PUTNAM COUNTY

Welaka/Saratoga Harbor Wootens

Docket No. 080121-WS

Application to Increase Rates and Charges

For a "Class A" Utility

In

Florida

Volume 5 Book 2 Set 12 of 16

Part 5 of 5

Containing:

Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE OF 330 MAY 22 & FPSC-COMMISSION CLERK.

Aqua Utilities Florida, Inc.



See Pages 4 for Instructions

DEP Form 62-555, 900(3)Alternate

See Fages 4 for Austructions.					
. General Information for the Month/Y	ear of: January, 2007				
A. Public Water System (PWS) Informat	ion				
PWS Name: Welaka Mobile Home	: Park			PWS Identification Number:	2541242
PWS Type: ✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive	
Number of Service Connections at End of Month:	108		Total I	opulation Served at End of Month	324
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contac	t Person's Title: Area N	Manager
Contact Person's Mailing Address: F	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
	352) 787-0980		Contac	t Person's Fax Number: (352)	787-6333
	peheath@aquaamerica.com				
3. Water Treatment Plant Information					
Plant Name: Welaka Mobile Home	; Park			Plant Telephone Number:	(352) 787-0980
Plant Address: Hamilton Road			City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by Plant:	✓ Raw Ground Water Pu	rchased Finished Water			
Permitted Maximum Day Operating Capacity of P	lant, gallons per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A	l.C.): V			ass (per subsection 62-699.310(4),	
Licensed Operators	Name.	License Class			Shift(s) Worked 12 Const.
Sead/Chief Operator: Paul Thompson		A		Days 1st Shift	
Other Operators 200 David Haring Ralph Marriott		C	14091	Days 1st Shift	
Ralph Marriott	•	С	7527	Days 1st Shift	
				_	
1. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant					
information provided in this report is true					
International Standard 60 or other applic	able standards referenced in subse	ction 62-555.320(3), F.A.C	C. I also certify that	t the following additional or	perations records for this plant
were prepared each day that a licensed of					
(2) if applicable, appropriate treatment p					
retain them, together with copies of this					o a militar and a militar of the
Totali disin, togodici wili copies or ans i	/ I	at least tell years.			
1 ~	-12/117				
	2/7/U7 DOCUMENT NUMBE	R Inompson			A7251
Signature and Date	DOCOLICH F HOLIOT	Printed of Typed Name			License Number
DEP Form 62-555, 900(3)Alternate	04330 MA				

FPSC-COMMISSION CLERK

	PWS Identification Number; 2541242 Plant Name: Welaka Mobile Home Park													
III. D	aily Data	for the N	lonth/Year	of:		January, 2007			· <u> </u>					
Means	of Achievi	ng Four-Los	g Virus Inacti	vation/Remov	/al: 57 Free C	Chlorine [Chlorine Di	iovide			in ad Chlori	as (Chisas		
[Մ Մ	traviolet R	adiation	[Othe	r (Describe):	:	,	CHIOLDIE DI	OALLE	, OZURC	ı Comi	omed Chieft	ne (Chiorai	ruics)	
T	CDI C					√ Free Chlo	rine C	Combin	ed Chlorine	(Chloremine		Chlorine l	Nia-dala	
132.98	Contract of the Contract of th	Tana and A	Juar Mailitai		model system.	Free Child	A COMPANY OF	COMON COMON	EU CHIOTHE	CHIOLEGIAN College Street	क) । किस्सम्बद्धसम्बद्धसम्बद्ध	Chiorine i	JIOXIGE Navasela manalas	
100				7 5 3 7 C	I Calculations for	EU.V. Dose, to:	Demostato	Four-Los	Virus Inac	nivation, ii	Applicable:		2-12-12-1	
		提 到的		1 2 1 2 1	TOP OF THE PROPERTY OF THE	CECalc	ulations :	र्था । ५ विद्यालया सम्बद्धाः	Ark 0,500,000,000,000,000,000,000,000,000,0	Enteres Established	SECUVE	Dose Viji ∓	10 10 10 M	
146			- 13- - 13- 13- 13- 13- 13- 13- 13- 13- 13- 13			t Suin	Lowest CT	186		13733	138421	10000		Read Total Control
有语语	AND MA	N. A.			\$ \$3.55 per \$4.5	Disinfectant 5	Provided	300	B. 14. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	1 多等级的	10.14	建 场机态	ALC: COM	Land Service Services
经基础	Lays Plant	100			- Lowest Residual	Contact Times	Before or at.		Art 1	Facility 1	100	随着機能	Lowest Residua	一种的一种主义。
2.5	Subject of		Net Quantity	10 m	Lisinlectant	N v(I) at Coast	Of the First		· 1000 03	李宝宝		Minimum	Disinfectant	
Dayor	Operator	Hours plant	Water	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Concentration (C)	Point Outro	Customer	(3.8)		1.25.22	Onerating	Jan Althora	Concentration at	Emergency or Abnormal Operating
the	Place.		Producted	Peak Flow	Customer During	Pcak Flow	-Flow, mg-	Temp of	pH of Water	Required me	UV Dose	La mw	A Distribution	Involves Paking Waist Suctem Commonants
Monus	ic ixb	Operation	gal 4 c	Rate, gpd	Peak Flow, mg/Lt.	· minutes A	min/L	Water, C	if Applicable	min/L	mW-sec/cm	iscc/cm	System mg/L	Emergency of Abnormal Operating Conditions Repair of Maintenance Work that Unvolves Taking Water System Components Out of Operation
F21/34	Х	24.0	11,026										0.9	
		24.0			1.5								1.0	
	X	24.0 24.0	101010	ļ	2.0			<u> </u>				<u> </u>	1.2	
	x	24.0	16,250 5,780	 	1.7	 -		 				ļi	0.9	
242.65		24.0		 	1.3	·		 		ļ		 	0.8	
267		24.0	11,713											
機能		24.0	11,713		1.5			—		 			0.9	
100	Х	24,0	10,340		1.5								0.9	
44.015	Х	24.0	10,080		1.3								0.7	
		24.0		 	1.5						<u> </u>		0.8	
10.4		24.0 24.0	10,920 12,877		1.5			 		 	· · ·		0.9	
4		24.0	12,877											
	х	24.0	12,877	 	1,5			 		ļ <u></u>			1.0	
(4) (4)	X	24.0	11,940	<u> </u>	1.5			 					1.0	
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特均可	Х	24.0	11,460	ļ	1.5								1,1	
	 	24.0 24.0		 	·									
14 22 1	x	24.0	11,733	 	1,5			-				 		
海边黄		24.0	11,733	 	1.5			 		<u></u>			1.0	
新沙鹿	x	24.0	12,000	-	1.5			 					1.0	
420	х	24.0	12,180		1.5			T					1.0	
18/26 P	х	24.0	11,250		1.3								0.8	
11.23.43		24.0												
231		24.0	12,590	ļ				<u> </u>						
# X 291 H	X	24,0			1.0			ļ					0.5	
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	A	2.0		 	1.3	L		<u> </u>		<u>l</u>	<u></u>		0.9	
70 273	The same of the	2 12 16 7 1	11,750	•										
N 12 0 1 1 1	/ A 37 TO THE PARTY OF	Bearing of Assessed		ì										

^{*} Refer to the instructions for this report to determine which plants must provide this information,



See Pages 4 for Instruct							
l. General Information for	r the Month/Year of: February, 200	7					<u></u>
A. Public Water System (P	WS) Information						
PWS Name: We	elaka Mobile Home Park				PWS Identification Number	er; 2541242	
	Community Non-Translent Non-Community	y Tra	ansient Non-Com	munity	Consecutive		
Number of Service Connections	s at End of Month: 108			Total	Population Served at End of	Month: 324	
	ua Utilities Florida					·	
	an Heath			Cont	act Person's Title:	Area Manager	
Contact Person's Mailing Addre				City: Leesburg	State: Florida	Zip Code: 34749	
Contact Person's Telephone Nu				Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Addres							
3. Water Treatment Plant							
	laka Mobile Home Park				Plant Telephone Number:	(352) 787-0980	
	milton Road			City: Satsuma	State: Florida	Zip Code: 32189	
Type of Water Treatment by Pla		Purchased Finis	hed Water				
	ating Capacity of Plant, gallons per day:		108,000				
Plant Category (per subsection				Plant (Class (per subsection 62-699.	310(4), F.A.C.): D	
Licensed Operators		医性性神经 化二次	License Class			y(s) //, Shift(s) Worked	1,41,4
Lead/Chief Operator: Pau			A	7251	Days 1st Shift		
	vid Haring		c	14091	Days 1st Shift		
- 「新名教を記録のなるとはなった。」	ph Marriott		<u>C</u>	7527	Days 1st Shift		
-					 		
_					<u> </u>		
					 		
					 		
					<u> </u>		
	•		1				
I Certification by Lead/C	hief Operator		_				
	reatment plant operator licensed in Florida, am	the lead/chief	onerator of the	water freatment i	lant identified in part I	of this report. I cartify that the	
information provided in the	his report is true and accurate to the best of my	knowledge an	d bolief I certi	futbat all deinkin	a nater tractment about	included at this plant and of	Non
International Standard 60	or other applicable standards referenced in sub	narouge an	e conoi. Pecha E conois de A C	Talas and Culkui	g water treatment them	icals used at this plant conform t	0 N2F
Michaelollai Standard oo	bet a lineaged amount of the description of the deliced in sign	036CHOH 02-33	3.320(3), F.A.C	. Taiso certify to	at the following additio	nal operations records for this p	ant
were prepared each day u	hat a licensed operator staffed or visited this pla	ant during the	month indicated	anove: (1) reco	rds of amounts of chemi	icals used and chemical feed rate	s, and
(2) it applicable, appropri	iate treatment process performance records. Fu	arthermore, la	gree to provide	these additional	operations records to the	e PWS owner so the PWS owner	can
retain them) together with	copies of this report, at a convenient location	for at least ten	years.				
1 \	2/2/2						
	<u> </u>	Paul Thompson	1			A7251	
Signature and Date		Printed or Type				License Number	
-							

PWS Id	WS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park													
Ш. О	aify Data	for the N	lonth/Year	of:		February, 2007								
			Virus Inactiv			hlorine [oxide	C Ozone	Comb	sined Chlori	ne (Chloren	nines)	
	raviolet R		Cthe				Culorine Di	Oxide	1 OZOIIG	Come	AND CHICKS	in (chinoidi)	,	
						F Free Chile		Combin	ed Chlorine	(Chloramine	(2)	Chlorine I	Dioxide	
Type o	I Disinfec	tant Kesic	iual Maintaii	ned in Distr	ibution System:	iv Free Chk								March Company Company Comment
(1.73				1.4.5.3.4C	T Calculations; or	UV Dose, to	Demostate	rour-Log	virus inac	tivation; if	Applicable:	And the second		Emergency or Adnormal Operating Conditions; Repair or Maintenance Work that. Involves Taking Water System Components.
3. * .		` '		,	1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	CT Calc	ulations	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e of the second	127 134 3	2"/U.V	Jose Target		
					10 July 10 10 10 10 10 10 10 10 10 10 10 10 10	* (*)	Lowest CT	A.Co.	1.75	311	3.27	170	****	
						Disinfectant	Provided		100		1 * X X X X X	200		
	Days Plant				Lowest Residual	Contact Time.	Before or at	1.4. 6				A Killian	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	- },		3 1 to 1 9	Louiset	Minimum	Disintectant	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer			Minimum CT	Operating	Required.	Remote Point in	Conditions: Repair or Maintenance Work that
Day of the	(Place	Hours plant	Water Producted,	Peak Flow	Customer During	Peak Flow	Flow mo-	Temp of	nH of Water	Required ma	UV Dose	mW-	Distribution	Involves Taking Water System Components
Month	(Flace	Operation		Rate gpd			min/L	Water, oc	if Applicable	nin/L	mW-sec/cm	sec/cm2	System mg/L	Out of Operation
150 10 33	X	24.0		Tutte, gpc.	1.5	3.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			 				0.1	
-> 2	X	24.0			1.5								1.0	
∴33		24.0	13,913											
4.4		24.0	13,913											
7.5	Х	24.0			1.3		ļ						0.9	
6	x	24.0			1.4		 -		 		-		1.1	
	X	24.0		ļ	1.5		 	ļ <u>.</u>				 	1.0	<u> </u>
8 -	X	24.0			1.3		 					 	1.1	
710		24.0		 	1.3		 	 	 -		 	T		
111-2		24.0			 		 	 	<u> </u>	1	!			
12 %	×	24.0			1.5				1				1.1	
333	×	24.0			1.5								1.1	
14	X	24.0			1.5								1.1	
1435.7	X	24.0			1.5					<u> </u>			1.0	
10	Х	24.0			1.5		 			ļ	 	 	1.1	
C-17.3		24.0				<u> </u>	 	 	 	 		 	 	
718		24.0			1.3	 	 	 -	+	 	 	 	0.9	
4.195	X	24.0			1.3	 	 	 	 	 	 	1	1.1	
20	X	24.0		 	1.7	 	 	<u> </u>	 	1	1		1.2	
22	- x	24.0			1.6		 	 					1,2	
23	$\frac{\hat{x}}{x}$	24.0		1	1.5		1						1.1	
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- 26 -	Х	24.0			1.5		ļ		<u> </u>	<u> </u>	 	 	1.1	
. 27 %	Х	24.0			2.0		ļ		 	 	 	 	1.5	
28 -	X	24.0			1.1	L		<u> </u>	 		 	 	0.9	
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310	1	24.0		 	<u> </u>		<u> </u>	Ь	<u> </u>	<u> </u>				·
			390,920	-										
Avgera	OUT THE A	A 15. 14 1	12,610	1										

16,080

Maximum.

