

PALM BEACH COUNTY

Lake Osborne

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 9 of 16**

Containing:
Monthly Operating Reports
Sample Results
Permits
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

04321 MAY 22 88

FPSC-COMMISSION CLERK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

p.2

See page 2 for instructions.

I. General Information for the Month/Year of: January 2007 101	
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates) PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 490 Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.	
Contact Person: Nina Whatley	Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885	City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532	Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com	

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II. Daily Data for the Month/Year of: January 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17	2.6	
2	2.6		18	2.2	
3	2.6		19	2.2	
4	2.4		20	1.6	
5			21	1.5	
6			22	2.0	
7	2.2		23	3.0	
8	2.4		24	2.4	
9	2.8		25	2.0	
10			26	2.0	
11	2.4		27	2.0	
12	2.2		28	2.0	
13			29	2.4	
14	2.4 /		30	2.4	
15	2.4		31	2.6	Collected Compliance Back-1 samples
16	2.6				

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

Signature and Date: _____ Phil Donovan _____ Water Plant Operator #3207
 Printed or Typed Name: _____ License Number or Title: _____

DEP Form 62-555.900(4)

DOCUMENT NUMBER - DATE
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

I. General Information for the Month/Year of: February 2007

Consecutive System Name: AquaSource Utilities (Lake Osborne Estates) PWS Identification Number: 450-0768

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

Number of Service Connections at End of Month: 490 Total Population Served at End of Month: 1225

Consecutive System Owner: AquaSource Utilities Inc.

Contact Person: Nina Whatley Contact Person's Title: Office Manager

Contact Person's Mailing Address: PO Box 3885 City: Boynton Beach State: FL Zip Code: 33424

Contact Person's Telephone Number: 1-800-250-7532 Contact Person's Fax Number: 561-649-0836

Contact Person's E-Mail Address: taphoh2@aol.com

II. Daily Data for the Month/Year of: February 2007

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	3.0		17		
2	2.8		18	2.5	
3			19	3.2	Collected 2 Compliance Bac-T samples
4	2.4		20	2.6	
5	2.6		21	2.6	
6			22	2.6	
7	2.8		23	2.4	
8	2.6		24		
9	2.8		25	2.5	
10	2.8		26	2.4	
11	2.5		27	2.0	
12	2.8		28	2.0	
13			29		
14	2.6		30		
15	2.4		31		
16	2.6				

III. Certification by Authorized Representative

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

Signature and Date: _____ Printed or Typed Name: Phil Donovan Water Plant Operator #3207
License Number or Title: _____



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

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I. General Information for the Month Year of: March 2007

Consecutive System Name: AquaSource Utilities (Lake Osborne Estates) PWS Identification Number: 450-0768

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

Number of Service Connections at End of Month: 490 Total Population Served at End of Month: 1225

Consecutive System Owner: AquaSource Utilities Inc.

Contact Person: Nina Whitley Contact Person's Title: Office Manager

Contact Person's Mailing Address: PO Box 3885 City: Boynton Beach State: FL Zip Code: 33424

Contact Person's Telephone Number: 1-800-250-7532 Contact Person's Fax Number: 561-649-0836

Contact Person's E-Mail Address: taphoh2@aol.com

II. Daily Data for the Month Year of: March 2007

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17	2.0	
2	2.4		18		
3			19		
4			20		
5	2.0		21	1.0	
6			22		
7	2.6		23	2.0	
8	2.4		24	2.0	
9	2.4		25		
10			26	1.8	
11	2.0		27	1.8	
12			28	2.0	
13	2.2		29	2.0	2 Bact
14	2.0		30	2.0	
15			31		
16	2.2				

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III. Certification by Authorized Representative

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

Signature and Date: Phil Donovan
 Printed or Typed Name: Phil Donovan
 License Number or Title: Water Plant Operator #3207



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

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I. General Information for the Month/Year of: April 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: April 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	1.0	
2	1.2		18		
3	2.0		19	0.8	
4	2.0		20	1.2	
5	2.0		21	1.1	
6	2.0		22		
7			23	1.6	2 bacts 3.0 / 1.6
8	2.0		24	1.6	
9			25	1.3	
10			26	1.6	
11	0.8		27	1.5	
12	1.0		28	1.4	
13	1.8		29		
14	0.8		30	1.8	
15			31		
16	1.6				

