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

DOCUMENT NUMBER-DATE OF 32 I NAY 22 8

FPSC-COMMISSION CLERK



See pag	e 2 for instructions.									
L Ger	ieral Information for	the Month/Year of:	January 2007	 					101	
		quaSourse Utilities (La		s)			PWS Identifica	tion Number:	450-0768	
Consc	cutive System Type:	X Community	Non-Transient No	n-Community	Tran	sient Non-Community				
		us at End of Month: 49			Total	Population Served at Er	nd of Month: 12:	25		
Conse	cutive System Owner:	AquaSourse Utilities Ir	ic.							
Contac	t Person: Nina Whatle	y			Conta	ct Person's Title: Office				
Contac	t Person's Mailing Add	ress: PO Box 3885				Boynton Beach	State:	FL	Zip Code: 33424	
		lumber: 1-800-250-753	2		Conta	ct Person's Fax Number	: 561-649-0836			
Contac	t Person's E-Mail Add	ress: taphoh2@aol.com	n							
	II. Data Canalan Man	h/Year of: January	2007							
		Maintained in Distribu		Free Chlorine	¥ (Combined Chlorine (Ch	loramines)	Chlorine	Dioxide	
Type	Lowest Residual	I MIGHTURATION IN CARACTER	ition system.		1 ^ `	Lowest Residual	l .	Liomornic	Dioxido	
	Disinfectant				ł	Disinfectant	<u> </u>		_	
Day	Concentration at Remote	Emergency or Abnormal O	perating Conditions; R	tepair or Maintenance	Day	Concentration at Remote			erating Conditions: Repair or	
of the Month	Point in Distribution System, mg/L	Work that Involves Ta	king Water System Co Operation	mponents Out of	of the Month	Point in Distribution System, mg/L	MBINERANCE WO		Taking Water System Components Operation	
Worker	2.0		Орегинон		17	2.6		9-,00,	7201411011	
2	2.6	<u> </u>			18	2,2	 	·		
3	2.6	<u></u>			19	2.2				
4	2.4		***************************************		20	1.6				
5					21	1.5	- · · · <u></u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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 Compli	ance Back-l' san	iples	
16	2.6				1					
	ertification by Autho	grad Dansacantatica								
Lam di	the nethonized to sign t	is most on behalf of th	e consecutive sys	em identified in Pa	ent Loft	this report. I certify that	the information	provided in t	his report is true and	
accinos r sun ci	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 courate to the best of my knowledge and belief.									
4,000		,								
-				Phil Donovan				Plant Operator		
Signati	are and Date	DOCUMENT NO		Printed or Typ	ed Nan	ne	License	Number or 1	itle	
DEP Form	62-555.900(4)	01.321	MAY 22 8	Pag	e 1					

FPSC-COMMISSION CLERK

way



See pag	e 2 for instructions.										
l. Ge	ieral Information for	the Month/Year o	February 2007			, , , ,					
	cutive System Name: A			es)			PWS Identifica	tion Number:	450-0768		
Conse	cutive System Type:	X Community	Non-Transient N	on-Community [sient Non-Community					
	er of Service Connection				Total	Population Served at En	nd of Month: 12	25			
Conse	cutive System Owner:	AquaSourse Utiliti	es Inc.								
Conta	t Person: Nina Whatle	у				ct Person's Title: Office		<u></u>			
Conta	t Person's Mailing Add	iress: PO Box 3885				Boynton Beach	State:		Zip Code: 33424		
Contac	t Person's Telephone N	lumber: 1-800-250-	7532		Conta	ct Person's Fax Number	r: 561-649-083 <u>6</u>				
Contac	Contact Person's E-Mail Address: taphoh2@aol.com										
II. De	H. Daily Data for the Month/Year of: February 2007										
Type	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine X Combined Chlorine (Chloramines) Chlorine Dioxide										
175	Lowest Residual				I	Lowest Residual					
1_	Disinfectant	,		w		Disinfectant Concentration at Remote	E	as Absorated One	rating Conditions: Repair or		
Day of the	Concentration at Remote Point in Distribution		mal Operating Conditions; res Taking Water System C		Day of the	Point in Distribution	Maintenance Wo	or Abnormal Oper rk that Involves T	aking Water System Components		
Month	System, mg/L	WOLK DISK NIVOEV	Operation	omponents out or	Month	System, mg/L		Out of O			
1	3.0				17						
2	2.8				18	2.5					
3					19	3.2	Collected 2 Comp	liance Bac-T-samp	ples		
4	2,4				20	2,6					
3	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	<u> </u>	<u> </u>	····			
15	2.4				31		1				
16	2.6				``` ل						
	ertification by Autho	i Danisantal									
Tarra di	the number is a district to give the	is report on helialf	of the consecutive sy	stem identified in P	art Inf	this report. I certify that	the information	provided in th	ris report is true and		
	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.										
accurai	e to the heat of my who	wiede and penet.									
				Phil Donovan			Water I	Plant Operator	#3207		
Signat	ire and Date			Printed or Typ	ed Nar	ne		Number or T			
SIRING	Maidle and Date										
A	Page 1										

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

	30 2 (0) //2//2012//2/							
L Ge	neral Information for	the Month Year of: March 2007						
Conse	cutive System Name: A	quaSourse Utilities (Lake Osborne Estate	s)			PWS Identification Nu	mber: 450-0768	
	cutive System Type:				sient Non-Community			
Numb	er of Service Connection	ons at End of Month: 490		Total	Population Served at En	nd of Month: 1225		
Conse	cutive System Owner:	AquaSourse Utilities Inc.						
Conta	ct Person: Nina Whatle	у		Conta	ct Person's Title: Office			
Conta	ct Person's Mailing Ad	tress: PO Box 3885			Boynton Beach	State: FL	Zip Code: 33424	
		Vumber: 1-800-250-7532		Conta	ct Person's Fax Number	r: 561-649-0836		
Conta	ct Person's E-Mail Add	ress: taphoh2@aol.com						
n n	ails Data for the Mon	th Year of: March 2007						
		Maintained in Distribution System:	Free Chlorine	Χ (Combined Chlorine (Ch	loramines) [Chl	orine Dioxide	
	Lowest Residual			Γ	Lowest Residual		·	
	Disinfectant]		1	Disinfectant	Y	of One of a Manualist	
Day	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; I Work that Involves Taking Water System Co	Repair of Maintenance	Day of the	Concentration at Remote Point in Distribution		mai Operating Conditions; Repair or volves Taking Water System Components	
of the Month	System, mg/L	Operation	nuibouenz (ser or	Month	System, mg/L	Terramonation Molf Gitter th	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 Bacis		
14	2.0			30	2.0			
15				31				
16	2.2			T				
1.0								
I am di	critication by Authorized to sign the to the best of my known	is report on behalf of the consecutive sys	tem identified in Pa	ut l of t	his report. I certify tha	the information provide	ed in this report is true and	
			Phil Donovan			Water Plant Op	erator #3207	
Signature and Date Printed or Type					nted or Typed Name License Number or Title			
n				e 1		•		

DEP Form 62-555 900(4)