^{*}Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr					
l. General Information	for the Month/Year of: March, 2007				
A. Public Water System	(PWS) Information				
PWS Name:	Welaka Mobile Home Park			PWS Identification Number:	2541242
PWS Type:	☑ Community ☐ Non-Transient Non-Communit	ity Transient Non-Comr	nunity	Consecutive	
Number of Service Connect				opulation Served at End of Mont	h; 324
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contac	t Person's Title: Area	Manager
Contact Person's Mailing A	ddress: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number: (352) 787-0980		Contac	et Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ac					
B. Water Treatment Pla	ant Information				
Plant Name:	Wefaka Mobile Home Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Hamilton Road		City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by	<u> </u>	Purchased Finished Water			
	perating Capacity of Plant, gallons per day:	108,000			
	tion 62-699.310(4), F.A.C.): V			ass (per subsection 62-699.310(4	
Licensed Operators		License Class	License Number		Shift(s) Worked
Lead/Chief Operator:		Α	7251	Days 1st Shift	
Other Operators	David Haring	C	1409-1	Days 1st Shift	
· · · · · · · · · · · · · · · · · · ·	Ralph Marriott'	C	7527	Days 1st Shift	
					······································
		,	<u> </u>	<u>'</u>	
II. Certification by Lead	I/Chief Operator				
		she lood/ships an array as the		land identified in most I of th	is somet I consider that the
	er treatment plant operator licensed in Florida, an				
	in this report is true and accurate to the best of my				
	60 or other applicable standards referenced in su				
	sy that a licensed operator staffed or visited this pl				
(2) if applicable, appro	opriate treatment process performance records. F	furthermore, I agree to provide	these additional o	perations records to the PW	S owner so the PWS owner can
retain them, together v	with copies of this report, at a convenient location	for at least ten years.			
()	1 1	-			
10	4/5/07	Paul Thompson			A7251
Signature and Date		Printed or Typed Name			License Number

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park														
III. D	aily Data	for the N	fonth/Year	of:		March, 2007								
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	/al: 🔽 Free C	hlorine [Chlorine Di	oxide	Czone	Comb	ined Chlori	ne (Chloren	nines)	
[F U	traviolet R	adiation	Othe	r (Describe):		•			,	1 Come		, (C.11010-	,	
Туре с	f Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chk	orine F	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
77.7	7				T Calculations, or							•		The second secon
						CT Calc	ulations					Dose		
						O Court	5 (7 (5 (6 (100	
	5 3 3		Net Quantity of Finished				Lowest CT.	100						
:	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided		%		1 . •		I amana Danidual	
· · .	Staffed or		Net Quantity		Disinfectant	(T) at C:	Delote of at	. (6)		i		Minimum	Disinfectant	Emergency of Abnormal Operating
	Visited by		of Finished.		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During :	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
ihe	(Place	in .	Producted,	Peak Flow	Customer During	Peak Flow.					UV Dose.	mW .	Distribution	Involves Taking Water System Components
Month	X)	Operation'		Rate, gpd.	Peak Flow, mg/L	minutes	min/L at	Water, C	if Applicable	mm/L	mW-sec/cm	sec/cm ¹		Out of Operation
ar doc.	Х	24.0			1.1								0.9	
2. ,	Х	24.0			1.2								0.9	
3 · 4		24.0			_		ļ						ļ	
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-, 12: /	X	24.0			1.7								1.1	
5-13	X	24,0			1.3								0.9	
14	Х	24.0			2.8								1,5	
15	X	24.0	19,140		1.5		ļ	ļ				<u></u>	1.0	
16 17	X	24.0 24.0			2.0			<u> </u>		 		 	1.3	
18.		24.0	25,850						 	 				
19	х	24.0	25,850		1,3			 	 	 		 	0.9	
20	, X	24,0	17,250		1.5				 	 	 	 -	1.0	
21	X	24.0			1.5				 	 			1.0	
22	X	24,0			2.0			1				<u> </u>	1.3	
23	Х	24.0	29,600		1.3								0.8	
. 24		24.0						L						
25		24.0												
26	Х	24,0			1.0								0.6	
: 27	Х	24.0			1.0			<u> </u>		<u> </u>	<u> </u>	ļ	0.7	
28	Х	24.0	32,660		1.0					 		<u> </u>	0.7	
29	X	24.0			1.1		ļ		ļ	<u> </u>	ļ		0.7	
30	Х	24.0 24.0			1.0		 	 	 	 	 		0.6	
-31 Total	19-20-51		714,426		<u></u>	L	<u> </u>	J	<u></u>	Ļ	<u> </u>	L	l	<u> </u>
A recess of		e de de la	23,046											
VASCLE	5 . 15	4 1 4	23,040	l										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. General Information for the Month/Year of: April, 2007 A. Public Water System (PWS) Information PWS Name: Welaka Mobile Home Park 2541242 PWS Identification Number: PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 324 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Welaka Mobile Home Park (352) 787-0980 Plant Telephone Number: Plant Address: Hamilton Road City: Satsuma State: Florida Zip Code: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108.000 Plant Category (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Number Day(s)/Shift(s) Worked Licensed Operators Name License Class Lead/Chief Operator Paul Thompson 7251 Days 1st Shift Other Operators David Haring Days 1st Shift 14091 Ralph Marriott Days 1st Shift 7527 r Account Sign H Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson Printed or Typed Name License Number Signaturo and Date

PWS Id	ientification	n Number:		2541242		Plant Name:	Welaka Mob	ile Home	Park					
III. D	III. Daily Data for the Month/Year of: April, 2007													
			g Virus Inacti											
	traviolet R		C Othe			Chlorine [Chlorine Di	oxide	Ozone	1 Comb	ined Chlori	ne (Chloran	nines)	
<u></u>								,						
Type o	f Disinfec	tant Resid	Jual Maintai	ned in Distr	ibution System:	Free Chic	orine	Combin	ed Chlorine	(Chloramine	:s) i	Chlorine C	Dioxide	
18.65	1	, no.		7 17 18 C	T Calculations or	'UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if	Applicable	20分级分5。	AL THERE	Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components -
12. 4. 14	7.7 2.3	12 1 1 1 1			gig engali (1968) ji	CT Calc	ûlations 🗀 🥇	4.0% (V	10 1 July 1997	对你是不	JAN UV	Dose'≸		
: ''	1)	ş ²	22 14.1		Grant Assets	Cores Section	ing the	The state of the	3-14-6-14-5	3251/26-24	1 12 24 500	的具套的量	
							Lowest CT		The Part of the Control of the Contr	433.0			Pt. 3	
		No.				Disinfectant "	Provided	1 (No. 1)	The Carlo State			3.14		
14 to 1	Staffar ar		No Oussile.	1,25	Lowest Residual	Contact Time	Before of at		X 数	7.		Minimum.	Lowest Residual	
\$	Viened My		i Net Quantity.		Lasinieciant	(A) description when	This		1.5.	10000000000000000000000000000000000000	Lowest	UV/Dose	Concentration of	Freergency or Abnormal Operating
Davor	Operator	Hours plant	Water	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Before or at First	Point Diving	Customer.			Minimum CT	Operating	Required:	Remote Pointain	Conditions Renair of Maintenance Work that
the 5	Place	in a	Producted.	Peak Flow	Customer During	Peak Flow	Flow mo-	Temp of	pH of Water	Required miz	UV Dose	mW	Distribution 4	Involves Taking Water System Components
Month-	(X 🔇	Operation	pal.	Rate, and	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm²	séc/cm²	System mg/Lig	Out of Operation
4:12.4 4:25 3:43		24.0	57,210	, ,	1		32	<u> </u>	7.					
**-2°	Х	24.0			1.0					 			0.5	
被3.4	Х	24.0	34,910		1.0								0.4	
9/14 A	x	24.0	36,290		1.0					·			0.5	
第12 5章	x	24,0	34,980		1.0								0.5	
16.4	Х	24.0			1,1								0,5	
**************************************		24,0												
(4871)		24.0				·								
1419E	X	24.0		<u> </u>	8.0	<u> </u>		<u> </u>		ļ			0.3	
3110-5	X	24,0		ļ	1,5					<u> </u>			0.7	
2414 2134 2136 2136 2136 2436 2436 2436 2436 2436 2436 2436	X	24.0		<u> </u>	1.5					ļ			0.8	
54.420	X	24.0 24.0			1.7					ļ		<u> </u>	1.0	
FACTO A	<u> </u>	24.0		 	1.5						ļ		1.0	
46414°.6 ★4573		24.0		 						 				
5216.3	х	24.0			1.4								1.0	
3517 W	x	24.0			1.5							 	1.0	
18	x	24.0		}	1.6	}	1	 	 	<u> </u>		 	1.1	
916 117 1184 11911 142074	X	24,0			1.7	 	 	 			 	 	1.2	
34207.4	x	24.0		<u> </u>	1,5		 			 		 	0.9	
#121 /r 2722 /r 23 /r 424 /r 425 /r		24.0		T	.,,			t		<u> </u>	 			
13,224 A		24.0					1							
>, 25 ×	Х	24.0	9,067	I	1.3								0,8	
₹.24 · :	Х	24.0	10,010		1.3]			0.8	
× 25,4	X	24.0			1.5								0.9	
₹76° %	<u> </u>	24.0			1.4								1.0	
# 27 ·	Х	24.0			1.3	L							0.8	
28 29		24.0						L		<u></u>		<u> </u>	<u> </u>	
29		24.0										1	<u></u>	
%/30 % ∀/31,≵	X	24.0			0.6				ļ			ļ <u>.</u>	0.3	
9/31.5	l	24.0	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>l</u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Total:	per that the		525,030	1										
Averag	SPIENCE.	45.5%	16,936	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Insti	uctions.					· · · ·		
. General Information	i for the Month/Y	ear of: May, 2007						
L. Public Water System	n (PWS) Informat	ion						
PWS Name:	Welaka Mobile Home					PWS Identification Number:	2541242	
PWS Type:	✓ Community	☐ Non-Transient Non-Commun	nity Tr	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Month:	108				opulation Served at End of Mo	onth: 324	
PWS Owner:	Aqua Utilities Florida					· · · · · · · · · · · · · · · · · · ·		
Contact Person:	Brian Heath				Contac	t Person's Title: Ar	rea Manager	
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		352) 787-0980			Contac	t Person's Fax Number: (3:	52) 787-6333	
Contact Person's E-Mail A		oeheath@aquaamerica.cor	n					
3. Water Treatment Pl								
Plant Name:	Welaka Mobile Home	: Park				Plant Telephone Number:	(352) 787-09	
Plant Address:	Hamilton Road				City; Satsuma	State: Florida	Zip Code:	32189
Type of Water Treatment b		✓ Raw Ground Water [Purchased Fini				·	
Permitted Maximum Day C	perating Capacity of P	lant, gallons per day:		108,000				
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F.A			V 7		ass (per subsection 62-699.310		
Lead/Chief Operator:	Paul Thansan	Name			License Number) / Shift(s) Worked	······································
Other, Operators	David Usains			<u>A</u>		Days 1st Shift	· · · · · · · · · · · · · · · · · · ·	
	Ralph Marriott			C C		Days 1st Shift		
	icaspit iviamote			<u>C</u>	7527	Days 1st Shift		
The state of the s								
								
