Trendel			C-6411	
Signature and Date	., 67.00	Printed or Typed N	ame		License N	umber or Title



See Page	2 for Instructions.								
<ol> <li>Genera</li> </ol>	Water System Information for the Mont	h/Year of:	Jan	2006					
Consecuti	ve System Name: Kingswood						PWS Ider	ntification Number: 305410	1
	ve System Type:	Community	Non-Transient Non	-Community	<b>1</b>	Transient Non-Community			
Number o	f Service Connections at End of Month:		58			Total Population	n Served at End	d of Month:	136
Consecuti	ve System Owner:	Aqua Utilities	, Florida						
Contact P		Bill Trendel				Contact Person		Facilities Oper.	
	erson's Mailing Address:	140 Hope St.				City: Longwood	State: FL		
Contact P	erson's Telephone Number:	(407) 339-54				Contact Persor	's Fax Number:	(407) 339-7490	
Contact P	erson's E-Mail Address:	<u>betrendel</u>	@aquaamerica.com						
II Daily	Distribution System Disinfectant Residua	d Data facilia	Aouth/New of:		Ian, 200	6			
Type of D	isinfectant Residual Maintained in Distr	ibution System		Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxid	ie <u> </u>
¥ 5		Emergeno	y or Abnormal Opera	ting Conditions:			Emer	ency or Abnormal Op	erating Conditions:
	Lowest Residual Disinfectant		or Maintenance Worl			Lowest Residual Disinfecta		pair or Maintenance W	
	A A SA				Day of			king Water System Co	
Day of the	Concentration at Remote Point		Water System Comp		the z	Concentration at Remote Po			
Month	in Distribution System, mg/L	1 4 4 4 4 4	Operation	36	Month	in Distribution System, mg	<u>/L ] · · · · · · · · · · · · · · · · · · </u>	Operation Operation	1. 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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III Certi	fication by Authorized Representative		•		_				
Lam duly knowledg	authorized to sign this report on behalf of the and behief.	of the consecuti	ve system identified in Par	William Trendel		he information provided in this repo	rt is true and ac	curate to the best of my	
Signature	and Date	DOCUMEN	T NUMBER-DATE	Printed or Typed N	ame			License Numbe	r or Title

DEP Form 62-555.900(4) Effective August 28, 2003

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Page 1

FPSC-COMMISSION CLERK



DEP Form 62-555 900(4)

Effective August 28, 2003

# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	2 for Instructions.						And the second of the second of the second of
	Water System Information for the Month	i/Year of:	Feb. 2006			205410	
Consecuti	ive System Name: Kingswood					PWS Identification Number: 305410	····
Consecuti	ive System Type: ্ব	Community	Non-Transient Non-Community	1	Transient Non-Community		
Number o	f Service Connections at End of Month:		58		Total Population Ser	ved at End of Month:	136
	ve System Owner;	Aqua Utilities, Fl	orida				
Contact P		Bill Trendel				le: Senior Facilities Oper,	
Contact Po	erson's Mailing Address:	140 Hope St.			City, Longwood	State: FL Zip Code: 327	
Contact P	erson's Telephone Number:	(407) 339-5424			Contact Person's Fax	Number: (407) 339-7490	<u> </u>
Contact P	erson's E-Mail Address:	betrendel@a	quaamerica.com				
II Daily I	Distribution System Disinfectant Residua	d Data for the Mon	th/Yeur of	Feb. 200	6		
	Disinfectant Residual Maintained in Distri		Free Chlorine	17	Combined Chlorine (Chloramines)	T Chlorine Dioxi	de
		Empresance	r Abnormal Operating Conditions;	jj –		Emergency or Abnormal O	perating Conditions:
1		T . T			I amount Danishun   Dininfactant	Repair or Maintenance W	_
	Lowest Residual Disinfectant		Maintenance Work that Involves	Day of	Lowest Residual Disinfectant		
Day of the	Concentration at Remote Point	j Taking W	ater System Components Out of	tise	Concentration at Remote Point	Taking Water System Co	
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L	Operatio	<u>n</u>
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15				31			
16		1					
		<u> </u>					
III. Cetti	lication by Authorized Representative	····					
	authorized to sign this report on behalf of the and helief		ystem identified in Part I on this report. I co	ertify that t	he information provided in this report is t	true and accurate to the best of my  C-6411	
Signature	and Date	«	Printed or Typed N	laine	and the second s	License Numb	per or Title

Page 1



	2 for Instructions.							
	Water System Information for the Month	/Year of:	March-06			PWS Identification Number:	1054101	
	ve System Name: Kingswood					1 W 3 Identification (Validot)		
		Community 🗂	Non-Transient Non-Community		Transient Non-Community	and at End of Months	136	
	f Service Connections at End of Month:		58		10tal Population Ser	ved at End of Month:	130	
Consecuti		Aqua Utilities, Flori	da			Durin Profile Ones		
Contact Pe		Bill Trendel				le: Senior Facilities Oper.	22750	
		140 Hope St.			City. Long.	<u> </u>	e: 32750	
		(407) 339-5424			Contact Person's Fax	Number: (407) 33	9-7490	
Contact Pe	erson's E-Mail Address:	betrendel@ag	uaamerica.com					
II. Daile I	Distribution System Disinfectant Residual	Data for the Month	Alen of	March-0	16			
	isinfectant Residual Maintained in Distril		Free Chlorine		Combined Chlorine (Chloramines)	Chlorine	Dioxide	
		D	Almanial On matina Candidiana	<u> </u>		Emergency or Ahnorm	ial Operating Conditions;	
1	!	• •	Abnormal Operating Conditions;		1 D I Dininfertant		nce Work that Involves	
l i	Lowest Residual Disinfectant	, ,	aintenance Work that Involves	Day of	Lowest Residual Disinfectant		· · · · · · · · · · · · · · · · · · ·	
Day of the	Concentration at Remote Point	Taking Wat	er System Components Out of	the	Concentration at Remote Point		m Components Out of	
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L	Ope	eration	
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III. Certi	fication by Authorized Representative		<u> </u>					
	am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my nowledge and belief.							
Signature	and Date 4/	4/04_	William Trendel Printed or Typed N	anıc	gar of the garage and the second seco	C-6411 License	Number or Tille	