See pag	ge 2 for instructions.										
l. Ge	neral Information for	the Month/Year o	April 2007						#101		
Conse	cutive System Name: A	quaSourse Utilities	(Lake Osborne Estat	res)			PWS Identificat	ion Numb	er: 450-0768		
	cutive System Type:			Ion-Community		sient Non-Community					
	er of Service Connection				Total	Population Served at E	nd of Month: 122	5			
	cutive System Owner:		es Inc.								
	t Person: Nina Whatle				Conta	ct Person's Title: Office					
	ct Person's Mailing Ade			,,		Boynton Beach	State:	FL	Zip Code: 33424		
	ct Person's Telephone ?				Conta	ct Person's Fax Numbe	r: 561-649-0836				
Conta	Contact Person's E-Mail Address: taphoh2@aol.com										
II. Di	II. Daily Data for the Month/Year of: April 2007										
Туре	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine X Combined Chlorine (Chloramines) Chlorine Dioxide										
	Lowest Residual Disinfectant				l	Lowest Residual					
Day	Concentration at Remote	Emergency or Abnorr	nal Operating Conditions;	Repair or Maintenance	Day	Disinfectant Concentration at Remote	Emergency o	r Abnormal (Operating Conditions; Repai	iror	
of the	Point in Distribution		es Taking Water System C		of the	Point in Distribution	Maintenance Wor	k that involve	es Taking Water System Cor	mponents	
Month	System, mg/f.		Operation		Month	System, mg/L		Out o	of Operation		
1	3.0				17	1.0			·,		
2	1,2				18		ļ				
1	2.0	<u> </u>			19	0.8					
4	7.0				20	1,2	 				
	2,0	<u> </u>	 		21	1.1	 	· · · · · · · · · · · · · · · · · · ·			
6	2.0	<u> </u>		 	22		25	,			
7					23	1.6	2 bacts 3.0 / 1.6				
	2.0				25	1.5					
10					26	1.6		·			
11	0.8			·	27	1.5	 				
12	1.0	<u></u>			28	1.4	 				
13	1.8		- 		29	1.7					
14	0.8				30	1.8		***************************************	······································		
15	0.0	<u> </u>			31						
16	1.6				 	<u> </u>					
7.0	مطالق بجب اطارات معادل و خد برق برود. 2010 - ما المارات				_						
	ertification by Autho				TE.4	Lis manded Tarantic State	Ale and the Comment of the comment				
			or the consecutive sys	stein identified in Pa	nt 1 of f	nis report. I certity that	the information	rovided if	n this report is true and		
accurat	ccurate to the best of my knowledge and belief.										
				Phil Donovan			Water PI	ant Operat	tor #3207		
Signato	re and Date			Printed or Typ	ed Nam	e		Number or			
JEMALL	Eliatric the page										
OEP Form	EP Form 62-555,900(4) Page 1										

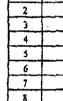
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See pag	ge 2 for instructions.								
J. Ge	necal Information for	the Month/Year of	May 2007						#101
Conso	cutive System Name: A	quaSourse Utilities	(Lake Osborne Estates))		,	PWS Identifica	tion Numb	er: 450-0768
	cutive System Type:		Non-Transient Non	-Community		sient Non-Community			
Numb	er of Service Connection	ons at End of Month	: 490		Total	Population Served at E.	nd of Month: 12	25	
	cutive System Owner:		es Inc.						
	ct Person: Nina Whatle				Conta	ct Person's Title: Office			
	ct Person's Mailing Add					Boynton Beach	State:		Zip Code: 33424
	ct Person's Telephone l				Conta	ct Person's Fax Number	r: <u>561-649-0836</u>		
Conta	ct Person's E-Mail Add	ress: taphoh2@aol	.com						
u b	ils Data for the Mon	h/Your of May	2007				······································		
	of Disinfectant Residua			Free Chlorine	X (Combined Chlorine (Ch	(neamines)	Chlorie	ne Dioxide
-2,0-3	Lowest Residual	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Trouble by Storics	11100 0	1	Lowest Residual	10.12/10/03/	La Citzorii	ic Oldride
	Disinfectant				1	Disinfectant			
Day	Concentration at Remote		al Operating Conditions; Rep		Doy	Concentration at Remote			Operating Conditions; Repair or
of the Manth	Point in Distribution System, mg/l.	WOLK REST THANKA	s Taking Water System Com Operation	iponents Out of	of the Month	Point in Distribution System, mg/L	Mainienance wo		es Taking Water System Components of Operation
11,0.1	ssjanna, tagur		Operation	· · · · · · · · · · · · · · · · · · ·	17	1.6		Out	of Operation
2	1.8				18	1.4			
3	1.6				19				
4	1.8				20				
5	1.6				21	1.4			
6	<u> </u>			·	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 / 3.6			1				
2.0	ertification by Autho								
				m identified in Da	er I of	his report. I certify that	the information	neovidos i-	this manage is the and
	e to the best of my kno		it mic consecutive system	m iusiumsu ni Pä	ect (); [ma report i ceruty mat	me natoungrion	brovided II	i uns report is true and
accurat	e to the pest of my killo	wiedige alto bettet.							
				Phil Donovan			Water P	lant Oners	tor #3207
Cionati					ovan Water Plant Operator #3207				

Page 1





See pag	ee page 2 for instructions.									
I. Ge	neral Information for	the Month/Year of	June 2007					#101		
			(Lake Osborne Estates)			PWS Identification Nu	mber: 450-0768		
	cutive System Type:		Non-Transient Nor	n-Community		sient Non-Community				
	er of Service Connection				Total	Population Served at Er	nd of Month: 1225			
	cutive System Owner:		s Inc.		, .		· · · · · · · · · · · · · · · · · · ·			
	ct Person: Nina Whatle					ct Person's Title: Office				
	ct Person's Mailing Add			<u> </u>		Boynton Beach	State: FL	Zip Code: 33424		
7	ct Person's Telephone				Conta	ct Person's Fax Number	<u>: 561-649-0836</u>			
Conta	Contact Person's E-Mail Address: taphoh2@aol.com									
П. D.	II. Daily Data for the Month/Year of: June 2007									
	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine X Combined Chlorine (Chloramines) Chlorine Dioxide									
	Lowest Residual					Lowest Residual				
Day	Disinfectant Concentration at Remote	Frietrency or Ahnove	al Operating Conditions; Re	maiz or Maintenance	Day	Disinfectant Concentration at Remote	Emercency or Ahnon	nal Operating Conditions; Repair or		
of the	Point in Distribution	Work that involve	s Taking Water System Con	nponents Out of	of the	Point in Distribution	Maintenance Work that In-	volves Taking Water System Components		
Month	System, mg/L	i	Operation	·	Month	System, mg/L	C	ut of Operation		
	0.7	<u> </u>			17	2.0				
2	§.4				18	2.0		<u> </u>		
3	<u> </u>				19	2.0				
4	1.4			······	20	2.0				
5		<u> </u>			21_	2.2				
6	2.0	<u> </u>			22	2.0				
	1.6				23	2.0				
8	2.4				24 25	2,0				
10	2.4				26	2.0				
11	3.0	2 bacts 3.4 / 3.0			27	2.2				
12	2.4	200015 3.47 3.0	·		28	1.0				
13	3.0				29	1.0				
14	2.6				30	1.0	<u></u>			
15	2.2	 			31					
16		<u> </u>		······		· · · · · · · · · · · · · · · · · · ·				
2.0										
	ertification by Autho			_ [d+i6]		de manage Y constitued above	4ha !- 6a-mart			
	ily authorized to sign the c to the best of my know		I the consecutive syste	m identined in Pa	π ! Oī IJ	nis report. I certify that	me information provide	d in this report is true and		
	Phil Donovan Water Plant Operator #3207									
Sionatu	nature and Date Printed or Typed Name License Number or Title									