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
A STATE OF THE STATE OF						···· , , , , , , , , , , , , , , , , ,		
						 		
STATE OF THE STATE OF						· ·		
Certification by Lead								
i, the undersigned wat	er treatment plant o	operator licensed in Florida, a	m the lead/chief	f operator of the	water treatment pl	lant identified in part I of	this report. I certify	that the
information provided	in this report is true	e and accurate to the best of m	iy knowledge ar	nd belief. I certi	ify that all drinking	water treatment chemics	als used at this plant c	onform to NSF
International Standard	60 or other applic	able standards referenced in s	ubsection 62-55	55.320(3), F.A.C	I also certify that	it the following additiona	l operations records f	or this plant
were prepared each da	y that a licensed of	perator staffed or visited this p	plant during the	month indicated	i above: (1) record	is of amounts of chemica	ils used and chemical	feed rates; and
(2) if applicable, appro	opriate treatment p	rocess performance records.	Furthermore, I a	agree to provide	these additional of	perations records to the P	WS owner so the PW	S owner can
retain them, together v	with copies of this r	report, at a convenient location	n for at least ten	years.				
()		1-1.		#				
		6/5/67	Paul Thompso	สา			A7251	
Signature and Date			Printed or Typ				License Nun	nber
						•		

PWS Identification Number: 2541242 Piam Name: Welaka Mobile Home Park III. Daily Data for the Month/Year of: May, 2007											
Hf. Daily Data for the Month/Year of: May, 2007											
14											
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):											
The ADV (A Part of the Advance):											
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chlorantines) Chlorine Dioxide											
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
CT Calculations UV Dose											
Lowest CT Disinfectant Provided											
Disinfectant Provided											
1 - 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +											
Visited by of Finished Concentration (CV) Measurement Customer Lowest UV Dose Concentration at	Emergency or Abnormal Operating										
Day of Operator Hours plant Water Before or at First Point During During Peak Minimum CT Operating Required, Remote Point in Con	Conditions; Repair or Maintenance Work that										
the (Place in Producted, Peak Flow Customer During Peak Flow, Flow, mg- Temp of pH of Water, Required, mg UV Dose, mW- Distribution Inv. Month "X") Operation sal Rate and Peak Flow mod Peak Flow mod Water Of the Applicable mind was recommended.	Involves Taking Water System Components										
James glet 1 des 104, mgr. similares miles (17 september 1885) inter-section section, mgr.	Out of Operation										
X 24.0 13,100 1.8 1.1 1.1 1.2 X 24.0 10,320 1.1 1.1											
32 X 24.0 14,740 0,8 0,7											
46 X 24.0 10,550 0.8											
24.0 9,817											
6. 24.0 9,817											
7:, X 24.0 9,817 2.8											
X 24.0 5,130 1.4 0.8											
9 X 24.0 8,290 1.8 1.2											
11 X 24.0 9.210 1.0 0.7											
12 Q 24.0 12,877											
3-14-: X 24.0 12,877 0.9 0.4											
15 X 24.0 12,120 1.5											
. 165. X 24.0 12,800 1.5											
17; X 24.0 10,910 1.5											
- 518 (5) X 24.0 9,420 1.6 1.0											
3 19 3 24.0 10,243											
200 24.0 10,243											
-:215 X 24.0 10,243 1.5 1.0 1.0 (225) X 24.0 (5,910 1.5)											
-22° X 24.0 15,910 1.5 .23° X 24.0 8,670 1.5											
24 st X 24.0 10,750 1.7	· · · · · · · · · · · · · · · · · · ·										
25 2 X 24.0 8.270 1.0											
24.0 8,757											
27 24.0 8,757											
7. 28 : X 24.0 8,757 1.1 0.6											
图29 ¹⁵ X 24.0 10,960 1.0 0.6											
30 X 24,0 9,710 1.0 0.6											
31. X 24.0 9,150 0.9 0.5											
Total 3 24,390											

15,910

Maximum

^{*} Refer to the instructions for this report to determine which plants must provide this information.



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instructions.			•		
I. General Information for the Month/Yea	June, 2007				
A. Public Water System (PWS) Informatio	0			· · · · · · · · · · · · · · · · · · ·	
PWS Name: Welaka Mobile Home Pa				PWS Identification Number:	2541242
PWS Type:	Non-Transient Non-Community	Translent Non-Comm	nunity	Consecutive	
Number of Service Connections at End of Month:	108			Population Served at End of N	Month: 324
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contac	et Person's Title:	Area Manager
Contact Person's Mailing Address: PO	Box 490310	[City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (35	2) 787-0980			ct Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: be	heath@aguaamerica.com				
B. Water Treatment Plant Information				<u> </u>	
Plant Name: Welaka Mobile Home Pa	ırk			Plant Telephone Number:	(352) 787-0980
Plant Address: Hamilton Road		[City: Satsuma	State: Florida	Zip Code: 32189
	Raw Ground Water Purchased	Finished Water			
Permitted Maximum Day Operating Capacity of Plan	t, gallons per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A.C			Plant C	ass (per subsection 62-699.3)	I0(4), F.A.C.): D
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator: Paul Thompson		Α	7251	Days 1st Shift	
Other Operators: David Haring		c	14091	Days 1st Shift	<u></u>
Ralph Marriott		С	7527	Days 1st Shift	
			·		
					
			 	· 	
是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一			· · · · · · · · · · · · · · · · · · ·		
II Certification by Lead/Chief Operator					
I, the undersigned water treatment plant op	erator licensed in Florida, am the lead/	hief operator of the	water treatment n	ant identified in nort I o	of this report. I cartify that the
information provided in this report is true a	and accurate to the best of my knowledge	and balias frames	water a cautient p	ant identified in part i d	a this report. I certify that the
International Standard 60 or other applicab	do stor deeds referenced in sub-residence	e silu deller. I certii	y mat an drinking	water freatment chemic	als used at this plant conform to NSF
International Standard 60 or other applicab	re standards referenced in subsection 6.	4-333.320(3), F.A.C.	. I also certify tha	it the following addition	al operations records for this plant
were prepared each day that a licensed ope	rator statted or visited this plant during	the month indicated	above: (1) record	ds of amounts of chemic	als used and chemical feed rates; and
(2) if applicable, appropriate treatment pro	cess performance records. Furthermore	, I agree to provide t	these additional of	perations records to the	PWS owner so the PWS owner can
retain them, together with copies of this rep	ort, at a convenient location for at least	ten years.			
1~1	1, 1,0				
	/6/0] Paul Thon	npson			A7251
Signature and Date	Printed or	Typed Name			License Number

Page 1

PWS I	dentificatio	n Number:		2541242		Plant Name:	Welaka Mol	pile Home	Park					
	III. Daily Data for the Month/Year of: June, 2007													
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)													
17	traviolet R		Othe			morne 1	Chiorine Di	эохо	Qzone	j Comi	nned Chloru	ie (Chioran	ines)	
т	e District	-4. 45. 1	1 124			F7 5 611	, _	<u> </u>	-1.611	(Chlasomia)	<u> </u>	Chiorine D		
1 ype o	Disinie	ctant Resid	luai Maintai	ned in Distr	ribution System:	₩ Free Chic	rine I	Combin	ied Unionne	(Cnioramine	S) I	Chiorine L	OXIGE	Theregency of Annormal Operating Conditions: Repair of Maintenance Work that Involves Taking-Water System Components Out of Operation
: \$7°-	1000	【诗奏题》		## C. 181	T-Calculations, or	UV Dose, to	Demostate:	Four-Log	Virus-Inac	tivation, its	Applicable:	1 2 2		
7.30	1.5			25.23.9	·福思智慧(14.4.1.14.4.1)	K y CT Calc	ulations	1. 9. F	(40年)12年	Sugardin of Land	, ∈ • UV _N	Dose* :: 3		
0.0	2.13	1.14.14.14.14.14		1 300 15 . " 111		the second the sec	Towast CT	3.344	经未完计	Taking at 1	700	30 y 45		
ي د و	1 1 to 1	7. 4. 10.	4.0	1 K 3 2 3	Barrier Land	Disinfectant	Provided		The second	37.5				
	Days Plant	100			Lowest Residual	Contact Time	Before or at	1.4		Take In the	N	The office of the state of the	Lowest Residual	
1.5.	Staffed or		Net Quantity	, · ', · .	Disinfectant	(T) at C	First		1300	2000年	Here is a	Minimum	- Disinfectant	
14.00	Visited by		of Finished	1	Concentration (C)	Measurement	. Customer	- 7. 3. 3	4.5		Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Water.	2 4 7	Before of at First	Point During	During Peak		3.73%	Minimum CT	Operating	Required.	Remote Point in	Conditions, Repair of Maintenance Work that
the	(Place-	Z m 治	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose;	mW-	Distribution	Involves Taking Water System Components
Month	- X).	Operation	gal	Rate; gpd.	→ Peak Flow,.mg/L	minutes	min/L .	Water, C	if Applicable	Community of	mW-sec/cm*	sec/cm*	System, mg/L	year and the control of the control
/ . j . 2					1.0								0.6	
3.		24.0				-								
4 4	х	24.0			1.0		 	├──			<u> </u>		0.6	
	 	24.0			1.0		 	ļ <u>.</u>					0.6	
·46, ·	X	24.0		}	1.3		}	}	 				0.6	
7	X	24.0			0,8		 	 	 		-		0.4	
· - 8;;	х	24.0	-turn to		1.3		 	 					0.5	
9 ,		24.0					 	 						
10 %		24.0												
.11.	Х	24.0	17,673		1.3			1					0.6	
12	X	24.0	17,180		1.3								0.7	
v: 13	Х	24.0			1.3								0,8	
. 14 .	Х	24.0			1.3								0,8	
15 🧳	Х	24,0	11,620		1.4								0.9	
. (6 -		24.0												
. 17. i	x	24.0			ļ.,,		ļ						0.9	
19. 1	- x	24.0 24.0	11,720		1.3		 	-	ļ		 		0.9	
≥ 20 ×	x	24.0		 	1,3		 				-		0.9	
√ 21 A	 ^	24.0		 	1.4		 	 			 		0.9	
22	x	24.0		 	1.3		 		 				0,8	
1/ 23		24.0			1		 	 	<u> </u>					
24		24.0			† ************************************									
25	Х	24,0			1.2								0.8	
26	Х	24.0	9,870		1.2			1					0.8	
27-4	Х	24.0	11,770		1,2			\					0.8	
28 v	Х	24,0	12,370		1.2								0.8	
29	Х	24.0			1.3								0.8	
- 30		24.0	13,423											
31		24.0						<u> </u>		<u> </u>	<u> </u>			
		6 2 C	369,503											······································
Avgeras	47.46 P. Par	(24)(A)(A)	11,919	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: July, 2007 A. Public Water System (PWS) Information PWS Name: Welaka Mobile Home Park PWS Identification Number: 2541242 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 108 Total Population Served at End of Month: 324 PWS Owner: Aqua Utilities Florida Contact Person; Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: 34749 PO Box 490310 State: Florida Zip Code: City: Leesburg Contact Person's Telephone Number: (352) 787-0980 (352) 787-6333 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Welaka Mobile Home Park (352) 787-0980 Plant Telephone Number: Plant Address: Hamilton Road Zip Code: 32189 City: Satsuma State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.); Licensed Operators Dicense Class Day(s) / Shift(s) Worked License Number Lead/Chief Operators Paul Thompson 7251 Days 1st Shift Other Operators David Haring 1409L Days 1st Shift Ralph Marriott 7527 Days 1st Shift 113 11 Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