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: May 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: May 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.6	
2	1.8		18	1.4	
3	1.6		19		
4	1.8		20		
5	1.6		21	1.4	
6			22	1.2	
7	1.6		23	0.8	
8			24	1.0	
9	1.4		25	1.0	
10	1.8		26	1.0	
11	1.8		27		
12	1.8		28		
13			29	1.2	
14	1.6		30	0.8	
15	1.6		31	0.7	
16	1.6	2 Bacts 2.6 / 1.6			

III. Certification by Authorized Representative

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

Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

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I. General Information for the Month/Year of: June 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: June 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17	2.0	
2	1.4		18	2.0	
3			19	2.0	
4	1.4		20	2.0	
5			21	2.2	
6	2.0		22	2.0	
7	1.6		23	2.0	
8			24		
9	2.4		25	2.0	
10			26	2.2	
11	3.0	2 bacts 3 4 / 3.0	27		
12	2.4		28	1.0	
13	3.0		29	1.0	
14	2.6		30	1.0	
15	2.2		31		
16					

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III. Certification by Authorized Representative

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

Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

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I. General Information for the Month/Year of: July 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Brynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: July 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18	1.8	
3			19	1.8	
4	1.2		20	2.0	
5	1.2		21	1.6	
6			22	1.6	
7	0.9		23		
8	0.8		24	2.0	
9	0.6		25	1.8	
10	1.0		26	0.8	
11	1.4		27	0.8	
12	1.0		28		
13	1.4		29		
14	1.0		30	1.0	
15			31	1.0	
16	1.8				

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

Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

P.9

See page 2 for instructions.

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I. General Information for the Month/Year of: August 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: August 2007					
Type of Disinfectant Residual Maintained in Distribution System:			Type of Disinfectant Residual Maintained in Distribution System:		
<input type="checkbox"/> Free Chlorine			<input checked="" type="checkbox"/> Combined Chlorine (Chloramines)		
<input type="checkbox"/> Chlorine Dioxide			<input type="checkbox"/> Chlorine Dioxide		
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.8		17	1.8	
2			18	1.2	
3			19	1.0	
4	0.6		20		
5			21		
6	1.3		22	1.2	
7			23	1.0	
8	1.2		24	0.6	
9	1.3		25	1.6	
10	1.4		26		
11	1.4		27	1.0	2 Bacts 3.0 / 1.2
12	1.4		28		
13	1.6		29	1.6	
14			30	1.4	
15	1.6		31	1.6	
16	1.4				

III. Certification by Authorized Representative

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

Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

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I. General Information for the Month/Year of: September 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Roynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: September 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.6		17	2.5 / 3.0	
2			18		
3	1.0		19	2.5 / 3.0	3 BACT-S 3.5/4.0 3.0/3.3 2.5/3.0
4			20	2.5 / 3.0	
5	0.6		21	2.5 / 3.0	
6	0.6		22	2.5 / 3.0	
7	0.8		23	2.5 / 3.0	
8	0.8		24	2.5 / 3.0	
9			25		
10	0.8 / 1.5		26	1.8	
11			27	3.8	
12			28	3.4	
13	2.5 / 2.0		29		
14	1.0		30	3.5	
15			31		3rd G BACT AVG - 2.4
16					

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III. Certification by Authorized Representative

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

Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: October 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	3.8	
2	3.0		18	3.6	
3	3.0		19	3.5	2 Bacts 4.0/ 3.6 on 10/15
4			20	3.6	
5	4.0		21		
6	3.8		22	3.6	
7			23	3.6	
8			24		
9	3.8		25		
10	3.8		26	3.0	
11	3.8		27		
12	3.5		28	3.7	
13	4.0		29	3.2	
14			30	3.0	
15	3.6		31	3.4	
16	3.4				

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

Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

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I. General Information for the Month/Year of: November 2007			#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: tapho2@aol.com			

II. Daily Data for the Month/Year of: November 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.5		18	3.6	
3	3.6		19	3.4	2 Facts 3.8/3.8
4	3.7		20	3.4	
5	2.4		21	3.6	
6	3.4		22	3.4	
7	3.5		23	4.0	
8	3.4		24		
9	4.0		25		
10	3.4		26	3.0	
11			27		
12	3.8		28	3.4	
13			29	3.6	
14			30	3.6	
15	3.4		31		
16	3.5				

DUNOVAN

5616490836

III. Certification by Authorized Representative

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

Signature and Date: _____ Phil Donovan _____ Water Plant Operator #3207
 Printed or Typed Name: _____ License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

p.13

See page 2 for instructions.