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

Page 1

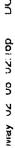
	neral Information for							#101
Conse	cutive System Name: A	quaSourse Utilities					PWS Identificat	tion Number: 450-0768
	cutive System Type:		Non-Transient	Non-Community		sient Non-Community		
	er of Service Connection				Total	Population Served at El	nd of Month: 122	25
	cutive System Owner:		es Inc.					
	ct Person: Nina Whatle			·	Conta	ct Person's Title: Office		
	ct Person's Mailing Add					Boynton Beach	State:	FL Zip Code: 33424
	ct Person's Telephone I				Conta	ct Person's Fax Number	: 561-649-0836	
Conta	ct Person's E-Mail Add	ress: taphoh2@aol	com					
£1. D.	rily Data for the Mont	h/Year of: July	2007		·····			
	of Disinfectant Residua			Free Chlorine	X	Combined Chlorine (Ch	loramines)	Chlorine Dioxide
	Lowest Residual					Lowest Residual		
Day.	Disinfectant	F	al Occasion Consider a	u Danala au Maintea		Disinfectant	F	
Day of the	Concentration at Remote Point in Distribution	Work that Involve	is Operating Conditions is Taking Water System	r, Repair or Maintenance	Day of the	Concentration at Remote Point in Distribution	Maintenance Woo	or Abnormal Operating Conditions; Repair or k that Involves Taking Water System Componer
Month	System, mg/L		Operation	Composition Car of	Month	System, mg/L	TOTAL PROPERTY OF	Out of Operation
i					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				}			
111 6	ertification by Autho	rized Representati						
				stem identified in Pa	rt i of t	is report. I certify that	the information	provided in this report is true and
	e to the best of my know		· ····································	THE PERSON NAMED IN P. D.		· Doctity that	11101111811011	Actions in this report is title and
	and the case as my wife.							
				Phil Donovan			Water Pl	ant Operator #3207
Signatu	gnature and Date Printed or							Number or Title
-,				•				
				Dino	- 1			



See page 2 for instructions.

	1. Ge	neral Information for	the Month/Year of: August 2007				······································		#101		
			quaSourse Utilities (Lake Osborne Estat	les)			PWS Identifica	ation Numbe	er: 450-0768		
	Conse	ecutive System Type:	X Community Non-Transient N	on-Community	Tran	sient Non-Community		**			
_			ous at End of Month: 490		Total Population Served at End of Month: 1225						
Š	Conse	ecutive System Owner:	AquaSourse Utilities Inc.								
క్ల	Conta	ct Person: Nina Whatle	у			ct Person's Title: Office					
Ď	Conta	ct Person's Mailing Add	dress: PO Box 3885			Boynton Beach	State:		Zip Code: 33424		
8	Conta	ct Person's Telephone 1	Number: 1-800-250-7532		Conta	ct Person's Fax Number	r: 561-649-0836)			
.,	Conta	ct Person's E-Mail Add	ress: taphoh2@aol.com				,				
	H. D:	aily Data for the Mont	h-Year of: August 2007		·			······································	<u> </u>		
	Type	of Disinfectant Residua	Maintained in Distribution System:	Free Chlorine	X	Combined Chlorine (Ch	loramines)	Chlorin	e Dioxide		
		Lowest Residual Disinfectant				Lowest Residual					
	Day	Concentration at Remote	Emergency or Abnormal Operating Conditions;	Renair or Maintenance	Day	Disinfectant Concentration at Remote	Fmersencu	or Almormal C	Operating Conditions; Repair or		
i	of the	Point in Distribution	Work that Involves Taking Water System C	Imponents Out of	of the	Point in Distribution	Maintenance Wo	ark that involve	s Taking Water System Components		
	Month	System, mg/L	Operation		Month	System, mg/L		Out o	Operation		
	1	1.8			17	1.8					
	2				18	1.2					
	-3				19	1.0	<u> </u>				
	4	0.6			20		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	5	13			21		<u> </u>				
	6	1.5			22 23	1.2					
		7.2			24	0.6					
	9	<u> </u>			25	1.6		 			
	10	1.4		····	26	1.0		·····			
	11	1.4			27	1.0	2 Bacts 3.0 / 1.2				
<u>.</u>	12	1.4			28	1.2	2 DRCB 5.0 7 1,2				
ξ :	13	1.6			29	1.6					
) '	14	117			30	1.4					
ξ :	15	1.6		······································	31	1.5					
,	16	1.4		· 				***			
, '	2.0	والمستحدد المستحدد			J						
5		ertification by Author		A STANSON D	. 1 54	1	4.16				
			is report on behalf of the consecutive sys	stem identified in Pa	at 1 ot a	us report. I certify that	me information	provided in	this report is true and		
,	accurate to the best of my knowledge and belief										
				Phil Donovan			Water P	lant Operate	or #3267		
5	Signatu	re and Date		Printed or Type	ed Nam	e		Number or			
3	o iz Haiu	ha mid tidia				-	2.001150	,-miller UI	• 1144		
•	DEP Form	62-555,900(4)		Page	e I						

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DEP Form 62-555.900(4)



F	ge 2 for instructions.										
1. Ge	veral Information for	the Month/Year o	September 2007		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	#101				
Conse	cutive System Name: A	quaSourse Utilities	(Lake Osborne Estates)			PWS Identification Num	ber: 450-0768				
Conse	cutive System Type:	X Community	Non-Transient Non-Community		sient Non-Community						
	er of Service Connection			Total	Population Served at E	nd of Month: 1225					
	cutive System Owner:		es Inc.								
	ct Person: Nina Whatle				ct Person's Title: Office						
	ct Person's Mailing Add				Roynton Beach	State: FL	Zip Code: 33424				
	ct Person's Telephone N			Conta	ct Person's Fax Numbe	r: 561-649-0836					
Conta	ct Person's E-Mail Add	ress: taphoh2@aol	.com								
H. D	uly Data for the Stont	h/Year of: Septe	ember 2007								
	of Disinfectant Residua			X (Combined Chlarine (Ch	Iloramines) Chlor	rine Dioxide				
	Lowest Residual Lowest Residual										
Day	Disinfectant Concentration at Remote	Freergency or Abgorg	nal Operating Conditions; Repair or Maintenance	Day	Disinfectant Concentration at Remote	Emergency or Abnorma	ol Operating Conditions; Repair or				
of the	Point in Distribution	Work that involve	es Taking Water System Components Out of	of the	Point in Distribution	Maintenance Work that Invo	ives Taking Water System Components				
Month	System, mg/L		Operation	Month	System, mg/L	Out	t of Operation				
	1.6			17	2.5 / 3.0						
2		<u></u>		18_			2 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1				
3	1.0	,	·····	19	2.5 / 3.0	3 B4CT->	3,5/40 30/33 25/3				
4				20	2.5/3.0						
5	0.6		····	21	2.5 / 3.0						
6	0.6			22	2.5 / 3.0						
7	8,0			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	<u> </u>					
13	2.5 / 2.0			29		 					
14	1.0			30	3.5	21d C	- A - A A				
15				31	L	314	BACT AVG-24				
16				j							
111. (crtification by Author	rized Representati	ve								
I am di	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										
accurat	e to the best of my know	vledge and belief.									
			Phil Donovan			Water Plant Oper	rator #2707				
Signatu	re and Date Printed or Typed Name License Number or Title										