PWS Id	WS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park													
III. D	aily Data	for the M	onth/Year o			July, 2007								
			Virus Inactiv		al: Free C	hlorine	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chloran	nines)	Ţ
	raviolet R	•		(Describe):		•	O.IIIOI BIO O I	0,440		,				
Type o	f Disinfed	tant Resid				Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Djoxide	
7,750				7	T Calculations or	LIV Dose to	Demostate I	our-l'og	Virus Inac	tivation: 11-7	Applicable	14. 12.	41 28 633	2007 名数数数 1. 对 也能力量。 - 12. 计
		3.44		150 1 101	CANSAN STAN	CT Cile	working the	7.02.07	September 1		(a,) * UV	Dose ()		
	3.7. 2			76 M	A Company of the Company	ine Client The	22.3	4 1	7. Co.	(A) 5000	the at the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
3. 3		400		1000	TATE OF THE	第一个人的	Lowest CT	カリ 芸者	\$100 S	asa sam		2.5	1.648.4	
	37.7	11.5	3.5	· 高洲金洲	1962年 高级	Disinfectant	Provided	Pro 19					Lowest Residual	
	Staffed or		Net Ouentify	المية الميوانية المياه الم المياه المياه الميا	Disinfectant	CD at C	First	ene This		7.4	1889	Minimum.	Disinfectant	
1.5	Visited by		of Finished		Concentration (C)	Measurement	Customer	411.7	100 Marie	15 10 10 10 10 10 10 10 10 10 10 10 10 10	Lowest .	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	11 - 57 11	Before or at First	Point During	During Peak	1	Section 1	Minimum CT	Operating	Required	Remote Point in	Conditions: Repair or Maintenance Work that
the	(Place	m	Producted,	Peak Flow	Customer During 7	Peak Flow.	Flow, mg-	Temp of	pH of Water,	Required mg	UV Doses	W MW	Distribution	Involves Taking Water System Components
Month	深" X 为"	Operation	gal	Rate, gpd.	Peak Flow, mg/Ly	minutes	min/L	Water/YC	ir Applicable	. min/L [/]	mW-sec/cm	sec/cmv/	maystem, ang/18.	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
2 41 114			,				 						0.8	
100 m	X	24.0	10,040		1.3		 	 	 				0.8	
11/4/2	×	24.0	8,620		1.2		 						0.8	
t 1 5 2 3	x	24.0	11,520		1.2								0.8	
YL 6 DA	X	24.0	8,670		1.3								8.0	
73%		24.0	12,163											
14 B. 16		24.0	12,163									ļ <u> </u>		
429.14	X	24.0	12,163		1.5			 			ļ <u> </u>	<u> </u>	1:0	
10.55	X	24.0	13,890		1.5			 	<u> </u>	}	 	 	1.0	
2 11.4 2 126	X	24.0 24.0	14,190 12,380		1.5		<u> </u>	 					1.0	
51413er	x	24,0	12,630		1.8			 	 			 	1.3	
1418	^	24.0	11,830				 	†		†	 			
15.3		24.0	11,830											
1816%	x	24.0	11,830		0.9								0.6	
17.7	X	24.0	10,740		1.0						Ļ	L	0.7	
-18;≻	X	24.0	10,430		1.0			<u> </u>	 	ļ	ļ		0.6	
192	Х	24.0	12,870		0.9			 				 	0.4	
20 521 2	x	24.0 24.0	14,950 14,580		1.3		 	 	 				 	
22.45	<u> </u>	24.0	14,580	 			 	 	 	·	 	 		
21	x	24.0	14,580		1.3		 	1	 		1	1	0.7	
24 51	-	24.0	10,580		1.3		1	1					0.8	
25%	×	24.0	10,040		1.3								0.8	
1 26 m	х	24.0	16,330		1.3						ļ		0.9	
27.	х	24.0	6,510		1.3				 				0.8	
. 28		24.0	12,020		ļ		 	-	ļ	 		 	 	
29 <		24.0	12,020		ļ		 	 	 	 	 		0.8	
.30	X	24.0			1.3	 	-	 	 	 		 	0.7	
्र भ 31ंक		24.0			1.3	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
Total %	WALLS TO A. C.		3/4,830	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.

12,092 16,330



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instructions.				
L. General Information for the Month/Year of:	ugust, 2007			
A. Public Water System (PWS) Information				
PWS Name: Welaka Mobile Home Park		<u> </u>	PWS Identification Number:	2541242
PWS Type: Community Non-Translent No	n-Community Transient Non-Con	nmunity C	onsecutive	
	08		opulation Served at End of M	onth: 324
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Соптас	Person's Title: A	rea Manager
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			Person's Fax Number: (3	52) 787-6333
Contact Person's E-Mail Address: beheath@aquaame	erica.com			
B. Water Treatment Plant Information		-	<u></u>	
Plant Name: Welaka Mobile Home Park			Plant Telephone Number:	(352) 787-0980
Plant Address: Hamilton Road		City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Trealment by Plant:	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Cla	ss (per subsection 62-699.31)	
Licensed Operators Name	License Class	License Number	Day(s	s) /. Shift(s). Worked and Art Art Art Art.
Lead/Chief/Operator: Paul Thompson	A	7251	Days 1st Shift	
Other Operators as the David Haring	c	14091	Days 1st Shift	
Ralph Marriott	C	7527	Days 1st Shift	
Kalph Marriott				
And the section of the section				
Il Certification by Lead/Chief Operator				
	Marida and the Landshife and Cal			Cabin and Y and God of
I, the undersigned water treatment plant operator licensed in				
information provided in this report is true and accurate to the				
International Standard 60 or other applicable standards refere				
were prepared each day that a licensed operator staffed or vis				
(2) if applicable, appropriate treatment process performance	records. Furthermore, I agree to provid	e these additional op	erations records to the I	WS owner so the PWS owner can
retain them, together with copies of this report, at a convenien		•		
	•			
9/6/07	Paul Thompson			A7251
Signature and Date	Printed or Typed Name			License Number
van ₹	· ···· · · · · · · · · · · · · · ·			

Page 1

	PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park													
III. Daily Data for the Month/Year of: August, 2007														
				vation/Remov		hlorine	Chlorine Di	oxide	□ Ozona	Comb	nined Chloris	ne (Chloron	nines)	
וט דן	traviolet R			r (Describe):			CHIOLDIC DI	ONUC	, Ozume	, Come	wied CHIOLI	in terminal	12103)	
[r	C Table to Car					Free Chk	rine 「	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine U) ioxide	
र देनका	B. 4.3.	310		125	T Calculations or	UV Dose to.	Demostate	Four-Los	Virus Inac	tivation if	Applicable	ر پاھي تي		
2.0						CT CAL	ulatións	\$	12 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J. UVI	Dose - ·		TEmergency of Abnormal Operating Conditions, Repair of Maintenance Work that Sinvolves Taking Water System Components Outdof Operation
1 /+ 2	300			7.0	18. 19. 19. 19. 19. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	and the least training the latest	3300 G	· · ·	5.8.4.5	Note that the	19. sq.	¥ 4		
14	MOON.			V. C.	543.75 A B 844	A Average	Lowest CT.		المحاروا استواستي	1 (1) 36		3. 2. 4. 7	. 57 C. 17 18	
5. W. A	Dave Plant	e de la companya de l		[Self-Self-Self-Self-Self-Self-Self-Self-		Disintectant	Provided				200 2 m		L Assert Decided	
1.63	Staffed or	The second second	Net Chrantity		Lowest Residual	Contact times	Fire					ıMinimum	Disinfectant	
	Visited by		of Finished	1 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Goncentration (C)	Measurement	5 Customer		* (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	51 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Before or at First	Point Durine	During Peak		A Salar Salar	Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	$\left \cdot \right $ in $\left \cdot \right $	Producted	Peak Flow,	Customer During :	Peak Flow	Flow mg-	Temp of	pHot Water,	Required, mg	UV Dose.	WW.	Distribution!	Involves Taxing Water System Components Out of Operation
Month.	≥ (X') ,	Operation	gal.	Rate, gpd.3	Peak Flow, mg/L	minutes.	mitVL	Water, %C	if Applicable	min D 3	mW-sec/cm	sec/cm.	» System mg/L	Out of Operation
Solosie	<u>X</u>													
(L12-4) (X3/W	X	24.0	11,350		0.6			L					0.3	
4784	×	24.0	10,740	ļ	0.8		, -	ļ				ļ	0.4	
(= (5 A)		24.0 24.0	10,433 10,433						ļ	ļ				
i 60 d	х	24.0	10,433	 	1,0							 	0.7	
3. 7. Vir	X	24.0	14,880	 	1.5			 		<u> </u>		<u> </u>	1.1	
6.28	X	24,0	8,220		1.7							l	1.2	
9 🕏	Х	24.0	15,970		1.0						-		0.8	
€ 10%	X	24.0	13,000		1.2								0.7	
asy libera		24,0	12,403											
(-12%		24.0	12,403											<u> </u>
1976	Х	24,0	12,403		1.0			<u> </u>				}	0.7	
3150	X	24.0	21,860		1.0		<u></u>			ļ		ļ	0.7	
13.6	X	24.0 24.0	26,560 25,480		1.0						 	<u> </u>	0.6	
, 97 L	- ^ -	24.0	25,480	 	1.1	·		 	<u> </u>				0.6	
18		24.0	18,583		1.0							 	0.0	
7 197		24.0						 	——	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	
20)	X	24.0	18,583		1.0				 	<u> </u>	——	<u> </u>	0.5	
4 21 3	Х	24.0	13,360		1.3		_						0.7	
22 ,- '	Х	24,0	16,030		1.2								0.7	
» 23 i	Х	24.0	16,570		1.4					ļ <u>.</u>			0.8	
.24 3	Χ	24.0	13,160		1.3								0.8	
25		24.0	12,277											
. 26. 27:	 -	24.0	12,277	-				 	 	 	 	 		
. 28	X	24.0 24.0	12,277		1.2 1.2			 		<u> </u>			0.8	
29	X	24.0	12,810		1.2			 	 	 		 	0.8	
30	X	24.0	12,970		1.3			 	 	 		1	0.7	
31	x	24.0	12,340	 	2.0	·			 			 	0.3	
	V ja ja sa sa wa		455,910			<u> </u>				·	·			<u> </u>
Avgerage	C 15		14,707	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: September, 2007 A. Public Water System (PWS) Information PWS Name: 2541242 Welaka Mobile Home Park PWS Identification Number: ✓ Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 324 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: Zip Code: 34749 PO Box 490310 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Welaka Mobile Home Park (352) 787-0980 Plant Telephone Number: Plant Address: Hamilton Road State: Florida Zip Code: 32189 City: Satsuma Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Dav(s) /-Shift(s) Worked Lead/ChiefiOperator: Paul Thompson 7251 Days 1st Shift Other Operators 3 David Haring O 14091 Days 1st Shift Raigh Marriott 7527 Days 1st Shift A Comme II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

PWS Ic	PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park													
III. D	aily Data	for the N	lonth/Year	of:		September, 200)7							
			g Virus Inactiv			hlorine		ovide	Cone	Comb	nined Chloriu	ne (Chlorar	nines)	
וט דן	raviolet R	adiation		r (Describe):		···· • ·••••	Cinci dic Di	JAGO	, Ozume	, Come	Suited Cuttorn	ic (Cinoi ar		
Type o	f Disinfed	tant Resid	lual Maintair	and in Disse	hutian Contract	Free Chlo	orine [Combir	ed Chlorine	(Chloramine	:2)	Chlorine I) ioxide	
7 - 34		13 A 23 A	4	1 1 1 1 C	VEG 1 1 1 1	UV Dose to	Demostate	Four-Los	Virus Insc	tivation if	Applicable	r. i. i.		Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Witer System Components
		1. 1. 1.			· · · · · · · · · · · · · · · · · · ·	CT Cate	ulations	001-20	4.403.1140		C TIV	Dose		
175					14/94		ALLIQUIS .			95		¥,55		
N. Jake	100			4 3 3			Lowest CT		1. 1. 1. 1.	10.	17	4		
	Days Plant		[교육] 일		Lawert Deciding	Contact Time	Provided	100	11-1-34		The state of the s	Tree State	Louist Recidual	
, a	Staffed or		Net Quantity	\$.	Disinfectant	(T) at C	First.		,			Minimum	Disinfectant	
187 .4	Visited by		of Finished		Concentration (C);	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	™ Water,		Before or at First	Point During	During Peak		3.	Minimum CT	Operating '	Required.	Remote Point in	Conditions, Repair or Maintenance Work that
a the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose	mW-	-Distribution	Involves Taking Witter System Components
Month:	: "X")"	Operation.	gal. 15.167	Kate, gpd.	Lowest Residual Disinfectant Concentration (C): Before or at First Customer During Peak Flow; mg/L	minutes	" min/L	Water, "C	11 Applicable	min/L	mW-sec/cm*	sec/cm*	System, mg/L	Out of Operation
. 7		24.0	15,167										 -	
21:3:-1	Х	24.0	15,167		1.7		 	 	1				1.0	
4.54	х	24.0	12,850		1.7			 			<u> </u>		1.0	
3 25 g	X	24.0	7,790		1.5								1.0	
\$ 36 F	X	24.0	12,530		1,5								1.0	· ·
7.70	х	24.0	12,440		1.5								1.0	
1.583.6		24.0	9,693				<u> </u>	<u> </u>	<u> </u>					
# 9 210	<u>x</u>	24.0 24.0	9,693 9,693				-	 					ļ	
\$411\%;	- x	24.0	9,893		1.4			 	 -				0,8	
127	$\frac{x}{x}$	24.0	8,300		1.3	1	 	 	 				0.8	
5 13	X	24,0	8,800		1.3				 				0.9	
\$ 145	Х	24.0	7,670		1.5								1,0	
: 0155		24.0	8,430											
: 46		24.0												
17.0	X	24.0	8,430		1.3								0.8	
19	X	24.0	11,640		1.3			 	ļ		ļ		0.8	
20	X	24.0 24.0	5,040 7,440		1.3			 	 				0.8	
-21	×	24.0	7,440		1,5		 	 	 				0.8	
22		24.0	8,207	·····			t	 		 	<u> </u>		 	
23 -	•	24.0	8,207								_			
24	Х	24.0.	8,207		1.4			L					0.9	
25	х	24.0	9,270		1.2								0.7	
26	X	24.0	9,660		0.6		<u> </u>	<u> </u>	ļ			<u> </u>	0.3	
27	X	24.0	7,850		1.7		ļ	 	<u> </u>				1.1	
28 -	X	24.0 24.0	8,200 8,700		1.8		 				ļ		1.4	
30		24.0	8,700					 		 -		-		
31 .		24.0	6,700				 		 	 	 		 	
Total			288,430			·		<u></u>		·	<u> </u>	·····	 	
Avgerage	e		9,304											
1			15 167											

^{*} Refer to the instructions for this report to determine which plants must provide this information.