5616490836

I. General Information for the Month/Year of: December 2007		#101
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.		
Contact Person: Nina Whatley		Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com		

II. Daily Data for the Month/Year of: December 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	2.0	
3	3.4		19	2.8	
4	3.2		20	3.4	
5	3.0	2 Bacts 3.0/3.0	21	3.0	
6	2.4		22		
7	3.0		23		
8	3.0		24	3.0	
9			25		
10	2.6		26	3.0	
11	3.0		27	3.0	
12	3.2		28	3.0	
13	3.0		29	2.7	4 th Q Bacts
14	3.0		30	2.5	Average Cl. 2.3.47
15	3.0		31	3.0	
16					

DUNOVAN

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

	Phil Donovan	Water Plant Operator #3207
Signature and Date	Printed or Typed Name	License Number or Title

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OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: January 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: January 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.5		17	2.0	
2	2.5		18		
3	3.0		19	2.5	
4	2.8		20	2.5	
5	2.6		21		
6	2.5		22	2.5	
7	2.6		23	2.5	
8	2.4		24	2.2	
9	3.0	Collected 2 Compliance Bac-T samples	25	2.8	
10	2.8		26	2.3	
11	2.5		27	2.5	
12	2.6		28		
13	2.6		29	2.5	
14			30		
15	2.0		31	3.0	
16	2.3				

III. Certification by Authorized Representative

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

Phil Donovan 2/10/06 **DOCUMENT NUMBER-DATE**
 Signature and Date Phil Donovan Printed or Typed Name Water Plant Operator #3207 License Number or Title
04321 MAY 22 8

May 01 07 08:28a Whatley 561-439-0986



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: February 2006	
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)	PWS Identification Number: 450-0768
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 490	Total Population Served at End of Month: 1225
Consecutive System Owner: AquaSource Utilities Inc.	
Contact Person: Nina Whatley	Contact Person's Title: Office Manager
Contact Person's Mailing Address: PO Box 3885	City: Boynton Beach State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532	Contact Person's Fax Number: 561-649-0836
Contact Person's E-Mail Address: taphoh2@aol.com	

II. Daily Data for the Month/Year of: February 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	3.0		17	2.8	
2	2.8		18		
3	2.8		19	2.8	
4	2.5		20	3.0	
5			21	2.8	
6	2.5		22	2.5	
7			23		
8	2.6		24	2.3	
9	2.5		25	2.3	
10	2.6		26	2.0	
11			27	2.3	
12	2.6		28	2.3	
13	2.8	Collected 2 Compliance Bac-T samples	29		
14	2.6		30		
15	2.5		31		
16	2.8				

III. Certification by Authorized Representative

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

<i>Phil Donovan</i> 3/10/06 Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
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 Whatley
 561+439+0986
 P.3



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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P.4

See page 2 for instructions.

I. General Information for the Month/Year of: March 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: March 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.4	
2	2.3		18	2.4	
3	2.5		19	2.4	
4	2.5		20		
5	2.0		21	2.0	
6	2.5		22	2.0	
7	2.5		23		
8	2.5		24		
9	2.4		25	2.0	
10	2.4		26	1.8	
11	2.4		27	2.3	
12	2.2		28	2.6	Collected 2 Compliance Bac-T samples
13			29	2.4	
14	2.5		30	2.4	
15			31	2.8	
16	2.5				

III. Certification by Authorized Representative	
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.	
Signature and Date: <u>Phil Donovan 4/10/06</u>	Printed or Typed Name: <u>Phil Donovan</u> License Number or Title: <u>Water Plant Operator #3207</u>



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

10

See page 2 for instructions.