_											
L Ge	neral Information for	the Month/Year of	October 2007			#101					
Conse	cutive System Name: A	quaSourse Utilities	(Lake Osborne Estates)		· · · · · · · · · · · · · · · · · · ·	PWS Identification Number: 450-0768					
			Non-Transient Non-Community		sient Non-Community						
	er of Service Connection			Total	Population Served at E	ind of Month: 1225					
	cutive System Owner:		s Inc.								
	ct Person: Nina Whatle				ct Person's Title: Office						
	ct Person's Mailing Add				Boynton Beach	State: FL Zip Code: 33424					
	ct Person's Telephone N			Conta	ct Person's Fax Number	r; <u>561-649-0836</u>					
Conta	ct Person's E-Mail Add	ress: taphoh2@aol.	com								
11 11.	II. Daily Data for the Monthly car of: October 2007										
	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine X Combined Chlorine (Chloramines) Chlorine Dioxide										
****	Lowest Residual	talenmarited at Dist	Button System. Tree Chlorine	1 2	Lowest Residual	(oranines) Tolionne Dioxide					
	Disinfectant			Ì	Disinfectant						
Day	Concentration at Remote	Emergency or Abnorm	al Operating Conditions; Repair of Maintenance	Day	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or					
of the	Point in Distribution	Work that Involve	Taking Water System Components Out of	of the	Point in Distribution	Maintenance Work that Involves Taking Water System Componer					
Month	System, mg/L		Operation	Month 17	System, mg/L 3.8	Out of Operation					
2	3.0		······································	18	3.6						
$\frac{2}{3}$	3.0			19	3.5	2 Bacts 4.0/3.6 On 10/15					
	3.0			20	3.6	2 Bacts 4,0/3.6 O(1 10/15					
4-					3.9						
5	4.0		·	21	3.6						
7	3.8			23	3.6						
				24	3.0						
_ 8 _				25	<u> </u>						
	3.8			26	3.0						
10	3.8			27	3.0						
-!!-	3.8			28	3.7						
12	3.5			29	3.2						
13	4.0			$\frac{1}{30}$	3.0						
14		 		31	3.4						
15	3.6	<u> </u>		 -3'	3.9						
16	3.4	<u> </u>		3							
III. C	ertification by Author	rized Representativ	C								
am du	ly authorized to sign th	is report on behalf o	f the consecutive system identified in Pa	ut I of th	his report. I certify that	the information provided in this report is true and					
	e to the best of my know		•		• • •						
		•			•						
			Phil Donovan			Water Plant Operator #3207					
ienato	rc and Date	····	Printed or Typ	ed Nam	e	License Number or Title					
			Dag	1 م							

PEP Form 62-555.900(4) Westive November 29, 2003

sec pag	© 2 for instructions.									
I. Ge	I. General Information for the Month/Year of: November 2007 #101									
Conse	cutive System Name: A	quaSourse Utilities	(Lake Osborne Estate	es)			PWS Identifica	tion Numb	er: 450-0768	
Conse	cutive System Type:	X Community	Non-Transient N	on-Community	Tran	sient Non-Community				
Numb	er of Service Connection	ns at End of Month	: 490		Total	Population Served at E	nd of Month: 12:	25		
Conse	cutive System Owner:	AquaSourse Utilitie	es Inc.							
Contac	t Person: Nina Whatle	y			Conta	ct Person's Title; Office	Manager			
Contac	t Person's Mailing Add	ress: PO Box 3885			City:	Boynton Beach	State:	FL	Zip Code: 33424	
	t Person's Telephone I		7532		Conta	ct Person's Fax Number	: 561-649-0836			
Contac	: Person's E-Mail Add	ress: taphoh2@aol	cam							
Π_i D_i	H. Daily Data for the Month/Year of: November 2007									
	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine X Combined Chlorine (Chloramines) Chlorine Dioxide									
	Lowest Residual				}	Lowest Residual	}			
Day	Disinfectant Concentration at Remote	Fuermana, as Abasa	al Operating Conditions;	Tamais es Maintenas de	Dav	Disinfectant Concentration at Remote	Emanness	ar Abrasansı i	Operating Conditions: Repair or	
of the	Point in Distribution		is Taking Water System C		of the	Point in Distribution			ts Taking Water System Components	
Month	System, mg/L		Operation		Month	System, mg/L			f Operation	
1					17					
_2	3.5				18	3.6				
3	3.6				19	3.4	2 Bacis 3.8/3.8			
4	3.7				20	3.4				
5	2,4				21	3.6				
6	3.4				22	3.4	<u> </u>			
7	3.5				2.3	4.0				
В	3.4				24					
9	4.0				25		<u> </u>			
10	3,4				26	3.0				
11					27					
12	3.8				28	3.4				
13					29	3.6				
[4					30	3.6	<u> </u>			
15	3.4				31					
16	3.5				1					
Ď.	ertification by Autho	signal Daman and artistic								
	to each eniged to sign th	is report on hebrif o	Etha concernitiva ese	tem identified in Da	et i of t	his renort I certify that	the information	nmyldad i	this most is two and	
	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									
iccm an	occurate to the best of my knowledge and belief.									
				Phil Donovan			Water P	lant Operat	or #3207	
74	es and Data				od Nam	· · · · · · · · · · · · · · · · · · ·	والمراجعين المراجعين			
) ignatu	nature and Date Printed or Typed Name License Number or Title									

Iffective December 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

L Ger	teral Information for	the Month/Year of: December 2007				#101			
		quaSourse Utilities (Lake Osborne Estate	es)			PWS Identification Number: 450-0768			
		X Community Non-Transient No		Transient Non-Community					
Numb	er of Service Connection	ns at End of Month: 490		Total Population Served at End of Month: 1225					
		AquaSourse Utilities Inc.							
	t Person: Nina Whatle				ct Person's Title: Office				
	t Person's Mailing Add			City: Boynton Beach State: FL Zip Code: 33424					
		lumber: 1-800-250-7532	· · · · · · · · · · · · · · · · · · ·	Conta	ct Person's Fax Number	r. 561-649 - 0836			
Contac	t Person's E-Mail Add	ress: taphoh2@aol.com							
		h/Year of: December 2007							
Туре		Maintained in Distribution System:	Free Chlorine	X (Combined Chlorine (Ch	loramines) Chlorine Dioxide			
1	Lowest Residual			ľ	Lowest Residual Disinfectant				
Day	Disinfectant Concentration at Remote	Emergency or Abnormal Operating Conditions; I	Repair or Maintenance	Dav	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or			
of the	Point in Distribution	Work that Involves Taking Water System C	omponents Out of	of the	Point in Distribution	Maintenance Work that Involves Taking Water System Components			
Month	System, mg/L	Operation .		Month	System, mg/L	Out of Operation			
	·			17	10				
2				18	2.0 2.8				
-	3.4			20	3.4				
	3,2	2.0-4-2.02.0		21	3.0				
5	3.0	2 Bacts 3.0/3.0	 	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	4th Q Bacts			
14	3.0			30	2,5	Average CI.2 3.47			
15	3.0			31	3.0				
_16]		,			
.0	ertification by Autho	and Dunger station							
Lillian de	entification by Attitud	is report on hehalf of the consecutive sus	tem identified in Pa	rt I oft	his report. I certify that	the information provided in this report is true and			
	to the best of my kno		torm waterstand are a	.,,,,,,,,	me repend a venily dist	. eren mennennen han bank teman om come sakans se ma <u>ne 1991-198</u>			
**************************************	TO HIS SOUL OF HIS KINS	THE PARTY CONTENT							
			Phil Donovan			Water Plant Operator #3207			
Signatu	anature and Date			ed Nam	e	License Number or Title			
)EP Form (52-555. 9 00(4)		Pag	e 1					