NOTIFIED THE
₹ FLORIDA

See Pages 4 for Instructions.	
l. General Information for the Month/Year of:	October, 2007
A. Public Water System (PWS) Information	
PWS Name: Welaka Mobile Home Park	PWS Identification Number: 2541242
PWS Type:	ent Non-Community
Number of Service Connections at End of Month:	Total Population Served at End of Month: 324
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352)/787-6333
Contact Person's E-Mail Address: beheath@aqu	aamerica.com
B. Water Treatment Plant Information	
Plant Name: Welaka Mobile Home Park	Plant Telephone Number; (352):787-0980
Plant Address: Hamilton Road	City: Satsuma State: Florida: Zip Code: 32189
Type of Water Treatment by Plant:	Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699 110(4) F.A.C.): (387-7) (187-7)
Electrised Operators Name	License Class License Number Day(s) /Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A 72.51 Days 1st Shift.
Other Operators: And David Haring	Days 1st Shift 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Ralph Marriott	C 7527 Days 1st Shift
	Let the the second of the seco
	the first of the f
	The second of th
	The first term of the first te
	The second of th
I Certification by Lead/Chief Operator	
I the undersioned water transfer and plant as a section 1:	sed in Florida am the lead/shiaf operator of the water treatment plant identified in part I of this agent I and I all

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

Signature and Date

Printed or Typed Name

License Number

Page 1

PWS Identification	PWS Identification Number: 2541242						Plant Name: Welaka Mobile Home Park								
III. Daily Data	for the Al	ontb/Vear	ıl:			October, 2007									
Means of Achievin				d: 57 1	_		Chiorine Di	oxide	Ozone	Comb	ined Chloris	se (Chloran	nines)		
Ultraviolet Rt	-		r (Describe):	., ,,,	1	1	Cultitue Di	OALGE		,	D.02 (11107.2	(014114			
F					-	Free Chlo	in a	Combin	ed Chiorina	(Chloramine	<u>, </u>	Chlorine E	iovide		
Type of Disinfec	tant Resid	ual Maintaii	ned in Distri	oution System	ņ:					·			COMPANIES CONTRACTOR	TO COMPANY AND THE PROPERTY OF THE PARTY OF	
			ala di Mila de C	T Calculatio	ns, or	UV Dose, to	Jemostate'	four-Log	Virus inac	nvanon, it is	(bolicante)	Andrew Colored			
			34 4 6 8 E E F	邓尔特(李元)	7.	CT Calc	lations o	(1) (1) (1)	335 30	CONTRACTOR	UV.I	J086 (13)	通过公司是		
	710,7	A SECTION OF SECTION		1. July 1		建筑等等	Lowest CT	8. 7. 2	3	一次的一种 和	1 A A A				
	127 京國			经验证		Disinfectant	Provided	100 30	是是一个	OF STATE	7. 地区类				
Days Plant	S. 148	A TOTAL	033.23	Lowest Resid	duat []	Contact Time	Before or at	1. 1. 1. 1.	4 1 1 1 1	12.00	4		Lowes Residual	i Facilità de la companya del companya de la companya del companya de la companya	
Staffed or		Net Quantity	150 12	Disinfecta			S First			40	Lowest	Minimum	Dismessing		
Vinted by	9.0	of Finished		Concentration		(T) à C (Measurement	Customer		理學者	1. 1. 1. 5. 1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		The second secon	A STATE OF THE PROPERTY OF THE	
TAX 200 No. 1 4 P. C. 25 (19-2) Sec. 2	Hours plant	r Water	100 m	Before or at		Point During	During Peak			Minimum CT	1.05.20.20.41		Remote Point in	Tourishes February Manifestation Con-	
Tine (Place	ıı in 3+ "	Producted,	Peak Flow	Customer Du			Flow, mg-	7000	The second second second second	Required, mg	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mW-	X Distribution &		
Month X'X')	Operation	rvik gal. »,	Rate; gpd."	Peak Plow, n	_	minutes	FR min/Cos	Water, C		min/L	mW-sec/cm	× sec/¢m™	System mg/52	The state of the s	
X X	24.0		100	And the second		had not be for the second of t			anger i dig i dagg Til gilla kanalasi di		and the second		e 16 16 131	Contract the substitute of the	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24.0	7,840			1.5	ton many the			4			* : 20 1 1 1 1 1		The Sant Karley Control of the Control	
A X	24.0	8,670	* * * * * * * * * * * * * * * * * * * *		1.5,	A STATE OF THE STA			11.00		A 15 41 - 1		1.0	東京の大学を日本を大学のできます。	
Vincinal X	24.0	7.220	100		1:5			-	22,55 EN	A 8	No. of Safetine	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5-1-5-1:01	* はたるが開発が必然ないのだとか。 切ったい	
22 A 20	24.0		76		. ,,,	ide e jaro ta e e		10.00	\$ 9	5		die Constant	وياد المام الم	不明子 天 (1) を全本を引いて、 まる (1) 中のでは、 日	
30.7	24.0	8,433			 			111111	والمراج والأراث	Jes mound	A 10 P 10 P	A	电 化硫酸磷酸	され、日はない、神事ないないとうという。 アード・アード	
X 8 2 X	24.0	8.433			1.5			7. 3	ar a galasta	the Asian Cal	1-12	mark areas	¥0.9	たらの、などのようないというない。あまつりでは	
X X	24.0	13,880	, 7A	4155 S	. 1.5	JAMES TO STORE AND COM-		5 th 🔸 1 1 1	But the state of the state of	1. 16. 1. 12. 14. 14. 1	STATE OF STREET	$A_{ij}(x) = a_{ij}(x) + a_{ij}(x)$	k >6.01.04	是这个问题的特殊的一种的一种的对象的。 第二章	
\$\$10\$\$ X	24.0	हो के 8 ;320.	- U S -	7 A 27	1.3	Sales a Action in the	< ,	t. Asset	(1.14 · 195) k	The sections	Section at it	A. M. 1.	(** ** ** ** ** ** ** ** ** ** ** ** **	大学 大学の大学の大学の大学の大学の大学の大学の大学	
341144 X	24:0	4,190	17 2	4.4	1.5	y. A start	and the state of	1.300	A STATE OF THE STA	SE 5 3 12 13 (5	- A - 3 - 5 - 6	in the	2 Jan 2 150		
源(2個) X	24.0		11.6	المهاد	1.5	Burger Burgers		- A		Telling before managed	a de la granda de la companya de la	A	3 - 35 100		
()	24.0	10,257		1000	1.0	TACLE SERVICE STORY			2.4	Carlo Gara	Asia capita		** \$0.00.5		
以外	24.0	10,257.			1 1	8		3.11	N 19 " 19		and the second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	120 - 12 04 13 14 14 14 14 14 14 14 14 14 14 14 14 14	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
ASIDE X	24.0	10,257			1,7			<u> </u>		email 6	। इत्यास्त्र । १००० १९५७ - १००९	7 34	1.0	SECTION SECTIO	
(X)(M) X	24.0	8,850		<u> </u>	1.5			-	7 3 2 November 1987	4 Yel 1	11.230	2	1.2	word With all a to be a trained in	
接打器 X X	24.0 24.0	9,850 9,970			1.8				100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W. 1 497 . 4.	13.3 4 4 4 34	VI. 7 - X (1.1)	with a week of the law will be a law in	
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2026 X	24.0	9,050		. 5, 77.7	1.5					1 77 4.6	화건하다 경기	Marine Co	6 35 0.9	克勒斯的人的复数形式工作,但是对于 自己的一种	
3-2383 X	24.0	10,100		ومرافق والعجد	1,3:	San Straight and	en versten	W	with ground the fire	Trans. 1 . 3 . 3 . 1 . 44.	5 JAN 1233	1 to 1 to 1 to 1	Fig. ShakO.8:	新され、一日の日本の日本の はなり はなるないはならり !!	
*24 X	24.0			15 1	1.5	than the same	1000		a September 1994	177 1 1/2	5 - 4 - 4 - 4 - 12 - 12 - 12 - 12 - 12 -	7 / Cwyb.	i. → . +: ; 0.8	Brush but they have been recommended and a	
15-25% X	24.0	8,660			-1.4	to the state of	A A TORONTO	4 . 10 . 11	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 6 16 7 18	4	1000 1000	20.81	Service of the servic	
雲和6篇 × X	24.0			100	1,5-	English and the	m to the table of the	1	14 . 1 · · ·	آبوني أوالنا فأقتور أأشهن محيوان	5	4.0	0.8	The state of the s	
207 M	. 24.0	8,717		1.5		(3 ³ ()) () ()			1. 1. O. C.	.7 4 3, 6.0	1 3 A	and the said	in the same of the same	Mark to the little to the second of the seco	
5478 KG	24.0		_	19 3 1 V V	1			1		5 1 12	20 9 1 35 Ye	1	n night	13/14	
下於29/練 X	24.0	8,717			1.4		- 25 - 42 -	1	1,000	F 62 4	Section 1985	er in the second	- 4 4 6 007	the state of the s	
表的數 X	24.0				1.5					and the second		6.2			
深。 「 「 」 、 、 、 、 、 、 、 、 、 、 、 、 、	24.0			e el el distriction	1.4	<u> </u>	<u> </u>	1	1.	V 7.000		1	J. 3. W. A	16 - Assert Service States of the States of	
	物法可特	276,510													
STANIER	فالمراق المستحقة فا	8,920	4		Ţ										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. I. General Information for the Month/Year of: November, 2007 A. Public Water System (PWS) Information PWS Name: Welaka Mobile Home Park PWS Identification Number: 2541242 PWS Type: Consecutive Non-Transient Non-Community Translent Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 324 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 State: Florida Zip Code: 34749 City: Leesburg Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: (352) 787-0980 Welaka Mobile Home Park Plant Telephone Number: Plant Address: Hamilton Road Zip Code: 32189 City: Satsuma State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Ecense Number (2015) 2010 Day(5) (Shift(6) (Worked) License Class ead Chief Operators Paul Thompson 7251 Days 1st Shift David Haring 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson Printed or Typed Name Signature and Date License Number