I. General Information for the Month/Year of: April 2006

Consecutive System Name: AquaSource Utilities (Lake Osborne Estates) PWS Identification Number: 450-0768

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

Number of Service Connections at End of Month: 490 Total Population Served at End of Month: 1225

Consecutive System Owner: AquaSource Utilities Inc.

Contact Person: Nina Whatley Contact Person's Title: Office Manager

Contact Person's Mailing Address: PO Box 3885 City: Boynton Beach State: FL Zip Code: 33424

Contact Person's Telephone Number: 1-800-250-7532 Contact Person's Fax Number: 561-649-0836

Contact Person's E-Mail Address: taphoh2@aol.com

II. Daily Data for the Month/Year of: April 2006

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.4		17	2.4	Collected 2 Compliance Bac-T samples
2	2.0		18	2.4	
3	2.4		19	2.2	
4	2.4		20	2.2	
5	2.4		21	2.0	
6	2.0		22		
7	2.4		23	2.0	
8			24	2.2	
9	2.0		25	2.4	
10			26	1.8	
11	2.0		27		
12	2.2		28	2.0	
13	2.4		29	2.0	
14	2.3		30	1.4	
15	2.4		31		
16	2.0				

III. Certification by Authorized Representative

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

Signature and Date: Phil Donovan 5/10/06 Printed or Typed Name: Phil Donovan License Number or Title: Water Plant Operator #3207

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: May 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: May 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17	1.4	
2	2.2		18	2.0	
3	2.6		19	1.6	
4	2.6		20		
5	2.4		21	1.5	
6	2.0		22	2.0	Collected 2 Compliance Bac-T samples
7	1.5		23	1.0	
8	1.6		24	1.0	
9	1.2		25	1.0	
10	1.0		26		
11	1.0		27	0.8	
12	1.2		28	0.8	
13			29	0.8	
14	1.2		30	1.0	
15	1.4		31	0.6	Flushed Hydrants
16	1.6				

III. Certification by Authorized Representative

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

<i>Phil Donovan</i> 5/15/06 Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
---	---------------------------------------	---

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: June 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whitley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: June 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.1		17	2.6	
2	1.0		18	0.8	
3			19	1.6	Flushed Hydrants
4	1.0		20	2.0	
5	0.8		21	1.8	
6	2.0	Flushed Hydrants	22	2.0	
7	1.4		23	1.8	
8	1.0		24		
9	1.0		25	1.5	
10	1.0		26	2.0	
11	1.2		27	2.2	
12	1.0		28	1.8	
13	1.0		29	1.2	
14	1.0		30	1.0	
15	0.8	Collected 2 Compliance Bac-T samples	31		
16	1.0				

III. Certification by Authorized Representative

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

Phil Donovan 7/10/06

 Phil Donovan

 Water Plant Operator #3207

Signature and Date

 Printed or Typed Name

 License Number or Title

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 Whitley
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 P.7



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: July 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphob2@aol.com			

II. Daily Data for the Month/Year of: July 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.4	
2			18	2.0	
3	2.4		19		
4	2.4		20	2.0	
5	2.0		21	2.0	
6			22	2.0	
7	2.0		23	2.2	Flushed Hydrants
8	2.4		24	1.6	
9	2.5		25	3.0	
10	2.2	Collected 2 Compliance Bac-T samples	26	2.2	
11	2.0		27	1.6	
12	3.0		28	2.0	
13	2.4		29		
14	2.5		30	2.5	Flushed Hydrants
15			31	2.0	
16					

III. Certification by Authorized Representative

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

Phil Donovan 8/10/06 Phil Donovan Water Plant Operator #3207
 Signature and Date Printed or Typed Name License Number or Title

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P. 8

Owner Copy



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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Whitley

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P.9

See page 2 for instructions.

I. General Information for the Month/Year of: August 2006

Consecutive System Name: AquaSource Utilities (Lake Osborne Estates) PWS Identification Number: 450-0768

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

Number of Service Connections at End of Month: 490 Total Population Served at End of Month: 1225

Consecutive System Owner: AquaSource Utilities Inc.