_	The same of the sa		1	-ERATION ILL						
	ge 2 for instructions.									
L Ge	neral Information for	the Mont	h/Year of	10006		<u> </u>				
COMPA	CHILLE SYSTEM MSWE: A	MIRSOURCE	I Itilitian	(also Oak - Batata	-			PWS Identificat	lan Mumb	450.0769
00100	cutive System Type:	X Comr	nunity	Non-Transient No	Community	Trans	sient Non-Community	F W S Idelitificat	IOH NUMBO	er. 430-0768
MITTITO	er of service Connection	ons at End	of Month:	400	11-Community		Population Served at Er	d of Months 122	<	
Conse	cutive System Owner:	AguaSou	se Utilitie	e Inc		LOIAL	opulation Served at Er	id of Month; 122	٠,	
Contac	ct Person: Nina Whatle	y	, or carrie	3 mc.		Contac	t Person's Title: Office	Manager		
	ct Person's Mailing Add		ox 3885				Boynton Beach	State:	PI.	Zip Code: 33424
Conta	ct Person's Telephone N	lumber: 1-	800-250-	7532			et Person's Fax Number		10	Zip code. 33424
Conta	ct Person's E-Mail Add	ress: taph	oh2@aol.	com		Contrac	A I CISONS PAR INDINGER	000-045-045-		
The 128	ily Data for the Mont	In/Year of	Janua	ry 2006		· · · -				
Type	of Disinfectant Residua Lowest Residual	l Maintain	ed in Dish	ribution System:	Free Chlorine	XC	Combined Chlorine (Ch	loramines)	Chlori	ne Dioxide
	Disinfectant	}	 	:	• • •	j j	Lowest Residual Disinfectant		•	
Day	Concentration at Remote	Emergency	or Abnorm	at Operating Conditions; P	tepair or Maintenance	Day	Concentration at Remote	Emergency c	r Abnormal	Operating Conditions; Repair or
of the	Point in Distribution	Work	that Involve	s Taking Water System Co	imponents Out of	of the	Point in Distribution	Maintenance Wor	k that Involv	res Taking Water System Components
Month	System, mg/L			Operation		Month	System, mg/L		Out	of Operation
	2,5					17	2.0			
. 2	2.5			······································	·	18				
3	3,0	ļ				19	2.5			
	2.8	ļ				20	2.5			
- 5	2,6		·		· · · · · · · · · · · · · · · · · · ·	21				
7	2.5		· · · · · · · · · · · · · · · · · · ·		·····	22	2.5			· ·
8	2.6					23	2.5			
- ·	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	· · · · · · · · · · · · · · · · · · ·		
13	2.6					28				
	2.6	<u> </u>		· · · · · · · · · · · · · · · · · · ·		29	2.5			
14						30				
15	2.0					31	3.0	<u> </u>		
16	2.3	J				Ţ				•
	Certification by Autho				المتنيياتين					
I am di	uly authorized to sign th	his report o	n behalf	of the consecutive sys	tem identified in Pr	art I of t	his report. I certify that	the information	provided i	in this report is true and
ассша	te to the best of my kno	wledge an	d belief.				•			-
_	1 0			and with the	ADED - DATE					

Phil	Donavan
61	175-4

2 / 100 CHMENT NUMBER PHILDONOVAN

Water Plant Operator #3207

Signature and Date

04321 HAY ZZ e Typed Name

License Number or Title

Page 1



L. General Information for	the Mentle/Newson	F-> 2006						
Consecutive System Name:			\		 	DITIO 11 - HE		460.0060
		Non-Transient N		7	alant Man Cammunita	PWS Identification	מחווא מסח	er: 450-0768
Number of Service Connecti			on-Community L	Transient Non-Community Total Population Served at End of Month: 1225				
Consecutive System Owner:				LOCAL	Population Served at El	no of Month: 122	23	
Contact Person: Nina Whatle		S IIIV.		Conta	ct Person's Title: Office	Manager		
Contact Person's Mailing Ad			· · · · · · · · · · · · · · · · · · ·	City:	Boynton Beach	State:	FI	Zip Code: 33424
Contact Person's Telephone		7532			ct Person's Fax Number		1.77) Zip Code: 55424
Contact Person's E-Mail Ade				, Coma	OTT GIBORG & AX IVANDO	, 201-047-0630		, iš
H. Daily Data for the Viou					; · s '			
Type of Disinfectant Residu	el Maintained in Dist	ribution System:	Free Chlorine	Х (Combined Chlorine (Ch	loramines)	Chlori	ne Dioxide
Distribution Day Concentration at Remote of the Point in Distribution	Emergency of Abnorm	al Cheming Conditions affaicing Waters yourn b	Repair of Maintanance Simpostents Out of	Day of the	Lowest Residual Distributant Concentration at Remote Point in Distribution	Emergency Maintenance Woo	or Abnormal	Operating Conditions; Repair or es Taking Water System Components
Month System mg/L	The Control of the Control			Month	System, mg/L	es y suri selle	over Out	of Operation
1 3.0				17	2.8			
2.8	<u> </u>			81				
2.8	<u> </u>			19	2.8			
4 2.5	<u> </u>			20	3.0			
. 6 - 1				21	2.8			
6 2.5	<u> </u>		····	22	2.5			
7			······································	. 23				
- 8 2,6	<u> </u>			24	2.3	<u> </u>		
9 2.5		·		25	2.3			. #
10 2.6	•	······································		26	2,0			
11	<u> </u>			27	2,3			
12 2.6				28	2.3			
13 2.8	Collected 2 Compliance	e Bac-T samples		29				
14, 2.6				30				
15 2.5				31				
146 2.8]				
III. Certification by Authorized to along	orized Representation	ie Cilonomora di						
I am duly authorized to sign t accurate to the best of my kno	owledge and belief.	or the consecutive sy:	stem identifica in Pa	it i of t	nis report. I certify that	the information	provided i	n this report is true and
Phil Donary	3/10/06	9	Phil Donovan			Water P	lant Opera	tor #3207
Signature and Date			Printed or Typ	ed Nam	10		Number o	
DEB Form 43 EEE BOOKS			Dan	. 1				



		the Month/Year of: March 2006						
		quaSourse Utilities (Lake Osborne Estates)				PWS Identificati	on Number: 450-0768	
	cutive System Type:	X Community Non-Transient Non-	Community		sient Non-Community			
		ns at End of Month: 490		Total	Population Served at Er	id of Month: 122:	5	
		AquaSourse Utilities Inc.						
	t Person: Nina Whatle				ct Person's Title: Office			
	t Person's Mailing Add				Boynton Beach	State:	FL Zip Code: 33424	
		lumber: 1-800-250-7532		Conta	ct Person's Fax Number	: 561-649-0836		
Contac	t Person's E-Mail Add	ress: taphoh2@aol.com						
H. D:	ily Data for the Mont	h/Year of: March 2006			· · · · · · · · · · · · · · · · · · ·	····		
		Maintained in Distribution System:	Free Chlorine	X (Combined Chlorine (Ch	loramines)	Chlorine Dioxide	
	Lowest Residual				Lowest Residual			
_	Disinfectant			_ :	Disinfectant	_		
Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Rep Work that Involves Taking Water System Comp		Day of the	Concentration at Remote Point in Distribution		Abnormal Operating Conditions, Repair or	
Month	System, ing/L	Work that involves Taking water System Comp	omenis Out of	Month	System, mg/L	Maintenance Mou	that Involves Taking Water System Components Out of Operation	
				17	2.4	<u></u>	Con or operation	
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 Complis	nce Bac-T samples	
13				29	2.4			
14	2,5			30	2.4			
15_				31	2.8			
16	2.5			•				
111 (ertification by Autho	rized Representative						
I am du		is report on behalf of the consecutive system	n identified in Pa	rt I of t	nis report. I certify that	the information p	provided in this report is true and	
	Ph	1. Donara 4/10/06	Phil Donovan				ant Operator #3207	
Signature and Date Printed or Typed Name License Number or Title								