PWS Identification Number: 2541242 Plant Name: Welska Mobile Home Park														
III. D	aily Data	for the N	lonth/Year	of:		November, 200)7							
Means	of Achievi	ng Four-Lo	g Virus Inac		oval: 🔽 Free C			ovide	Czone	Camb	ined Chlori	ee (Chloren	ainee\	
J- Ult	raviolet R	adiation	[Othe	r (Describe):	14 (1000)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHICKETE DE	UNIGE	1 02006	Comu	nnea Chiorn	ne (Chioran	пис»)	
Type o	f Disinfec	tant Resid		1		Free Chlo	rine [Combin	ed Chinrine	(Chloramine	(2)	Chlorine I)ioxide	
	N 10 10 17	पुत्रक का गान बड़ा स		Target and the	History System.		niik		VIEW TERR	Constanting		CHOIDE 1	r (S Transista	
1.4	5 57 1			A Part of the Part	. I: Calculations; Of	OV. Dose, to	Demostate i	OUL-TOR	-viins inac	tivanon, itz	лорноарте: П	NEGREE OF		
				Lagrang Continues of	A CONTRACTOR OF THE PROPERTY O	Estation at CI Calc	uianons	a de Partir	Encess		12 COV 13	208 6 12	Electric Committee Co	
				16 6 6 6			Luwest CT	Constitution of						
da Pc			· 原料		18.00	Disinfectant	Provided	4			4 1 4 3 5 5			
1	Days Plant		生物的	State Ca	Lowest Residual of	Gontact Time	Belore or at	- 45	lekinek (j. 1919)		12-54		Lowest Residual	
	Statled or		Net Quantity	夏 英华至	Disintectant 1	Part 2	First			直接特別			Disinfectant	一种社会的基础的
Day of	Operator	Hours plant	V. nitiisned	的基準性	Concentration (C)	Measurement	Dunna Peak	120	建 特型。		One cation	Required	Couceunation at	Conditions: Repair or Maintenance Workshar
ant of	\$ CPIACE	in	Producted	Peak Flow	Customer Dunne	S Peak Flow	Flow me-	Temp of	pH of Water	Required, mg	UV Doset	nw.	Distribution	Involves Taking Water System Combonents
Month	黎(次)	Operation.	The second second	Rate gpd	Peak Flow, mg/	minutes	min/L	Water, OC	if Applicable	min/L	mW-section	insection!	System, mg/L	Einsteency of Abnormal Operaling Conditions: Repair of Maintenance Worktha Involves Taking Water System Components Out-of Operation
644.	X				1,3								0.8	
	х	24.0			1.4								0.8	
		24,0												
	X	24.0		_										
	×	24.0 24.0		<u> </u>	1.3								0.8	
	X	24.0		 	1.3								0.7	
Partie of	×	24,0		 	1.2								0.7.	
	X	24.0			1.3								0.8.	
		24.0												
Signal Tables		24.0												
	X	24.0 24.0			1.3				<u> </u>			ļ	0.8	
	$-\hat{\mathbf{x}}$	24.0			1,3					ļ			0.7	
24.50	X	24.0			2.0								1.2	
200	×	24.0	8,080	 	1.5								1.0	
		24.0	8,273										1.0	
		24.0	8,273].
2.00	Х	24,0			1.8								1.2	
8.20	Х	24.0			1.9								1.2	
12	Х	24.0	8,190	-	1.2				 				0.9	
222	X	24.0 24.0		<u> </u>	1.2				 	 	ļ	L	0.9	
22.5	_ ^_	24.0		 	1,2		 		}	<u> </u>	· · · · ·	 	0.9	
17.5		24.0							 					
10	х	24.0			1.5								0,9	
128	X	24.0	8,110		1.5		L		·				0.9	
rail i	х	24.0			1.5								0.9	
2.0	х	24.0			1.4								0.9	
\$300	х	24.0	8,170	<u> </u>	1.5				 _				0.9	
	20 1 2 100 1 41	24.0	264,190		L	<u> </u>	L	L	<u> </u>	<u></u>	l	L	L <u></u>	
	والمعاد والمتعاد المعاد		8,522	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

See Pages 4 for Instr	uctions.	,	COMPO						
I. General Information	for the Month/1	Year of: Decembe	er, 2007						
A. Public Water System	(PWS) Informa						 	·	
PWS Name:	Welaka Mobile Hom		·	····					
PWS Type:	Community	Non-Transient Non-Comm	umih. I I	T		PWS Identification Number	er:	2541242	
Number of Service Connect	tions at End of Month	108	idraty	Transient Non-Com		Consecutive			
PWS Owner:	Aqua Utilities Florida				Tota	l Population Served at End of	Month:	324	
	Brian Heath							1 4	
Contact Person's Mailing A	ddress:	PO Box 490310			Cont	act Person's Title:	Area Manager		
Contact Person's Telephone	Number:	(352) 787-0980			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.co	om		Cont	act Person's Fax Number:	(352) 787-633	3	
B. Water Treatment Pla	nt Information							· · · · · · · · · · · · · · · · · · ·	
	Welaka Mobile Home	e Park	· · · · · · · · · · · · · · · · · · ·			Di ma di sa			
Plant Address:	Hamilton Road				City: Satsuma	Plant Telephone Number:		(352) 787-0	·
Type of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased Fir	riched Water	City. Satsuma	State: Florida		Zip Code:	32189
Permitted Maximum Day Or	perating Capacity of P	Plant gallons per day:	<u></u>	108,000	······································		· · · · · · · · · · · · · · · · · · ·		
Plant Category (per subsection	on 62-699 310/41 E A	A C V		300,000	Dlane	Tana (ann an Inner d'an 100 100 1	4-240		
Licensed Operators	NAME OF ACT	Name Name	e Hancold Comme	License Class	Licence Number	lass (per subsection 62-699.	310(4), F.A.C.):	D	
Poggranding Shergion 4	raul Inompson			A	7251	Day	/(s) / Snin(s)	worked,	in the second
Other Operators:				c	14091	Days 1st Shift Days 1st Shift			
	Ralph Marriott			c	7527	Days 1st Shift			
					7021	Days 1st Shut			
					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
59767677	·								
									
经验 证据的证据。							 -		
l Certification by Lead/	Chief Operator					1			
I the understaned water	tractment plant							***	
information provided in	this remark is t	operator licensed in Florida, as and accurate to the best of m	am the lead/chie	f operator of the	water treatment p	lant identified in part I o	of this report	I certify t	that the
International Standard C	uns report is true	and accurate to the best of nable standards referenced in s	ny knowledge ai	nd belief. I certif	fy that all drinking	water treatment chemi	cals used at t	hie plant c	ande uie
international Standard 6	or other applica	able standards referenced in sperator staffed or visited this	subsection 62-54	55.320(3), F.A.C.	. I also certify the	at the following addition	al operation	racondo e	Difform to MSF
were prepared each day	that a licensed op	perator staffed or visited this process performance records.	plant during the	month indicated	above: (1) recon	ds of amounts of chamic	rai operations	records (or this plant
(2) if applicable, approp	riate treatment pr	ocess performance records.	Furthermore, I a	agree to provide	these additional o	merations records to the	DATE	chemical 1	teed rates; and
retain them, together wit	th copies of this re	eport, at a convenient location	n for at least ten	vears.		portucions records to the	r w 5 owner	so the PW	S owner can
		1 1		, , , , , , , , , , , , , , , , , , , ,					
10		01/09/18	Paul Thompson	_					
Signature and Date			Printed or Type				4	17251	
-			Thinca or Type	en tagus			I	icense Numl	per

PWS I	PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park													
Ш.О	III. Daily Data for the Month/Year of: December, 2007													
			y Virus Inactiv					ovide	C Ozone	☐ Comb	inad Chlori	- (Chloren	ines)	
וט דן	traviolet Ra	diation	[Othe	r (Describe):	, 1	1	Chlorate Di	OXIUC) Ozone	1 Como	naied Cinorn	ie (Ciliotai	тиса)	
7	ernialura					Free Chlo	rine !	Combin	ed Chlorine	(Chloramine	s)	Chlorine D	Dioxide	
X 55.7 15	80. Sec. 1			19.93.58 27.57	Outlon System.	TIGE CHILD	Name and a	Comon	Art and the		Arania dalar	and the second second	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CANDO SUM BUSINESS V. GARAGO
43 4 4 4		3 5 6 5	100	45 2 504 5 500	The Carculations Son	Ov Dose, 10;1	Jemostate :	rour-Log	Williams	avadon, 11-2	Application	NACES OF THE		
1170	4.		程為書字	Mark Transport		CI Calci	itations -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 75 (1) # 4 (1) 1 \$ 6	(** (*), U V .1	JUSC A TOS	75.3 EV	
100	图 第二	1. 1. 1.	1900	11 13 4 E		争会的基础。	Lowest CT		数据 第		11/21/19		32-23-32-7	
1	2019	· 10 24				Disinfectant	Provided	100			主要の表	子性对数	42,3 43 6.5	
***************************************	Days Plant	3 53	华文学		Lowest Residual	Contact Time	Before or at			* * * *	Comment of the comment	Minimism	Lowest Residual	
	Visited by		A Finished	120	Disintectant 3	is (I) at Cs	Customes				Lowest	UV Dose	Concentration at	A La Emergency of Abnormal Operating
Day of	Operator	Tours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in (c	Producted:	Peak Flow	Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose;	+ MM-™	Distribution	Involves Taking Water System Components
Month	· X)	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min∕L	Water, OC	if Applicable	min/LyS	mW-sec/cm ²	√ sec/cm²?	" System, mg/L'	A Emergency of Abnormal Operating Conditions Repail of Maintenance; Work that Involves Taking Water System Components Sour of Operation
2140														
4 62 65 3 3 62		24.0 24.0	7,183					 					0.8	
# 424	X	24.0	7,183 12,240	<u> </u>	1.2								0.8	
D+554		24.0	5,270	 	0,8			 					0.4	
£7670	X	24.0	7,700		1.6			 					0.9	
不知為	Х	24.0	8,100		1.9								1.4	
448VA		24.0	8,203											
8 / Q - V		24.0	8,203											
2019 (c)	X	24,0	8,203		1.1			ļ					0.6	
12.3	X	24.0 24.0	8,800 8,700		1.0 1.0			 _					0.6	
137	x	24.0	9,440		1.0			 -	ļ				0.5	
14 4	x	24.0	7,620		1.7								1.3	
č:15 ·		24.0	8,130				······	 						
>•16° [†]		24.0	8,130											
C.17.4	X	24.0	8,130		1.0								0.7	
18 ;	X	24.0	7,700	ļ	1.0								0.6	
19 204 ii		24.0	8,520		0.9						ļ		0.6	
- 21.	X	24.0	9,210 11,160		0.9 1.0			 					0.6	
· 22 /s	 ^ 	24.0	8,037		1.0			 			 		0,8	
23. (*		24.0	8,037					 						
24'5	х	24.0	8,037		1.0								0.6	
25	Х	24.0	11,140		1.0								0.6	
Ç. 26-h	Х	24.0	11,300		1.0								0.6	
127-122	Х	24.0	11,470		1,0								0.6	
28-12	Х	24.0	16,040		1.2			<u> </u>					0.9	
29, i	}	24.0	11,540					 			 	 	ļ 	
.::31aa	х	24.0	11,540		1.1			 		 	 		0.8	
	A SELECTION OF		283,690	<u> </u>		_ _		<u> </u>	<u> </u>	i	L	i	J	<u> </u>

^{*} Refer to the instructions for this report to determine which plants must provide this information.