Contact Person: Nina Whitley Contact Person's Title: Office Manager

Contact Person's Mailing Address: PO Box 3885 City: Boynton Beach State: FL Zip Code: 33424

Contact Person's Telephone Number: 1-800-250-7532 Contact Person's Fax Number: 561-649-0836

Contact Person's E-Mail Address: taphoh2@aol.com

II. Daily Data for the Month/Year of: August 2006

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.8		17	1.4	
2	1.6		18	1.8	
3	1.8		19		
4	1.8		20	2.0	
5	1.8		21	1.8	
6	1.5		22		
7			23	1.6	Collected Compliance Bac-T samples
8	1.2		24	1.8	Collected Compliance Bac-T samples
9	1.5		25	2.0	
10			26	1.6	
11	1.6		27	1.0	
12	1.6		28	1.4	
13	1.6		29		
14	1.6		30	1.0	
15	1.6		31	1.0	
16	0.8				

III. Certification by Authorized Representative

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

Phil Donovan 2/8/06 Phil Donovan Water Plant Operator #3207
 Signature and Date Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

I. General Information for the Month/Year of: September 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: September 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17		
2			18	1.4	
3			19	1.0	
4	0.4	Flushed hydrants	20	1.2	
5	0.6		21	1.2	
6	0.06		22	1.0	
7	0.8		23		Collected Compliance Bao-T samples
8			24	1.0	
9			25	1.0	
10	0.8		26		
11	0.8	Collected 2 Compliance Bao-T samples	27	0.8	
12	0.6		28	0.8	
13	1.0		29	1.2	
14	1.1		30	0.8	
15			31		
16	0.8				

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title

May 01 07 08:30a Whatley 561+439+0986 P.10



owner

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whitley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: October 2006					
Type of Disinfectant Residual Maintained in Distribution System:			<input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	1.0	
2	1.0		18	0.6	Collected Compliance Bac-T samples
3	1.0		19	0.8	
4	0.8		20	1.0	
5			21		
6	0.8		22	0.8	
7			23	1.0	
8	0.8		24	0.8	
9	1.0		25	0.6	
10	0.8		26	0.8	
11	1.0		27		
12	0.8		28		
13	0.8		29	0.8	
14			30	0.8	
15	0.8		31	0.8	
16	0.8				

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title

MAY 01 07 08:31a

Whitley

561+439+0986

P. 11



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: November 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: November 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	2.0	
2	1.2		18	2.0	
3			19	2.0	
4	2.8	Collected Boil Water Order Back-T samples	20	2.4	
5	3.0	Collected Boil Water Order Back-T samples	21	1.8	
6	1.6		22	3.0	
7	2.4		23		
8	1.0		24	2.6	
9	1.0		25	2.8	
10	1.4		26	2.5	
11			27	2.5	
12	1.2		28	2.5	
13	1.4		29		
14			30	2.5	
15	2.6	Collected Compliance Order Back-T samples	31		
16	2.2				

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
<i>Phil Donovan</i> 12-10-06 Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

1
owner

See page 2 for instructions.

I. General Information for the Month/Year of: December 2006			
Consecutive System Name: AquaSource Utilities (Lake Osborne Estates)		PWS Identification Number: 450-0768	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 490		Total Population Served at End of Month: 1225	
Consecutive System Owner: AquaSource Utilities Inc.			
Contact Person: Nina Whatley		Contact Person's Title: Office Manager	
Contact Person's Mailing Address: PO Box 3885		City: Boynton Beach	State: FL Zip Code: 33424
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836	
Contact Person's E-Mail Address: taphoh2@aol.com			

II. Daily Data for the Month/Year of: December 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.4		17	2.5	
2			18	3.0	
3	2.5		19	2.8	
4	3.0		20	2.2	
5	2.8		21	2.4	
6	2.8		22	2.4	
7	2.4	Collected Compliance Order Back-T samples	23	2.4	
8	2.6		24	2.0	
9			25	2.6	
10	2.0		26		
11	2.6		27	2.6	
12	3.3		28		
13	2.6		29	2.0	
14	2.4		30	2.4	
15	2.6		31	2.0	
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
<u>Phil Donovan</u> 1-10-07	<u>Phil Donovan</u>	<u>Water Plant Operator #3207</u>
Signature and Date	Printed or Typed Name	License Number or Title