See page 2 for instructions.	
I. General Information for the Month/Year of: April 2006	
Consecutive System Name: AquaSourse Utilities (Lake Osborne Estates)	PWS Identification Number: 450-0768
Consecutive System Type: X Community Non-Transient Non-Co	
Number of Service Connections at End of Month: 490	Total Population Served at End of Month: 1225
Consecutive System Owner; AquaSourse 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	
D D 2 D a 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
II. Daily Data for the Month-Year of: April 2006 Type of Disinfectant Residual Maintained in Distribution System:	ee Chlorine X Combined Chlorine (Chloramines) Chlorine Dioxide
Type of Distinction Residual Manifement in Distribution System.	Lowest Residual
Day of Dirinfectant Concentration	Day of Disinfectant Concentration Emergency of Abnormal Operating Conditions, Ropes of
the at Remote Point in Emergency or Abnormal Operating Conditions, Repair	Maintenance line at Remote Point in Maintenance Work that Involves Taking Water System Components
Month Distribution System, mg/L Work that involves Taking Water System Components 2.4 2.2 2.0	
[2008] 2.4 [2008] 2.4	
(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
2.4	
2.4 2.4	
2.4	2.0
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) 	22 2.0
(2.4) 2.4	9 224 2 2.2
2.0	25 2.4 2.6 1.8
2.2	28 2.0
2.4	2.0
[S]63 2.3	1.4
15.	
2.0	
IH. Certification by Authorized Representative I am duly authorized to sign this report on behalf of the consecutive system is to the best of my knowledge and belief.	entified in Part I of this report. I certify that the information provided in this report is true and accura
	hil Donovan Water Plant Operator #3207
Signature and Date	rinted or Typed Name License Number or Title



See	DAGE	2	for	instruct	ions

I. Ger	eral Information for t	the Month/Year of	May 2006							
	utive System Name: A						PWS Identificat	ion Numb	er: 450-0768	
Conse	cutive System Type:	X Community	Non-Transient No	on-Community	Transient Non-Community					
	er of Service Connectio				Total	Population Served at Er	nd of Month: 122	5		
	cutive System Owner:		s Inc.							
	t Person: Nina Whatley					ct Person's Title: Office				
	t Person's Mailing Add					Boynton Beach	State:	FL	Zip Code: 33424	
	t Person's Telephone N				Conta	ct Person's Fax Number	<u>: 561-649-0836</u>			
Conta	et Person's E-Mail Addi	ress: taphoh2@aol.	com						<u>;</u>	
II. Di	ily Data for the Mont	h/Year of: May	2006							
Турс	of Disinfectant Residua	Maintained in Dist	ribution System:	Free Chlorine	Χ¢	Combined Chlorine (Ch	loramines)	Chlorit	ne Dioxide	
	Lowest Residual	,				Lowest Residual				
Day	Disinfectant Concentration at Remote	Emergency or Ahnorm	el Operating Conditions; I	Renair or Maintenance	Day	Disinfectant Concentration at Remote	Emergency	or Abnormal	Operating Conditions; Repair or	
of the	Point in Distribution	Work that Involve	rs Taking Water System C	emponents Out of	of the	Point in Distribution	Maintenance Wor	k that Involv	es Taking Water System Components	
Month	System, mg/L		Operation	<u> </u>	Month	System, mg/L		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	ļ			21	1:5	<u> </u>	·		
6	2.0	ļ			22	2,0	Collected 2 Compl	ance Bac-T	samples	
7	1.5				23	1.0				
8	1.6				24	1,0	<u> </u>			
9	1.2				25	1.0				
10	1.0	<u> </u>	·		26		<u> </u>			
11	1.0				27	8,0				
12	1.2	<u> </u>			28	0.8	<u> </u>			
13				· · · · · · · · · · · · · · · · · · ·	29	0.8	<u> </u>			
. 14	1.2				30	1.0				
15	1.4			·	31	0.6	Flushed Hydrants			
16	1.6	1			J					
	ertification by Autho	great Dayson on the	N/0				·		<u></u>	
				tem identified in D	w LAF	hie report Taartificalia	t the information		in this report is true and	
	ily sumorized to sign to te to the best of my kno		of nie consecutive sh	reiti incittition iti Li	MI I OI I	ins reboir t ceriffy that	r ME HITOLLUSTION	htoxided (m ons report is true and	
accura	ie to the best of my kno	MICORC WITH DELICIT								
	Di. A	0	Post of the	Phil Danovan			Water P	lant Onera	stor #2207	

Phil Donavin 2	1 1/2 lps	Phil Donovan	Water Plant Operator #3207
Signature and Date		Printed or Typed Name	License Number or Title

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



L Ger	oceal Information for	the Month/Year of: June 2006				- <u></u>	······································	· · ·	
		AquaSourse Utilities (Lake Osborne Es	states)			PWS Identificat	ion Numbe	er: 450-0768	
Conse	cutive System Type:	X Community Non-Transient	t Non-Community	Tran	sient Non-Community				
		ons at End of Month: 490		Total	Population Served at E	nd of Month: 122	25		
		AquaSourse Utilities Inc.		,			·		
	ct Person: Nina Whatl				ct Person's Title: Office				
	ct Person's Mailing A				Boynton Beach	State:		Zip Code: 33424	
		Number: 1-800-250-7532	<u> </u>	Conta	ct Person's Fax Number	<u>r: 561-649-0836</u>			
Conta	ct Person's E-Mail Ad	dress: taphoh2@aol.com							
H. D.	niv Data for the Mor	th/Year of: June 2006							
Type o	of Disinfectant Residu	al Maintained in Distribution System:	Free Chlorine	X	Combined Chlorine (C)	iloramines)	Chloria	ne Dioxide	
the /	Jowen Residual Districtant Concentration at Remote Point in Distriction System, mg/1	Effergency of Abnormal Operating Condition Work that involves Taking Water System Con	is Repair of Mauricitance opposites Out of Operation	the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abu Work that Inv	olves Taking.	ng Conditions, Repair or Maintenance Water System Components Out of eration	
15-1	1.1			417.	2.6				
2	1.0]8 -	0.8				
3.3				19:	1.6	Flushed Hydrants			
3 4	1.0			- 20	2.0				
5	0.8			21.	1.8			· · · · · · · · · · · · · · · · · · ·	
1.6	2.0	Flushed Hydrants		22	2.0				
	1.4	<u> </u>		23:	1.8				
9,	1,0 1.0			24					
10.		· · · · · · · · · · · · · · · · · · ·		26	1.5				
.11	1.0			27	2.0	ļ <u></u>			
12	1,0			28	2.2	'			
7 15	1.0			29	1.8				
14	1.0			30	1.0			· · · · · · · · · · · · · · · · · · ·	
13.0	0,8	Collected 2 Compliance Bao-T samples		31	1.0				
316	L.0			1 2 2 2 2	L	<u> </u>	······································		
			· · · · · · · · · · · · · · · · · · ·						
I am du		nrized Representative this report on behalf of the consecutive owledge and belief.	e system identified in F	art I of	this report. I certify th	at the information	on provided	in this report is true and	
	Phi	& Donous 7/10/06	Phil Donovan			Water P	lant Opera	tor #3207	
Signati	ire and Date		Printed or Typ	ed Nan	10	License	License Number or Title		