See Page 2 for Instructions. 1. General Water System Information for the Month/Year of April-06 PWS Identification Number, 3054101 Consecutive System Name. Kingswood Transient Non-Community Non-Transient Non-Community Consecutive System Type: Community Total Population Served at End of Month: Number of Service Connections at End of Month: Consecutive System Owner: Aqua Utilities, Florida Contact Person's Title: Senior Facilities Oper. Bill Trendel Contact Person: Zip Code: 32750 State: FL City: Longwood Contact Person's Mailing Address: 140 Hope St. (407) 339-7490 Contact Person's Fax Number: Contact Person's Telephone Number: (407) 339-5424 betrendel@aquaamerica.com Contact Person's E-Mail Address: April-06 II. Daily Distribution System Disinfectant Residual Data for the Month/Year of F | Combined Chlorine (Chloramines) T | Chlorine Dioxide Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: Emergency or Abnormal Operating Conditions; Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Lowest Residual Disinfectant Repair or Maintenance Work that Involves Lowest Residual Disinfectant Day of Taking Water System Components Out of Concentration at Remote Point Taking Water System Components Out of Concentration at Remote Point the Day of the Operation in Distribution System, mg/L Operation Month in Distribution System, mg/L Month 17 18 5.0 19 3 20 21 5 22 5.0 6 23 7 24 8 25 5.0 9 26 27 5.0 28 12 13 111 14 11 15 16 Bl. Certification by Authorized Representative

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

Signature and Date 514/04

William Trendel Printed or Typed Name C-6411 License Number of Late

DEP Form 62-555 900(4) Effective August 28, 2003



See Page	2 for Instructions.						
I. Genera	al Water System Information for the Mont	/Year of:	May-06				
Consecut	ive System Name: Kingswood		<del></del>			PWS Identification Number: 3054	101
Number	of Service Connections at End of Month:	Community   Non-Ti	ansient Non-Community		Transient Non-Community  Total Population Services	ved at End of Month:	136
	ive System Owner:	Aqua Utilities, Florida	The state of the s			The state of the s	
Contact F		Bill Trendel				e: Senior Facilities Oper.	and the second of the second o
	Person's Mailing Address:	140 Hope St.				State: FL Zip Code: 3:	
	erson's Telephone Number:	(407) 339-5424			Contact Person's Fax	Number: (407) 339-74	90
Contact	erson's E-Mail Address;	betrendel@aquaame	enca.com				
II Daily	Distribution System Disinfectant Residua	Data for the Month/Year of		May-06			
Type of I	Disinfectant Residual Maintained in Distri	bution System;	Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dic	xide
		Emergency or Abnor	nal Operating Conditions;			Emergency or Abnormal	Operating Conditions:
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair or Maintens	unce Work that Involves em Components Out of	Day of	Lowest Residual Disinfectant Concentration at Remote Point	Repair or Maintenance Taking Water System (	Work that Involves
Month	in Distribution System, mg/L		eration	the Month	in Distribution System, mg/L	Operat	· ·
1	January System, mg/L	· · · · · <u> · · · · · · · · ·</u>	ici ation	17	th Distribution System, mg/L	Operat	
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I. Certif	ication by Authorized Representative			- 	· · · · · · · · · · · · · · · · · · ·		
am duly		the consecutive system iden	tified in Part I on this report. I cer	tify that tl	ne information provided in this report is tru	ue and accurate to the best of my	
ignature	Ililian I	*	William Trendel	·		C-6411	Total Target
e			Printed or Typed Na	me		License Nur	DEFOR TITLE



Consecutive System Type: Number of Service Connections Consecutive System Owner: Contact Person: Contact Person's Mailing Addre Contact Person's Telephone Nu IContact Person's E-Mail Addres	Kingswood	ommunity   Non-Tra 58 qua Utilities, Florida III Trendel IO Hope St. 07) 339-5424 etrendel@aquaamei	June-06 asient Non-Community		Transient Non-Con	nnunity Total Population Ser	1		6
II. Daily Distribution System D Type of Disinfectant Residual N	Maintained in Distribut	tion System:	Free Chlorine nal Operating Conditions;	<del></del>	Combined Chloring	e (Chloramines)		Chlorine Dioxide Abnormal Operatin	g Conditions;
Lowest Residua  Oay of the Concentration at  Month in Distribution	al Disinfectant t Remote Point	Repair or Maintenar Taking Water Syste	nce Work that Involves in Components Out of eration	Day of the Month	Concentration	dual Disinfectant at Remote Point on System, mg/L	Repair or Ma	intenance Work the r System Compone Operation	at Involves
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III. Certification by Authorized  am duly authorized to sign this		ne consecutive system ident	ified in Part I on this report. I c	ertify that	the information pro	ovided in this report is t	true and accurate to th	e best of my	