	neral Information for								
	cutive System Name: A						PWS Identification Nur	mber: 450-0768	
	cutive System Type:			ent Non-Community	Trai	sient Non-Community			
	er of Service Connection				Total	Population Served at B	nd of Month: 1225		
	cutive System Owner:		ities Inc.						
	ct Person: Nina Whatle					ct Person's Title: Office	Manager		
	ct Person's Mailing Add					Boynton Beach	State: FL	Zip Code: 33424	
	ct Person's Telephone l				Conta	ct Person's Fax Number	r: 561-649-0836		
Conta	ct Person's E-Mail Add	ress: taphoh2@2	aol.com	···					
11 D:	illy Data for the Mont	b/Neurofe Inle	v 2006						
	of Disinfectant Residua			1: Free Chlorine	X	Combined Chlorine (Ch	loramines) Chlo	prine Dioxide	
S ^{tr}	Lowest Rosidual				100 1/2 3	Lowest Residual	MCS CHEST OF STREET STREET	A CONTRACT OF THE PARTY OF	
Day of	Disinfectant Conceptration	Committee of the Alle	والمناث والمناثر المسم	ions; Repair or Maintenance	Day of	Disinfecture Concentration	Emergency of Abnormal Ope	rating Conditions, Repair or Maintenance	
	Distribution System, mg/L	Work that Involves	Taking Weter System C	omponents Out of Operation	Month	Distribution System mg/L	WINE DISCUSSION SERVICES	ng Weter System Compensents Out of a Operation	
1 1 1 C					· 125	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	ļ		·····	23	2.2	Flushed Hydrants		
	2.4		·····		2)	1.6			
9	2.5				-7.5	3,0			
, ip.,	2.2	Collected 2 Complian	nce Bac-T samples		- 26.	2.2			
13	2.0	 			-27	1.6			
19	3.0		·····		28	2.0			
13.	2.4				- 29				
13	2.5	ļ			30:	2.5	Flushed Hydrants		
18.					731	2.0	<u> </u>		
	<u> </u>	l			J				
	ertification by Autho								
I am di	ally authorized to sign ti	his report on beha	ilf of the consecuti	ve system identified in I	Part I of	this report. I certify th	at the information provid	led in this report is true and	
accurat	te to the best of my kno	wledge and belief	<u>.</u>				•	•	
-		voice 8	3/10/06	Phil Donovan	wan Water Plant Operator #3207				
Signat	ure and Date	Printed or Typ	ed Nan	ie	License Number or Title				

Owner Copy '



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

	·								
	veral Information for								
	cutive System Name: A						PWS Identification Nut	nber: 450-0768	
	cutive System Type:		Non-Transient	Non-Community	Transient Non-Community				
	er of Service Connection			······································	Total	Population Served at E	nd of Month; 1225		
	cutive System Owner:		es Inc.	· · · · · · · · · · · · · · · · · · ·					
	ct Person; Nina Whatle					ct Person's Title: Office			
	ct Person's Mailing Ad					Boynton Beach	State: FL	Zip Code: 33424	
	ct Person's Telephone I				Conta	ct Person's Fax Number	r: 561-649-0836		
Conta	ct Person's E-Mail Add	ress: taphoh2@ac	1,com				,		
II b	aily Data for the Mont	b/Voor of Aug							
Type	of Disinfectant Residua	Maintained in Die	tribution Systems	Free Chlorine	V	Combined Chlorine (Cl	loroninos Chic	orine Dioxide	
1,00	Lowest Residual	i wantantaed in Di	AHOUNDE SYSTEM.	L 1 166 CHOTHE	<u> </u>	Lowest Residual	iloranomes) [] Cita	mile Dioxide	
Day of	Disinfectant Concentration	_			Day of	Disinfectant Concentration	Emergency or Abnormal Ope	rating Conditions; Repair or Maintenance	
the Month	at Remote Point in Distribution System, mg L		nal Operating Conditions		the Month	at Remote Point in	Work that Involves Take	ing Water System Components Out of	
Monior	1.8	A OF HER THE TANK THE TANK	King whier avstern Com	ponents Out of Operation	17	Distribution System, mg L		Operation	
-	1.6				18	1.8			
	1.8		**************************************		19	1,0			
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		
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				1				
111	Certification by Autho	wiscari Dansumatata							
am d	uly suthorized to sign t	his report on helioti	fol the concession	mustam identified in T	Dage I a	fthis manage Lagraige		ded in this report is true and	
accinta r min M	te to the best of my kno	ius report on octiati	. Dr the consecutive	system identifica iti i	raji i Q	i uns report. I cerusy tr	at the information provi	ded in this report is true and	
aceni 9	to to the best of the KUC	MICHRE 480 DEITEL							
	Ohio On	vairus é	3/0/01	Phil Donovan			W.s Nic + O	. Hand	
Ci	1-mx + 100	raitur i	216100		Tate Tibut Operator #5207				
oignat	ure and Date	•		Printed of Typ	Typed Name License Number or Title				

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

Sec pag	e 2 for instructions.									
		the Month/Year of: September 2006								
		quaSourse Utilities (Lake Osborne Estates)			PWS Identific	ation Num	ber: 450-0768			
	zutive System Type:	X Community Non-Transient Non-Community	у 🗌 Тгаз	sient Non-Community						
		ons at End of Month: 490	Total	Population Served at E	nd of Month: 1	225				
		AquaSourse Utilities Inc.								
	t Person; Nina Whatle			ct Person's Title: Office						
	t Person's Mailing Ad			City: Boynton Beach State: FL Zip Code: 33424						
		Number: 1-800-250-7532	Conta	ct Person's Fax Number	r: 561-649-083	6				
Contac	t Person's E-Mail Add	ress: taphoh2@aol.com								
II. Da	ily Data for the Mon	hAcar of: September 2006		· · · · · · · · · · · · · · · · · · ·						
Type o	f Disinfectant Residua	Maintained in Distribution System: Free Chlor	rine X	Combined Chlorine (Ch	loramines)	Chlor	rine Dioxide			
	Louis Regional Distinction Conceptuation			Lewest Residual		11.00	A PARTIES OF A SERVICE OF A SER			
Dayot	District Left Concentration. at Remote Point in	Emergency of Abnormal Operating Conditions, Repair of Maintena		Distriction Concentration	Emergency of A	bnormal Oper	sting Conditions, Repair or Maintenance			
	Distribution System, ing/L	Work that Involves Taking Water System Components Out of Opera	rtion Month	Distribution System, mg/L	Work India		g Water System Components Out of Coperation			
達佛也	1.0		1375							
1.2			J.C.	1.4						
3			1395	1.0						
4	0.4	Flushed hydrants	20%	1.2						
5.5	0.6		2	1.2						
6	006		22	1.0						
$\langle j_1 \rangle$	0,8		23		Collected Compli	впое Вас-Т за	emples			
A .7.			2.2	1.0						
			25	1.0						
10	0.8		26/-							
	0.8	Collected 2 Compliance Bao-T samples	27.5	0.8						
	0,6		728	0,8						
13	1.0		29.	1.2						
14.	1.1		20	0.8						
13.7			31/							
6	0,8									
am du		rized Representative his report on behalf of the consecutive system identified wledge and belief.	d in Part I o	f this report. I certify th	at the informat	ion provid	ed in this report is true and			
		Phil Dono	van		Water	Plant Oper	rator #3207			
Signatu	re and Date	Printed or	Typed Nan	ne	Licens	e Number	or Title			

owner



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

	eral Internation for t								
	utive System Name: A						PWS Identification	n Number:	450-0768
	utive System Type:	X Community	Non-Transient No	on-Community [sient Non-Community			
Number of Service Connections at End of Month: 490					Total	Population Served at Er	nd of Month: 1225		
Consec	utive System Owner:	AquaSourse Utiliti	es Inc.						
Contact Person: Nina Whatley						ct Person's Title: Office			
Contact	Person's Mailing Add	ress: PO Box 3885			City:	Boynton Beach	State: F	L .	Zlp Code: 33424
	t Person's Telephone N				Conta	ct Person's Fax Number	: 561-649-0836	_	
Contac	t Person's E-Mail Add	ess: taphoh2@ao	.com						
II. Dai	ly Data for the Mont	b/Year of: Octo	ber 2006				·		
	f Disinfectant Residual			Free Chlorine	ΧÓ	Combined Chlorine (Ch	loramines)	Chlorine I	Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorr	nal Operating Conditions; es Taking Water System C Operation	Repair or Maintenance	Day of the Month	Lowest Residual Disinifectant Concentration at Remote. Point in Distribution System, mg/L.	Emergency or	Abnormal Ope	rating Conditions; Repair or aking Water System Components
1	1,0				17	1,0			
2	1.0				_18	0,6	Collected Compliance	e Bac-T sampl	es
. 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		<u> </u>		
13	0.8				29	0.8			
14	·	<u> </u>		<u> </u>	30	0.8			
15	0.8				31	0.8	<u> </u>		
16	0.8	<u> L</u>			J				
I am du	crtification by Autho ly authorized to sign the to the best of my kno	is report on behalf	of the consecutive sy	stem identified in P	art I of t	this report. I certify that	t the information p	rovided in th	nis report is true and
				Phil Donovan				nt Operator	
Signatu	re and Date			Printed or Typ	oed Nan	ne	License N	lumber or T	itle



onsec	itive System Name: Ac	quaSourse Utilities (Lake Osborne Estates)	PWS Identification Number: 450-0768						
onsec	tive System Type:	X Community Non-Transient Non-Community	Tran:	sient Non-Community					
umbe	of Service Connection	ns at End of Month; 490	Total	Population Served at El	nd of Month: 122	5			
onsec	utive System Owner:	AquaSourse Utilities Inc.							
ontact	Person: Nina Whatley	,	Contact Person's Title: Office Manager						
ontact	Person's Mailing Add	ress; PO Box 3885	City: Boynton Beach State: FL Zip Code: 33424						
ontac	Person's Telephone N	umber: 1-800-250-7532	Conta	ct Person's Fax Number	r: 561-649-0836				
Contac	Person's E-Mail Addr	ess: taphoh2@aol.com							
l. Da	y Data for the Mont	h/Year of: November 2006	···	· · · · · · · · · · · · · · · · · · ·					
		Maintained in Distribution System: Free Chlorine	X (Combined Chlorine (Ch	loramines)	Chlor	ine Dioxide		
T	Lowest Residual		1	Lowest Residual	1				
_	Disinfectant	The second of th	ļ "	Disinfectant		1.	to at a this and Baseline		
Day	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; I Maintenance Work that Involves Taking Water System				
fonth	System, mg/L	Operation	Month	System, mg/L	Wantenance We		t 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		<u> </u>				
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					
	2.6	Collected Compliance Order Back-T samples	31						
_15		T	1		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

Phil Donaven 12-10-06 Signature and Date	Phil Donovan Printed or Typed Name	Water Plant Operator #3207 License Number or Title
Originator and Date	Trutted of Typed Name	Eliconsc (Amilioci Ol) (ttp



See page 2 for instructions.

		the Month/Year of: December 2000							
Conse	cutive System Name: A	quaSourse Utilities (Lake Osborne Est	ates)			PWS Identific	ation Numbe	r: 450-0768	
Conse	cutive System Type:	X Community Non-Transient	Non-Community	PWS Identification Number: 450-0768 Transient Non-Community					
Numb	er of Service Connection	ns at End of Month: 490			Population Served at Er	nd of Month: 1	225		
Conse	cutive System Owner:	AquaSourse Utilities Inc.				35 02 3110 11411 2			
Conta	t Person: Nina Whatle	/		Conta	ct Person's Title: Office	Марадет			
Conta	t Person's Mailing Add	ress: PO Box 3885		City: Boynton Beach State: FL Zip Code: 33424					
		lumber: 1-800-250-7532		Contact Person's Fax Number: 561-649-0836					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ress: taphoh2@aol.com	······································		The state of the state of	1 301 043-083	<u> </u>		
									
T	District the Man	h/Year of: December 2006							
Type	Lowest Residual	Maintained in Distribution System:	Free Chlorine	<u> </u>	Combined Chlorine (Ch	loramines)	Chlorine	Dioxide	
	Disinfectant			}	Lowest Residual Disinfectant				
Day	Concentration at Remote	Emergency or Abnormal Operating Condition		Day	Concentration at Remote	Emergenc	v of Abnormal O	perating Conditions; Repair or	
of the	Point in Distribution	Work that Involves Taking Water System	Components Out of	of the	Point in Distribution	Maintenance W	ork that Involve:	Taking Water System Components	
Month	System, mg/L	Operation		Month	System, mg/L		Out of	Operation	
	2.4			17	2.5				
3			 	18	3.0	ļ	·		
	2.5	<u> </u>		19	2,8				
4				20	2.2				
5 6	2.8			21	2.4				
7	2.8	Call and Caracter and the Ball of		22	2.4				
<u> </u>		Collected Compliance Order Back-T samples		23	2.4				
	2,6			24	2.0	<u> </u>			
10				25	2.6	<u> </u>			
11	2.0			26					
				27	2.6	<u> </u>	 		
12	3.3			28			· · · · · · · · · · · · · · · · · · ·		
13	2.6	 		29	2.0	ļ			
15	2.6			30	2,4	ļ			
16				31	2.0	L	<u></u>		
10	<u> </u>	λ		J				_	
l am d	Certification by Author uly authorized to sign the te to the best of my kno	is report on behalf of the consecutive :	system identified in Pa	ert I of t	his report. I certify that	the information	n provided in	this report is true and	
Phil Doncorn 1-10-07 Phil Donovan				. 157			Plant Operato		
Signature and Date Printed or Ty				ed Nam	ame License Number or Title				

DEP Form 62-665.900(4) Effective August 28, 2003 Page 1