Signature and Date 17/0

William Trendel Printed or Typed Name C-6411 License Number or Title

knowledge and helief



	2 for Instructions.  Water System Information for the Mont	li/Year of: July,	2006				
Consecuti Number o	f Service Connections at End of Month:	Community   Non-Transient Non-	Community	Transient Non-Con		PWS Identification Number: 3054101	136
Contact P Contact P Contact P	ve System Owner: erson: erson's Mailing Address: erson's Telephone Number: erson's E-Mail Address:	Aqua Utilities,FI. William Trendel 140 Hope St. 407-339-5424	· · · · · · · · · · · · · · · · · · ·	City: Longwood		State: FL 32750 Number: (407) 339-7490	
II. Daily Type of D	Distribution System Disinfectant Residualisinfectant Residual Maintained in Distri	Il Data for the Month/Year of : ibution System:	July,	2006   Combined Chloring	e (Chioramines)	I   Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operat Repair or Maintenance Work Taking Water System Compo	that Involves	of Concentration	dual Disinfectant at Remote Point on System, mg/L	Emergency or Abnormal Operat Repair or Maintenance Work Taking Water System Compo Operation	that Involves
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14 15 16		:	31		!		
I am duly	figuring by Authorized Representative  authorized to sign this report on behalf c	of the consecutive system identified in Part	I on this report. I certify the	nat the information prov	vided in this report is tr	tile and accurate to the best of my	
	Lillian Deendel	1 8/3/06	William Trendel Printed or Typed Name			C-6411 License Number or	Title



See Page 2 for Instructions.	t white of	August, 2006		· • • • • • • • • • • • • • • • • • • •		<del></del>	
J. General Water System Information for the M Consecutive System Name: Kingswood	ontil) rear or:	4 ag ast, 2000				PWS Identification Num	ber: 3054101
Consecutive System Type:	Community   Non-Transie	nt Non-Community	1	Transient Non-Cons			
Number of Service Connections at End of Mon		in the Community			Total Population Ser	ved at End of Month:	136
Consecutive System Owner:	Aqua Utilities,Fl.						
Contact Person	William Trendel					e:Senior Facilities Opera	
Contact Person's Mailing Address:	140 Hope St.			City: Longwood		State: FL	32750
Contact Person's Telephone Number:	407-339-5424				Contact Person's Fax	Number: (40°	7) 339-7490
Contact Person's E-Mail Address:		<del></del>					
II. Daily Distribution System Disinfectant Res	idual Data for the Month/Year of	Aug	ust, 2(	)06	··		
Type of Disinfectant Residual Maintained in D	distribution System:	Free Chlorine	रि	Combined Chlorine	(Chloramines)	Chl	orine Dioxide
		O	de	· · · · · · · · · · · · · · · · · · ·		Emergency or Ahr	ormal Operating Conditions
	Emergency or Abnormal.		11.pm;	Zat Danid	ual Disinfectant		enance Work that Involves
Lowest Residual Disinfectar			Day of				ystem Components Out of
Day of the Concentration at Remote Po			the		at Remote Point	laking water 5	
Month in Distribution System, mg/	L Operat	ion	Month	in Distribution	n System, mg/L		Operation
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III. Certification by Authorized Representative	e e						
M. Centileanon by Ministrace Septement	£						
I am duly authorized to sign this report on beh	alf of the consecutive system identifies	I in Part I on this report. I certi	fy that t	he information prov	ided in this report is t	rue and accurate to the be	st of my .
knowledge and belief.		•		•			
	$\left( \begin{array}{c} 1 & 0 & 10 & 10 \end{array} \right)$						
- Williande	V 418109	William Trendel				<del></del> -	6411
Signature and Date	, , , , , , , , , , , , , , , , , , ,	Printed or Typed Nam	16			Lie	cense Number or Title



See Page 2	for Instructions.										
1 General V	Cater System Information for the Mont.	l/Year of:	Septemb	er, 2006							
Consecutive	System Name: Kingswood			· · · · · · · · · · · · · · · · · · ·				PWS Identification	Number: 3054	101	
	System Type.	Community	Non-Transient Non-	Community	1	Transient Non-Comn	nunity				
	ervice Connections at End of Month:		58				Total Population Ser	ved at End of Mont	h:	136	
	System Owner:	Aqua Utilities,	FI.								
Contact Pers		William Trende					Contact Person's Tit		Operator		
	on's Mailing Address:	140 Hope St.				City: Longwood		State: FL		32750	
	on's Telephone Number:	407-339-5424					Contact Person's Fax	Number:	(407) 339-74	90	
Contact Pers	on's E-Mail Address	·	·····							<del></del>	
II. Daily Dis	tribution System Disinfectant Residua	d Data for the M	outh/Ven of	Sent	tember,	2006					
Type of Disi	nfectant Residual Maintained in Distri	bution System:	Control of .	Free Chlorine		Combined Chlorine (	(Chloramines)		Chlorine Dio	xide	
. *		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10		<u> </u>			Emargenayor	Abnormal	Operating Condition	
	owner Basida at Distance		or Abnormal Operat		1		1.70			Work that Involves	
	owest Residual Disinfectant		r Maintenance Work	A STATE OF THE STA	Day of	Lowest Residu					
	oncentration at Remote Point	Taking '	Water System Compo	nents Out of	the		t Remote Point	Taking Wa	·	Components Out of	
Month	n Distribution System, mg/L		Operation	<u> </u>	, Month	in Distribution	System, mg/L		Operati	on .	
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II. Certifical	ion by Authorized Representative										
am duly aut (nowledge ar	horized to sign this report on behalf of	the consecutive	system identified in Part I	on this report. I ce	rtify that t	he information provid	led in this report is tr	rue and accurate to t	he best of my		
ignature and	Juli Jal	0/8/0	<u> </u>	William Trendel Printed or Typed Na	ame				C-6411 License Num	ber or Title	

DEP Form 62-555 900(4) Effective August 28, 2003



	l Water System Information for the Mont	h/Year of	October, 2006		·		
	ve System Name: Kingswood					PWS Identification Nur	nber: 3054101
	ve System Type: احة	Community [	Non-Transient Non-Community	<i></i>	Transient Non-Community		
	Service Connections at End of Month:		58		Total Population Ser	ved at End of Month:	136
	ve System Owner:	Aqua Utilities,Fl.	· · · · · · · · · · · · · · · · · · ·			L. C. de P. dide O	
Contact P	erson's Mailing Address:	William Trendel				le Senior Facilities Oper State: FL	32750
	erson's Telephone Number:	140 Hope St. 407-339-5424			City: Longwood Contact Person's Far		07) 339-7490
	erson's E-Mail Address:	407-339-3424			Contact 1 cisons : a	(1	
I Daily	Distribution System Disinfectant Residualisinfectant Residual Maintained in Distri	il Data for the Mon	It/Year of Oc	tober, 2	006 Combined Chlorine (Chloramines)	T C	ntorine Dioxide
ype of L	isinieciani Residuai Maintained in Distri	T		101	Compined Chiorine (Chiorantines)		
		Emergency o	r Abnormal Operating Conditions;				normal Operating Conditions
	Lowest Residual Disinfectant	Repair or I	Maintenance Work that Involves		Lowest Residual Disinfectant		tenance Work that Involves
Day of the	Concentration at Remote Point	Taking W	ater System Components Out of	Day of the	Concentration at Remote Point	Taking Water	System Components Out of
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L		Operation
1				17	5.0		
2		·!····		18			
3	4.0			19	5.0		
4				20			
	4.1	·		21	·	1	
<del>- 6</del> - †		<del> </del>		<u>22</u> 			
<del></del> '8		<del>-</del>  -		24	4.7	······································	
9				25	<u></u>		
10	4.6		·	26	4.6	<del> </del>	
11				27			
12	4.8			28			
13				29			
14		1		30			
15		<u> </u>		31	! 3.7		
16				<u>]</u>			
II. Cenii	ication by Authorized Representative						
am duly:	authorized to sign this report on behalf o	f the consecutive sy	stem identified in Part I on this report. I ce	rtify that I	he information provided in this report is t	rue and accurate to the b	est of my
nowledge	e and belief.	·	·	-	•		
, ,	ノ・・ノハーノ		•				
- //	fellier 11.	11/5/0	William Trendel				-6411

DEP Form 62-555.900(4) Effective August 28, 2003



See Page	2 for Instructions.									
I. Genera	al Water System Information for the Mont	h/Year of:	Noven	nber, 2006			<del></del>	T	205416	
Consecut	tive System Name: Kingswood							PWS identifical	ion Number: 305410	<u> </u>
		Community	Non-Transient No	n-Community		Transient Non-Con				136
Number	of Service Connections at End of Month:		58				Total Population Ser	rved at End of M	onth:	136
Consecut	tive System Owner:	Aqua Utilities,	FL				T			
Contact		William Trend	el				Contact Person's Tit			2750
	Person's Mailing Address:	140 Hope St.	······································		i	City: Longwood		State: FL	(407) 339-7490	
	Person's Telephone Number:	407-339-5424					Contact Person's Far	K Mumber.	(407) 335-7430	<u></u>
Contact	Person's E-Mail Address:		<del></del>	<del></del>						
II Dails	Distribution System Disinfectant Residua	I Data for the N	iouth/Year of	Nov	ember,	2006				
Type of	Disinfectant Residual Maintained in Distr	bution System:		Free Chlorine	F	Combined Chlorine	(Chloramines)		Chlorine Dioxi	de
Day of the Month  1 2 3 4 5 6 7 8 9 100 6 1101	5.0 4.6 3.9	Repair	y or Abnormal Ope or Maintenance Wo Water System Com Operation	rk that Involves ponents Out of	Day of the Month 18 6 20 21 32 22 32 25 22 30 30 31	Concentration in Distribution	ual Disinfectant at Remote Point n System, mg/L  3.9 4.0 4.1	Repair of	r Maintenance W	perating Conditions; /ork that Involves omponents Out of
knowled	ly authorized to sign this report on hehalf- lige and helief.	of the consecution $2/5/26$		william Trendel Printed or Typed N		he information pro	vided in this report is t	true and accurate	C-6411 License Numb	per or Title

DEP Form 62-555.900(4) Effective August 28, 2003



DEP Form 62-555 900(4)

Effective August 28, 2003

### MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.				
General Water System Information for the Month/Year of:	December, 2006			
Consecutive System Name: Kingswood			PWS Identification N	umber: 3054101
	ransient Non-Community	Transient Non-Community		
Number of Service Connections at End of Month: 58		Total P	opulation Served at End of Month:	136
Consecutive System Owner: Aqua Utilities,Fl.				
Contact Person: William Trendel			t Person's Title:Senior Facilities Op	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL	32750 (407) 339-7490
Contact Person's Telephone Number: 407-339-5424		Contac	t Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:				
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of	December December	, 2006		
<ol> <li>Daily Distribution System Disinfectant Residual Data for the Month/Year of Type of Disinfectant Residual Maintained in Distribution System;</li> </ol>	Free Chlorine	Combined Chlorine (Chlora	mines)	Chlorine Dioxide
Smerrency of Almo-	mal Operating Conditions;		Finergency or A	Abnormal Operating Conditions;
	ance Work that Involves	Lowest Residual Dis	e1 110.00	intenance Work that Involves
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	上する こ 400 L Day of		- 1 C 1 a a n n 1 5 a w n 1 (4) 1 (4) (4) (4)	r System Components Out of
	tem Components Out of the	W14.4		Control of the contro
Month in Distribution System, mg/L Or	· · · · · · · · · · · · · · · · · · ·		m, mg/L	COperation Control
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3.	19	3.9		<del></del>
3.3	20			
57	21:			
3.1	22/	<u></u>		·
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9	25	<del></del>		
10	26			
		3.6		
3,3	28	***		
13	29			
3.6	. 30			
	5 31			
[ de de la lacation   lacation				
III. Certification by Authorized Representative				A
		and the second second	1.1	L
I am duly authorized to sign this report on behalf of the consecutive system ider knowledge and belief.	ititied in Part I on this report. I certify tha	t the intermation provided in t	his report is true and accurate to the	best of my
Anowicege and oction				
Bies & 1 1/0/27	William Trendel			C-6411
Signature and Date	Printed or Typed Name			License Number or Title
a.B. mana mila sama	Trition of Types trains	-		

Page 1

SSION CLERM
FPSC-COMMISSION C
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- -	56000 Fort Print P	AND LABORATORY R  AND LABORATORY R  AND LABORATORY R  AND LABORATORY R  A 155 St. Johns Pa Suite 1300  Sanford, FL 3277  FDOH # E8350  Seport Number: 2(3 024)  S Method Requested:  art Membrane Filtration  Name: LINGS C  Address: SR 46 7   EPORTING FORN  Itway 307 Coolidg Lehigh Acres, F  FDOH # EE  Sub-Co  PWS I.D. 3	PAYS. L 33936 L 33936 S5370  Onbract La	16331 C Brooksvill FDOH in the ID:	E84418	d. Sagar Ang Sarr Obsider	ABO DO U.S. I Note: (772) Decived for allysis Date uple Accept uple Preserva fectant Chec	RON PRATION PARTIES PA	IME FOR Playou F Play	185,   34946   5	INC. 7/550  2/467-584  7/550  7/430  e		
-	Dat	e/Time: 12/13/07 /	1530 Date/Tin	ne:		·		Date	e/Time;				
_		Supply: Community Water (	System Noncom		ter System		ntransient-l tled Water				Limited to		
	Reason	for Sampling: (check only one)	Routine Compliance	Rep	eat [	Replac	cement	Main C	Dearance	<b>□</b> w	/ell Survey	Other	
	Sample Collection Date(s): 12/13/07 LABORATORY CERTIFICATE OF ANALYSIS												
_		TO BE COMPLETED BY CO	/									ilert) SM92238 ilert) SM92238	
	Sample Number	SAMPLE POINT (Location or Specific Address)	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab	Sample	
-	Number	2430 WILDWOOD	Time //50	Type'	Resid mg/L	7.8	Coliform	Coliform	E. Coll	Qual. 2		241 00 /	
_	2	2454 WILDWO		D	3.6	7.8	<u> </u>	A				241002	
	}										<del></del>		
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	communi	of disinfectant residuals for routine an ty and nontranslent noncommunity sy ding 4,900. Do not include raw or pla	etems serving population	ns up to	36		TNTC-Too	resent A - A Numerous to sence of gas	Count TA-	Turbid	Growth Analyst:	RUI \$	HAY
	Disinfect	<del></del>	2000 Colorimetric	Other	<u> </u>	Rep	port autino	rized by:		Sp	ufle		05
	_ <b>⊡</b> Á	certified operator (# C-46/7	,		a certified lab		te:	HIN.	m/	•	irector or Desig envise noted, a	nee Z	43
- <del>-</del>		upervised by a certifled operator (# ame and Mailing Address of Person/F		iployed by	DEP or DOH	guld	lefines. Qu	stions regen	nbet all appl ding this rep	icable Met	hod, Laborator) be directed to t	rand NELAC 🍮	5
_	/	AQUA Util. F	·			ب ا	Satistactor	phone numl	ber above.	Rep	peat Samples R		
	1	40 HOPE St.	27750	Ϋ́	ត្នក្ត <b>្</b> តិ		•	Collection in red by DEP.		Rep	otacement Sam	ples Required	
_		ONGWOOD, FL.		Page	<del>_</del>	<u>_</u>   DI	EP/DOH R	eviewing O	ficial:				
	1 DEP Sart Top Form - O	ple Types: O=Distribution (Routine Compliance) RIGINAL FORM # 1975 - PRINTING BY H			Distribution; P≃P In Form - LABORAT		≈Special (clea	Kance, etc.)	2 Desfin	ed in Florida	Administrative Co Plot Form		



#### Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite

Orlando, Florida 32803-376

Charlie Crist Governor

Jeff Kottkamp

Wichael W. Sole Secretary

VIA EMAIL
JMLIHVARCIK@AQUAAMERICA.COM

June 22, 2007

Jack Lihvarcik, President Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 OCD-PW-SS-07-0632

Brevard County – PW
Kingswood Manor (Consecutive to 3050834 Mims)
PWS ID Number 3054101

Dear Mr. Lihvarcik:

This confirms a visit to the subject consecutive community public water system on May 17, 2007, by Chris Rossing to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (*F.A.C.*) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than <u>July 31, 2007</u>. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Chris Rossing by e-mail at Chris.Rossing@dep.state.fl.us or by phone at (407) 893-3318, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager Drinking Water Compliance and Enforcement

KMD/cr Enclosures

cc: Patrick Farris, Environmental Compliance Specialist Chris Rossing, DEP Drinking Water Compliance DOCUMENT NUMBER-DATE

# State of Florida Department of Environmental Protection Central District

# Sanitary Survey Report for Consecutive Water Systems That Do Not Retreat Their Water

	System Name KINGSWOOD MANOR (CONSECUTIVE TO	O MIMS) County Brevard PWS ID #3054101
_	System Location Turpentine Drive @ Kingswood Drive	Mims, FL 32754 Phone 352/732-6027
	Owner Name Aqua Utilities Florida, Inc. Attn: Jack Lih	varcik Phone 352/435-4028
	Owner Address 1100 Thomas Ave., Leesburg, FL 34748	
	Contact Person Jerry Connolly	Title Manager of Operations Phone 352/787-0980
<u></u>	This Survey Date 5/17/07 Last Survey Date	4/28/04 Last C.I. Date 9/23/98
-	PWS TYPE & CATEGORY/CLASS  Consecutive/Community (6) Consecutive/Non-transient non-community Consecutive/Non-community  PWS STATUS Approved system with approval number & date  Accepted	PURCHASED WATER SOURCE  PWS NameMims Water Treatment/North Brevard  PWS ID #
<b></b>	Unapproved system  SERVICE AREA CHARACTERISTICS Subdivision	OPERATION & MAINTENANCE Certified Operator: Yes No Not required Operator(s) & Certification Class-Number:
<b></b>	Food Service: Yes No No NA  DISTRIBUTION SYSTEM	Bill Trendel C-6411  MORs submitted regularly? ☑ Yes ☐ No ☐ N/A  Data missing from MORs? ☑ No ☐ Yes ☐ N/A
	Number of Service Connections 60  Population Served 140 Basis Operator  Flow Measuring Device Master Meter (purchased)  Chlorine Residual >2.2 Total / 0.25 Free	Comments
	Backflow Prevention Devices: Yes No Cross-connections None observed Written Cross-connection Control Program: Yes	DEFICIENCIES: See page 3.
	Bacteriological Monitoring Yes  Coliform Sampling Plan: Yes No N/A  Lead and Copper Sampling Yes	
-	Comments	
_		

PWS ID#_	3054101
Date	5/17/07

#### **DEFICIENCIES/COMMENTS:**

 Failure to test the backflow prevention assembly provided at the interconnect with 3050834 Mims Water Treatment.

To ensure continued satisfactory operation of backflow-prevention assemblies, they must be periodically tested by individuals who are certified and understand the design and operation of the assemblies. All assemblies are equipped with test cocks and shall be tested annually or more frequently as specified by the local cross connection control program. [Section 7.2, AWWA Manual M14, 2nd Edition as incorporated into Rule 62-555.330, F.A.C.]

Note: The cross-connection control program for the remainder of the distribution system will be evaluated separately.

2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. Failure to keep records documenting that water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

#### **COMMENTS/REMINDERS:**

 The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2007, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2007.

Inspector	Title Environmental Specialist 1	Date	6/7/07
			0,,,,,,
Approved by	Title Environmental Manager	Date	6/22/07

#### **RESPONSE FORM**

#### Please provide any changes to the following:

	1	Business Name:	
PWS Name: Kingswooi	Manor (Consecutive to	· · · · · · · · · · · · · · · · · · ·	
Mims)		Owner(s) Name:	
Mailing Address:			
Date:		· <del></del>	
		Fax #:	
		E-Mail Address:	
Attention: Chris Rossing,	Environmental Specialist		
In response to the Depart actions were done to corre		he subject public water system d	ated <u>May 17, 2007</u> , the fo
Deficiency			
Item No.	Corrective Ac	tion Done	Date Done
<u>Item No</u> .	Corrective Ac	tion Done	Date Done
Item No.	Corrective Ac	tion Done	Date Done
Item No.	Corrective Ac	tion Done	<u>Date Done</u>
Item No.	Corrective Ac	tion Done	<u>Date Done</u>
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Item No.	Corrective Ac	tion Done	Date Done
Item No.	Corrective Ac	tion Done	Date Done
Item No.	Corrective Ac	tion Done	Date Done
Item No.	Corrective Ac	tion Done	Date Done
Item No.	Corrective Ac	tion Done	Date Done
(Attach additional sheet if		tion Done	Date Done
(Attach additional sheet if			Date Done
(Attach additional sheet if	necessary) ectness of the above informat		Date Done

#### A UA

Ublities Florida.

Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

July 31, 2007

Chris Rossing
Environmental Specialist
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803

RE: Reply to Compliance Evaluation Inspections Oakwood Manor PWS ID 3054100 Kingswood Manor PWS ID 3054101 Brevard County

Dear Mr. Rossing:

Thank you for your inspections on May 17, 2007. The purpose of the correspondence is to provide a written response as requested in your letters.

#### **Both Facilities:**

- The backflow prevention assemblies were tested on July 9, 2007. Oakwood Manor's backflow passed and will be tested annually as required. Kingswood Manor's backflow failed the test and will be repaired or replaced within two weeks. The testing reports are enclosed with this letter. (Attachment 1)
- Records of isolation valve exercising will be kept from now on and will be available for future inspections.
- 3. Records of water main flushing are enclosed. (Attachment 2)

If you have any questions, please contact me at (352) 435-4029 or by e-mail at <u>P. Varris a aquaamerica.com</u>. Thank you.

Sincerely,

Pairick A. Farris

Patrick James

**Environmental Compliance Specialist** 

Aqua Utilities Florida, Inc.

.anglosures:

ec: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Attachment # 1.



Member of the Better Business Bureau

Buro any.

Bachlow Specialiti - Figur 1961 Hydrage Teating - Facilities Maintenation Sussicit

P. O. Box 915081 P. O. Box 901 * E	* Longwood FL 32791 * Telephor Edgewater FL 32132* Telephone	se 407-332-4497 or 321-689-4738 386-345-4027 or 321-689-4738	* Fax 407-265-2819 * Pax 386-345-4027
MAILING ADDRESS :	wood: US they 1 ? Box	TEST DATE 1-9-	<u>1</u> 2.
LOCATION OF ASSEMBLY:	A PORTO DEVE D	FS1. 60 STIME 13	Spo Size: 4"
MANUFACTURE FODE	MODEL: §	SERIA	LNO.9606111355
TYPE OF SERVICE(CHECK	ONE): POTABLE	RRIGATION	FIRE LINE
CHECK VALVE #1	RELIEF VALVE	CHECK VALVE#3	PRES VACUUM BREAKER
Lesized	Opened At:	Lenkud	Air Inlet Opened at
Closed Tight		I Closed Tight	Did Not Open 🖸
Gage Pressure Across Check With Back Pressure ValvePSI	Did Not Open (4)	Gage Pressure Across Check Velve	Check Valve: Lesked  Held At P31
Cleaped Only Replaced: Rubber Kit CV Assembly Or Dissi O-Rings Seat. Spring Stem/Guide Retainer Lock Nuts Other	Cleaned Only His-Jac. Replaced: Livie Rubber Kit: Text Or Or Disc Disphragro Seat Spring Gulde O-Rings Other Exercised	Cleaned Only Replaced Rubber Kit CV Assembly Or Disc O-Ringa Scatt Spring Stern/Guide Retainer Lock Nuts Other	Cleaned Only Replaced: Author Kit CV Assembly Disc, CV Disc, Air In Spring, Air Spring, CV Retainer Guide O-Ring Other
Gauge Pressure Across Check	Relief Valve Opened at	Gauge Pressure Across Check	Air InlerPSI
Valve 6.4 PSI		Valve - 4 PSI	Check ValvePSI
Shu: Off Value # 2 Outlet		Hokttight	Exercised .
ASSEMBLY: TESTER:RAY_RODRIGUE TESTER:HAROLO_EBERJ TEST YOUIP USED (MAKE & DATE LAST CALIBRATED_	DATA IS ACCURATE AND REFLECT  Z (ROD) CERT NO: A12-4  L (HAP) CERT NO: A11-4  L MODEL MIDWEST 830	PASS THE PROPER OPERATION AND N 15-2127  EXPIR DATE: 1  GAUGE	231-07 231-07 251-07 357271 302754 210865



Buro Crety.

dember of the Better Business Bureau	
(2)	
ex 407-265-2819	-
x 386-345-4027	
	_

	*Longwood FL 32791 * Telepho Edgewater FL 32132* Telephone		
STREET ADDRESS: KIN		one Rd. Mims FL	
LOCATION OF ASSEMBLY:	S.W. Corner Pky	P2 <del>1</del>	
TYPE OF ASSEMBLY: TYPE	P DC PVB 1	PS.1 DTIME 2:	pm size: 3"
MANUFACTURE: FOLK		825Y SERV	·
TYPE OF SERVICE(CHECK	ONE): POTABLE	☐ IRRIGATION	☐ FIRE LINE
CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	MES VACUUM BREAKER
1 Looked	Opened At:	Leaked	Air inict Opened at
Closed Tight	PSI	Closed Tight	Did Not Open
Gage Pressure Across Check With Back Pressure ValvePSI	Did Not Open	Gage Pressure Across Check Valve PSI	Check Valve: Leaked  Hold At PSI
Cleaned Only Replaced: Rubber Kit CV Assembly Or Disc O-Rings Sout Spring Stem/Guide Retainer Lock Nuts	Cleaned Only Raplaced: Rubber Kit: R V Assembly Or Disc Disphragm Seat Spring Guide O-Rings Other Exercised	Cleaned Only Replaced Rubber Kit CV Assembly Or Disc O-Rlaga Sent Spring Stent/Guide Retainer Lock Nuts Other	Cleaned Only Replaced: Rubber Kit CV Assembly Disc, CV Disc, Air in Spring, Air Spring, CV Retainer Guide O-Ring Other
Gange Pressure Across Check	Relicf Valve Opened at	Gauge Pressure Across Check	Air InletPSI
ValvePSI		Valve D PSI	Check Valve PSI
Shut Off Value # 2 Outlet	Leaking [	Holdright	Exercised
TESTER:RAY BODRUGUE TESTER:HAROLD EBERT TEST BOUT USED (MAKE & DATE LAST CALIBRATED	DATA IS ACCIDATE AND REFLECT:  Z (ROD) CERT NO: ALZO:  ZHAD CERT NO: AIZO:  EMODELL: MUDWEST 830	STHE PROPER OPERATION AND M 5-2127 EXPIR DATE: 12 5-3251 EXPIR DATE: 12 GAUGE	-31-07
		READING #	

Attachment # 2.

#### Water Flushing

AO	UA L	i <b>Ť</b> T		T		To	be used to record w	ater last due to flus	D hing	
	. (1		inc	5000	T CAN	•	Plant _ - Month /	CHV Year O	LVOTA	•
Dane	H <sub>1</sub> O Appear. Before	CI <sub>1</sub> Res.	Flush Point Size	Time Flushed minutes	Rei	at Meter dings	Total Gallons Flushed	Locati Plush		Reason Flushed
10-10	CIOUDY	2.1	5.5 X	6006 F			6,000	W7579	LARE	aes
	ClOUDY	2.1	4%	2' Bo	2006	PM 201	14,000	GIRLS	cool C	asp.
06			25	BUW	200G1	4 200	4,000	West a	0 31 (	EADE
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O-31	CEAN	Z.1	5.5)	600	6PM	2011	12,000	FH CO	THER	DF M ST
0-31	64 X	1 5	RUICE	LEA	4		20.000	AVE OF	ESTA	07
			SMEL	U WA	TER		Finshing legend: Flushing Program Contractor Use	FP Cu	stomer Comp sin Clearance (plain others)	
-		<del>,</del>								
0-41	CLEA	12 1.7	TOTAL	BOU	2006	7 201		Kille	er Popu	HWIIC
							4 4,000 V 0 0 0	i Karse	~ ) & /	- FOUR
						<b></b>				
									<del></del>	<u> </u>

(Use AWWA Water Lass Calculation Tables, located in the Florida Water Undecounted for Water Guide, to estimate water instead

# Water Flushing To the used to record water lost due to flushing

#### AQUA UTIL.,FL

Plant CHUCUSTA Month/Year 11-05 FLUSHING: (Include service times, mains, hydrants, conks, etc.) Phosh Time Total Gallone R<sub>2</sub>O Hydrant Meter Location of Reason Ru. Point Flushed Readings Physhed Appear. Plushed Flash Point minutes Shot Before After start / and ClOUDY .000 00 3:000 ヒビ 11-22 CHOURY 20 1500 10 Flushing legend: Plushing Program PP Customer Complaint CC Dakwood Main Clearance Contractor Use (explain others) OAKWOOIZ 3 ST BROKEN

(Use A WWA Water Lass Calculation Tables, located in the Florida Water Unaccounted for Water Civide, to estimate water losses.)

# Water Flushing & Break Repair Record To be used to present worter lost thus to Phushing or main/service line repairs

FLUSHING:

(Include service lines, mains, hydrants, tanks, etc)

Plant Chulusta, Oakwood, Kingswoog Month/Year Aug. 2006

Date	H <sub>2</sub> O Appent. Before	CL <sub>2</sub> Res. After	Flush Point Size	Plushed Res		d Readings		Location of Plush Point	Reason Flushed
28/06	Hozy	1,2	4"	10			10,000	Langfordi 8 # W	Paine
3/28	Cloudy	1.2	2"	15			3,000	End of 9th W	<b>\$1</b>
8/23	42 /	1.1	2"	15			3,000	End of 7thw	ń
8/28	)1	1.2	2"	15			3,000	End of 4thw	lę.
B/2	31	08	4"	10			10,000	Ospray Cir. (2)	l <sub>1</sub>
<u> 512 </u>	11	8.6	4"	10			10,000	Grev Heroo (172)	٠,
8/2	, 1	1.0	4"	10			10,000	Velveteen (102)	te
8/2	17	1.9	4"	10			10,000	Ne vetern (337)	11
5 Z	, .	1.1	4"	10			10,000	Granite (13)	31
2 2	11	1.]	4"	10			10,000	Granile (7)	11
<u>8/3</u>	,,	0.7	2"	15			3,000	Popalantic (2)	
ව/ 3	\$1	0.7	2"	15			3,000	Kinaley Norvack (4)	
3/3	• (	0.8	2"	12	Ortio	22/	3,000	Dover Baily (24)	
8/3	17	0.7	2"	15			3,000	Drothom Kroder (4)	41
8/3	,,	1.0	2"	15			3,000	Droward Dr (1)	4

Flushing legend:

Contractor Use

Flushing Program FP Line Repule LR

CU

Customer Complaint CC Muin Clearance

(explain others)

#### MAIN/SERVICE LINE REPAIRS:

	· · · · · · · · · · · · · · · · · · ·										
Date	Location of Repair	Size of Line	Size of Hole or Crack	Appron. Time Lenked	Estimated Water Lass	Cause of Break (if known)	Initials				
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ILISE ADMIA Water Loss Calculation Tables. Increed in the Florida Water Unaccoursed for Water Quide, to estimate water Instead

# Water Flushing To be used to record water lost due to flushing

4QUA UTIL.,FL

F12人5月 75. 4.5	CSHING:							nt <u>(</u> nth/Y	th/Year AUG. Cis				
71274	H-O Appear, Before	CL <sub>2</sub> Res.	Flash Point Size	Time Flushed minutes	Ras	t Meter dings / end		Gallens ushed		Location of Flush Point	Rea		
324	LIEAR	7.5	24	3HRS			36	,ac	Doi	RR ST	iole		
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#### POPPIES FLUSHING

# Water Flushing To be used to record water lost due to flushing

#### AQUA UTIL.,FL

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Date	H2O CL2 Flush Time Hydrant Meter Appear. Res. Point Flushed Readings Before After Size minutes		nt Meter dings		otal Gallons Flushed	Location of Flush Point		Reason			
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