9,151 16,040

PWS	SID:	2541242	Plant Name:	Welaka Mobi	le Home Park	
IV.	Summary of Use of Poly	mer Containing Acrylami	de, Polymer C	Containing E	pichlorohydrin, and Ire	on or Manganese Sequestrant for the Year: *
	Is any polymer containing the m follows:	onomer acrylamide used at the wa	iter treatment plan	nt?	✓ No	the polymer dose and the acrylamide level in the polymer are as
	Polymer Dose ppm =	·			Acrylamide Level, %1=	
	is any polymer containing the m polymer are as follows:	onomer epichlorohydrin used at th	ne water treatment	t plant?	☑No 「Y	es, and the polymer dose and the epichlorohy drin level in the
	Polymer Dose ppm #				Epichlorohydrin Level, %1=	
		trant used at the water treatment p	lant?	☑ No		equestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphospl					
		phate as PO4 or mg/L of silicate as	5 SiO ₂ =		<u> </u>	
		nount of added plus naturally occu	-	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: January, 2007 A. Public Water System (PWS) Information 2541008 PWS Name: Saratoga Harbor PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Consecutive Transient Non-Community 175 Number of Service Connections at End of Month: Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Area Manager Brian Heath Contact Person's Title: 34749 Zip Code: Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Plant Telephone Number: Sarasota Harbor Zip Code: 32189 Plant Address: Gibbs Avenue City: Satsuma State: Florida Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Class | License Number | Day(s) / Shift(s) Worked Licensed Operators Name kead Chief Operatorie Paul Thompson Days 1st Shift 7251 el Operators A My David Haring 14091 Days 1st Shift Ralph Marriott Days 1st Shift lc 7527 H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson Printed or Typed Name License Number Signature and Date

		on Number:		2541008		Plant Name:	Saratoga Ha	arbor		····				
Ш	Daily Data	a for the N	lonth/Year	of:		January, 2007								
Means	of Achiev	ing Four-Lo	g Virus Inacti	ivation/Remo	val: ▽ Free (<u> </u>							
T U	ltraviolet R	Radiation	C Othe	er (Describe)	;	omorme (Chlorine D	ioxide	Ozone	[Com	bined Chlori	ine (Chlorar	nines)	
Туре	of Disinfe	ctant Resid				₩ Free Chk	vrine [" Combin	and Chlorina	(Chloramine		Chlorine I		
5267.63	V. 64	23.7	CHS SIMBON	DOWN NO	rication System.	TRAD SOL	THE T	COMPO	ces Chionne	Chioramina	is) !	Chlorine I	Dioxide	
10	100		拉亚二种	The state of the s	Carculations, of	UV Dose, to	Demostate	Four-L'or	CV.mis inac	tivationait	Applicable	學學是自然		E VATEMAR GOVERNMENT
14.3		88 - W		56- (A. C)	And the second	CT Calc	ulations	3. T	of two sales	Section 1	J. UV.	Dose	100	
126	1973		30 35 2 17	76 4 7 1 2	and the second		Lowest CT	200	0.01.0	净性为生活	· Land	V		
	N					Disinfectant	Provided	1000	WAR	30年,物成	37. 7 D	value :	医心态 源	
Const.	Staffed or		4.2		Lowest Residual	Contact Time	Before or at	10.27	19 19 3	1	WW S	3 . V	Lowest Residual	A STATE OF THE STA
	Visited by	and an area	Met Quantity	San Wing	Quisinfectant:	(T) at C	First				2	Minimum	Disinfectant	
Day of	Operator	313	Water	CONTROL OF	Concentration (C)	Measurement	Customer	国際電	10.3		Lowest	/UV Dose	Concentration at	Emergency of Abnormal Operating
, the	(Place F	Saratoga	Producted.	Peak Flow	Customer During	Peak Flow	Planing Peak	Tenin of		Minimum CT	Properatings	Required	Remote Point in	Conditions Repair of Maintenance Work that
Month	**("XX") " ?	*Harbor*	fre cal Art	Rate gran	Peak Flow, mg/L	minutes	min/L	Water	if Anolice hie	TOTAL TOP	- W W W.	Continue	Distribution	Involves Laking water System Components
A Pale Wit	- × -	24.0	11,200		2,5				TO PERSONAL PROPERTY.	A Cast of the Cast of	THE THE TOPO CONT.	A Sector (C.S.)	1.5	Emergency of Abnormatic forming Conditions: Repair of Maintenance Work that Involves Taking Water System Components (Cour of Operation)
30234 30124	X				2.0					7 7			1.3	
7	- Â	24.0	11,400		1.3								1.0	
100	- Â	24.0 24.0	11,100 5,800		1.2								0.8	
***		24.0	9,500		1.3								0.8	
第 4条		24.0	9,500											
1888年	X	24.0	9,500		1.2									
1995	x	24.0	9,100		1.2								0.8	
100	X	24.0	8,800		1.0								0.6	
	X	24.0	8,800		1.4								0.8	
2012 Y 2010 Y	X	24.0	8,600		1.4								0.9	
化作员		24.0 24.0	11,633											:
编译 表	x	24.0	11,633											
WHIOE-	x	24.0	8,500		1.4								1.0	
中海	X	24.0	11,600		1.4								0.9	
PARTS IN	х	24.0	6,400		1.5			<u>-</u>					1.0	
Val23	Х	24.0	10,500		1.6				·				1.0	
400分 100分		24.0	11,133								,			
21.00 20.00 20.00		24.0	11,133											
建	X	24.0	11,133		1.5								1.0	
HEAT ST	- 2	24.0	8,700		1.4			ــــــــــــــــــــــــــــــــــــــ					1.1	
6 1 S	$\frac{\hat{x}}{\hat{x}}$	24.0	8,500		1.6							·	1.2	
18258 18268 1827/64	X	24.0	8,100		1.2								0.8	
93279		24.0	8,067		1.2								0.8	
7287		24.0	8,067											
295	X	24.0	8,067		1.2									
30 to	х	24.0	8,700		1.0								0.7	
100	X	24.0	8,100		1.0							-	0.5	
40 A B		CHOCKET AND	292,100 9,423								·			

^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate



See Pages 4 for Instr						
General Information		ear of: February, 200				
		——————————————————————————————————————	11	 	<u> </u>	
A. Public Water System		ion				
PWS Name:	Saratoga Harbor				PWS Identification Number:	2541008
PWS Type:	✓ Community	Non-Transient Non-Communit	y Transient Non-Comm		Consecutive	
Number of Service Connect		50	····		Total Population Served at End of N	fonth: 175
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath					Area Manager Zin Code: 34749
Contact Person's Mailing A		O Box 490310		City: Leesburg		
Contact Person's Telephone		352) 787-0980	· · · · · · · · · · · · · · · · · · ·		Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Ad		eheath@aquaamerica.com				
B. Water Treatment Pla					The second secon	(352) 787-0980
Plant Name:	Sarasota Harbor			I	Plant Telephone Number:	
Plant Address:	Gibbs Avenue			City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day C			200,000		62 (00.2	10(4), F.A.C.); C
Plant Category (per subsect				P1	ant Class (per subsection 62-699.3	s) / Shift(s) Worked
Licensed Operators Lead/Chief Operator:		Name Service				s)7 Simu(s) Worked
the first opening the first of the first of the first of the first opening the first			A A	7251	Days 1st Shift	
The state of the s	David Haring		c	14091	Days 1st Shift	
	Ralph Marriott		<u>C</u>	7527	Days 1st Shift	
Million Control						
	J			ļ	<u> </u>	
						
				·		
		······································		 -		
	·	·····		 -		
				 		
网络展的人的主心	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		
I. Certification by Lead	L/Chief Operator					
		perator licensed in Florida, an	the lead/chief operator of the	water treatm	ent plant identified in part I	of this report. I certify that the
						icals used at this plant conform to
NCE International Star	ndard 60 or other e	onlingble standards referenced	in subsection 62 656 220(2)	EAC Lalea	cortification to delications and	ditional operations records for this
mlant suma managad or	ndard over other a	pplicable standards referenced	hi subsection 02-333.320(3),	F.A.C. 14180	(1) records of amounts of	shamicals used and shamical feed
						chemicals used and chemical feed
					ese additional operations rec	ords to the PWS owner so the PWS
owner carretain them	, together with cop	ies of this report, at a convenie	nt location for at least ten year	rs.		
(~)		2/-/-				
		3/7/07	Paul Thompson			A7251
Signature and Date		, — —	Printed or Typed Name			License Number

Manus of Anti-invariant New York (Percent) February 2007 Provided Residual (Percent) February 2007 Provided Residual Maintained in Distribution System February 2007 February	PWS I	PWS Identification Number: 2541008 Plant Name: Saratoga Harbor													
Mans of Achieving Four-Log Virus Inschwisches (Profe Chlorine	III. D	Figure Databox													
Type of Disinfectant Residual Institution in Distribution System:															
Type of Disinfectiant Residual Multitatined in Distribution System:	711														
Day Plan Net Care Day of Operation Contact Time Day of Operation Contact Time Defence of Contact Time Defe	Г	Other (Describe):													
Day Place Not Quantity District of Place Not Quantity District of Place Pl	i ype c	t Disinfed	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chic	orine [Combin	ed Chlorine	(Chloramine	s) /	Chlorine I	Dioxide	
Color X 240 8,300 1.0 0.7		CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation of Applicable													
Color X 240 8,300 1.0 0.7		;	1.4		18.00 miles		CT Cale	ulations 2		A Salad	1000	in IIV	Dose:		
Color X 240 8,300 1.0 0.7	1	4		K 100	1. 1. 1900		P-12 7 7 7 1	120000	17.27	I was to	\$ 43.25 C		1 3 6	50. 35 产生	ENGINEER STEER AND AS IN
Color X 240 8,300 1.0 0.7		٠						Lowest CT	1		er to the second				
Color X 240 8,300 1.0 0.7		Days Plant				Z accept Daniel 1	Disinfectant	Provided		1.50	1	3			
Color X 240 8,300 1.0 0.7		Staffed or	.*; ':	Net Quantity	lana da	Disinfectant	Contact Time	Before or al		1	13.00		Minimim	Lowest Residual	
Color X 240 8,300 1.0 0.7		Visited by	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Finished	34 34	Concentration (C)	Measurement	Customer	146	100		Lowest	LIV Dose	Concentration at	Emergency of Abroamal Operation
Color X 240 8,300 1.0 0.7	Day of	Operator	1	Water 7.1	20 At 2	Before or at First	Point During	During Peak	27 17 19	A ** ****	Minimum CT	Operating	Required.	Remote Point in	Conditions Repair or Maintenance Work that
Color X 240 8,300 1.0 0.7	the	(Place	Saratoga	Producted	Peak Flow	Customer During	Peak Flow	Flow, mg	Temp of	pH of Water.	Required mg	ÜV Dose,	mW-	Distribution A	Involves Taking Water System Components
Color	Month	"X")	Harbor	ga)	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	finia/L	mW-sec/cm2	sec/cm2	System, mg/L	Out of Operation
\$\begin{align*} \begin{align*} \be					<u> </u>										
State		_ <u>*</u> _			<u> </u>	1.0								0,6	
1.5 X 240 2.067 1.5 1.1 2.5					 										
1.5		- y -					<u> </u>								
S7M					 										
State X 240 13,200 1.2 0.8												ļ. <u> — </u>			
No.	13.8						ļ	 					 		
S.107	9.00	X						<u> </u>					<u> </u>		
12			24.0	10,300										0.7	
133 X 240 7,100 1.3 0.8															
1.4														0.8	
15.5 X 24.0 7,500 1.3 0.9 16.0 X 24.0 8,300 1.3 0.9 17.0 24.0 11,200 0.8 17.0 X 24.0 11,200 0.8 1.0 17.0 X 24.0 11,200 0.8 1.0 17.0 X 24.0 8,300 1.3 0.9 17.0 X 24.0 8,100 1.3 0.9 17.0 X 24.0 8,300 1.3 0.9 17.0 X 24.0 8,300 1.3 0.9 18.0 X 24.0 7,800 0.6 0.3 18.0 X 24.0 7,800 0.6 0.3 18.0 X 24.0 9,367 0.6 18.0 24.0 9,367 0.6 28.0 24.0 9,367 0.6 28.0 24.0 9,367 0.6 28.0 24.0 9,367 0.6 28.0 24.0 9,367 0.6 28.0 24.0 9,3														0,8	
1.0														0.8	
170														0.9	
18						1.3								0.9	
19 X 240 11,200 0.8 1.0 1.3 0.9 1.3 0.9 1.3 0.8 1.0 1.3 0.8 1.0 1.3 0.8 1.3															
10		- x 			 										
21 X 24 0 8,800 1.3 0.8															
22									·						
23 X 24 0 8,100 1.2 0.6										<u> </u>		<u> </u>			
24.0 9,367	· 23 🐑	Х	24.0					-							
26 X 24 0 9,367 1.0 0.6			24.0	9,367										<u>~~</u>	
27 X 24.0 8.600 0.8 0.4													<u> </u>		<u> </u>
276 X 24.0 8,600 0.8 0.4 0.8 0.8 0.4 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8											<u></u>			0.6	
F 24.0 0.8					I								_		
		_ X		8,100		1.4								0.8	
24.0 Total 255,000 Avgernge 8,226															
Total Section 255,000 Avgernge (Carlot Section 255,000 8,226															
Avgringes San		4. b. 6. 7. 5. 5. 5.		265.000											
######################################															
	Mayimin	A CAMP CAMP	1 12 mg	13,200											

Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555,900(3)Alternate



See Pages 4 for Instr	netions ·												
General Information	for the Month/Y	ear of: Mar	ch, 2007	<u> </u>									
	1												
PWS Name:		ion				PWS Identification Number:	2541008						
PWS Type:	Saratoga Harbor					Consecutive	2341004						
PWS Owner:					1 QIAJ	Population Served at Esta of Month	. 173						
Contact Person:	Aqua Utilities Florida Brian Heath	<u> </u>	·············		Conte	ict Person's Title: Area I	Manager						
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida		34749					
Contact Person's Telephone		(352) 787-0980		······································			787-6333						
Contact Person's E-Mail Ad		beheath@aquaameri	ca com	····	Tours	(2-2)							
. Water Treatment Pla		<u> </u>	00,00111										
Plant Name:	Sarasota Harbor					Plant Telephone Number:	(352) 787-098	30					
Plant Address:	Gibbs Avenue				City: Satsuma	State: Florida	Zip Code:	32189					
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water									
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		200,000									
Plant Category (per subsect	ion 62-699.310(4), F.A	\.C.):	IA			lass (per subsection 62-699.310(4),	F.A.C.): C						
Licensed Operators		Name	Charles on the second	License Class	License Number	Day(s) / S	Shift(s) Worked						
Lead/Chief Operator:				A	7251	Days 1st Shift							
	David Haring			С	14091	Days 1st Shift							
Administration of the second	Ralph Marriott			C	7527	Days 1st Shift							
是才多的人的人的人	1 1					<u> </u>							
						<u> </u>		,					
第124年,1864年的 5	<u> </u>					<u> </u>							
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And the second						<u> </u>							
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	<u> </u>	· · · · · · · · · · · · · · · · · · ·	,	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·						
	d/Chief Onevetor				· · · · · · · · · · · · · · · · · · ·			الت الأحداد					
Certification by Lead				C		1	a nament contife t	h-t the					
						plant identified in part I of the							
						g water treatment chemicals							
						tify that the following addition							
						records of amounts of chem							
						dditional operations records	to the PWS owner	so the PWS					
owner canctain them	, together with cop	oies of this report, at a c	convenient location for	at least ten year	rs.								
()		11		_									
		4/5/07	Paul Thompso	n			A7251						
Signature and Date		777	Printed or Tyr	ed Name			License Num	ber					

PWS I	lentification	n Number:		2541008		Plant Name:	Saratoga Ha	rbor						
HL D	II. Daily Data for the Month/Year of: March, 2007													
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)													
	Ultraviolet Radiation Other (Describe):													
Type o	The production of Finished Water Power of First the point Distribution System: Days Plaint Disinfectant Distribution Distribution													
					T Calculations, or	IIV Dose to	Demostate I	four-Loc	Virus Inac	tivation if	Applicable	J.J. 3279 79		
					- Caronianono, Ci	CT Cale	plations	<u> </u>			UV	Dose		
					l i			<u> </u>				9 8 4		
j		•	i			Disinfectent	Lowest CT					30	1. 1. 1. 1	
	Days Plant				Lowest Residual	Disinfectent	Provided].			1	July 1997	I numer Decidual	
	Staffed or		Net Quantity		Disinfectant	GContact Time :	Biret				and a	Minimum	Disinfectant	September 1
7	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of			Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	Saratoga	. Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Harbor	gal.	Rate, gpd.		minutes	min/L	Water, O	if Applicable	_ min/L	mW-sec/cm ⁴	sec/cm²/	· System, mg/L ·	Out of Operation:
14. IS 18	X	24.0	8,100		1.3				ļ		<u> </u>			<u> </u>
2)3/,	X	24.0			1.1		ļ	<u> </u>	 				0.6	
419		24.0 24.0							· -		 			
6.3.3.8	×	24.0		·	0.8		 		 		ļ		0.4	
6-ft	$\frac{\hat{x}}{x}$	24.0			1.3			 			-		0.8	
47.57 AV	X	24.0			1.2				 	"			0.9	
ા જે 8/ તાલ	х	24.0			1.5		1						0.9	
9.4	Х	24.0	7,900		1.4		1						0.9	
∵10,5√		24.0												
LIM		24.0												
12.w	X	24.0	9,833		0.7		<u> </u>		ļ				0.3	
्त3३ हो4%	X X	24.0 24.0			0.7		 	}	 				3.0 0.8	
15:4	X	24.0					 	}	 		 	ļ 	0.8	
16	Ŷ	24.0			1.5		 	ļ <u>.</u>	 	 			1.5	
.17.,2		24.0			2.0	 	 	 	 			 		
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(19-	х	24.0	10,933		1.2		 						0.8	
20	. X	24.0			1.5		1	ļ					, 1.0	
217	Х	24.0			1.7								1.2	
. 22	X	24.0			1.4				<u> </u>		<u> </u>		1.0	
23	X	24.0			1.4				ļ			<u> </u>	0.9	
.24		24.0			<u> </u>		ļ		ļ		 	 		
25		24.0			ļ		· · · · · —	 	 	 	 		0.9	
. 26 . 27	X	24.0 24.0			1.4	 			 	 	 	 	1.0	
28 .	x	24.0			1.5		 	 	+			 	1.0	
29	- ^	24.0			1.6		 	 	+	 			1.1	<u> </u>
.30	x	24.0			1.5		 	 	 	 	j 		1.0	
• 31		24.0			<u> </u>				1	 		 	7.0	
	S. Verger Laws 1		308,533		·	*	·	•			·	<u> </u>		
	Brita M.		9,953											

23,100

Maximum

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. I. General Information for the Month/Year of: April, 2007 A. Public Water System (PWS) Information 2541008 PWS Name: PWS Identification Number: Saratoga Harbor PWS Type: ✓ Community Consecutive Non-Translent Non-Community Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 175 PWS Owner: Aqua Utilities Florida Contact Person: Contact Person's Title: Area Manager Brian Heath Zip Code: 34749 State: Florida Contact Person's Mailing Address: City: Leesburg PO Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Plant Telephone Number: Sarasota Harbor Plant Address: State: Florida Zip Code: 32189 Gibbs Avenue City: Satsuma Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200.000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): ľ Name Day(s) / Shift(s) Worked Licensed Operators Lead Chief Operator Paul Thompson 7251 Days 1st Shift Other Operators David Haring 14091 Days 1st Shift 7527 Days 1st Shift Ralph Marriott IL Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson License Number Signature and Date Printed or Typed Name

PWS Id	lentification	n Number:		2541008		Plant Name:	Saratoga Ha	rbor						
111. Daily Data for the Month/Year of: April, 2007														
וט יין	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution Systems T. Fara Chloring Chloring (Chloring Chloring) Chloring Distribution Distribution Systems T. Fara Chloring Chloring (Chloring Chloring) Chloring Distribution Distribution Systems T. Fara Chloring T. Fara														
				V/ - 7	T. Calculations or	TV Dose to	Demostate	Four-Loc	Vinisilnac	ivation if	Applicable	eg Property	Market Balla	[[4]] [[4]]
100		Saratoga				STATE CT COM	photographic	i vai coj	- 14 C	11. 3h , 14. 1	THE HIV	Dose (**)	的一种人一种	
	2		}		1.5 : 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The second second					Carrier Constitution	K-ETW		
13 A. 15				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3 5 6 7 7	Lowest CT	313	7 3 3		. j.	N. S. C. V.	A CONTRACTOR	
	DiverPlant		.a			Disinfectant	Provided	, ·-		A STATE OF THE STA	4.3			
#	Staffed or		Net Quantity	- ~ 4	Disinfectant	Cryst C	Before or at	4: 1.			T. August	Minimum	Disinfertant	
72 35	Staffed or Visited by Operator	in the	of Finished		Lowest-Residual Disinfectant Concentration (C) Before or at First	Measurement	Customer	4 4	1 to 1 to 1 to 1	1	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator		Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required.	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place,	Saratoga	Producted.	Peak Flow-	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose	mW-Y	Distribution	Involves Taking Water System Components
Month	* (X)	Harbor	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm	*System, mg/L:	Out of Operation
ARRIGIA.		24.0												
*12/36 *137a	<u>X</u>	24.0			0.6			1				<u>'</u>	0.3	
200 IDS	X	24.0 24.0			1,0				ļ			 	0.6 1.0	
9444 4457	- x	24.0			1.7			 				<u> </u>	1.3	
3.616	X	24.0			1.5	<u> </u>			 			 	0.9	
#147		24.0												
1 31 St. 14		24.0	12,800									· · · · · · ·		
3.616 #47.3 1386.3 13886	X	24.0	12,800		1.3			Í					1.0	
#310#) %:115#	X	24.0	7,900		1.2								0.9	
34.115 K	X	24.0			1.2			<u> </u>					0.8	
A412a4	X	24.0			1.0			ļ	<u> </u>				0.8	
全10年	X	24.0 24.0		 	1.0							 	0.7	
54154		24.0		 		 	 	 	 -				<u> </u>	
/-16···	Х	24.0			0.8	 	 	 	 				0.5	
4.174	Х	24.0			0.9			 					0.7	
P-18,7	X	24.0	11,000		1.4								1.0	
g. 1958	Х	24.0			1.3								1.0	
₹20 🛎	X	, 24.0			1.3		1		<u> </u>				1.0	
321-11		24.0			ļ			<u> </u>						
22n 323	×	24.0 24.0			0.8	ļ <u></u>		 				<u> </u>	0.6	
24	- x	24.0			1,0			 	 				0.5	
125*	$\hat{\mathbf{x}}$	24.0			0.8			 	 			 	0.5	
1.26	X	24.0	13,000		1.1			 					0.8	
	X	24.0			1.0		l					1	0.6	
· • 28 · · ·		24.0	12,400											
29		24.0												
√15.30 sec	Х	24.0			0.7							<u> </u>	0.4	
	123	24.0			L	<u> </u>	1		<u> </u>	1	L	L	L	
Total	2001 Table	Steration.	348,900 11,255											
WASCING	ON THE STATE OF	新国的国际 。	LJ,Z33	I										

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Alternate



See Pages 4 for Instructions

See Pages 4 for Instructions.			
General Information for the Month/Year of: Ma	y, 2007		
Public Water System (PWS) Information			
PWS Name: Saratoga Harbor		PWS Identification Number:	2541008
PWS Type: Community Non-Translent Non-	-Community Transient Non-Community	Consecutive	
Number of Service Connections at End of Month: 50	Tot	al Population Served at End of Month:	175
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Con	ntact Person's Title: Area N	lanager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Co	stact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Address: beheath@aquaamer	rica.com		
Water Treatment Plant Information			
Plant Name: Sarasota Harbor		Plant Telephone Number:	(352) 787-0980
Plant Address: Gibbs Avenue	City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by Plant:	Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Class (per subsection 62-699.310(4),	
Licensed Operators Name	License Class License Numb		hift(s) Worked
_ead/Chief-Operator: Paul Thompson	A 7251	Days 1st Shift	
Other Operators: David Haring	C 14091	Days 1st Shift	
Ralph Marriott	C 7527	Days 1st Shift	
Fig. 1 St., St. Water 1982 F			
Certification by Lead/Chief Operator			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
, the undersigned water treatment plant operator licensed in F	lorida, am the lead/chief operator of the water treatmen	t plant identified in part I of thi	s report. I certify that the
information provided in this report is true and accurate to the b			
NSF International Standard 60 or other applicable standards re	eferenced in subsection 62-555 320(3) F A C. Lalence	ertify that the following addition	nal operations records for this
plant were prepared each day that a licensed operator staffed o			
rates; and (2) if applicable, appropriate treatment process perfe		sadorenous obergetous records	to the Fw3 owner So the Fw:
and the state of t			
owner can retain them, together with copies of this report, at a			
owner can retain them, together with copies of this report, at a			
owner can retain them, together with copies of this report, at a			A7251 License Number

PWS Id	entification	Number:		2541008		Plant Name:	Saratoga Har	rbor						
III. D	III. Daily Data for the Month/Year of: May, 2007													
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):													
	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable CT Calculations UV Dose													
					<u> </u>	. CT Calc					0.00	Jose	,	
		. "	r i	,	-		Lowest CT	v ;		· ·				l .
					I	Disinfectant	Provided :	adding the second	2 11					
	Days Plant		• *		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	\$ 1 / ·			Commet	Minimum UV Dose	Disinfectant	Emergency or Abnormal Operating
Day of	Visited by		of Finished		Concentration (C)	Measurement	Customer /		, ,	Minimum CT	Lowest Operating	Required,	Concentration at Remote Point in	Conditions; Repair or Maintenance Work that
Day of the	Operator (Place	Saratoga	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	NU of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	("X")	Harbor	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
. 1.	X	24.0	10,700		0.8	711111111		,					0.4	
·, 2·.,	Х	24.0			1.0								0.5	
-3:	X	24.0			1.2								0.8	
4.1	X	24.0			1.0								0.7	
5.		24.0												
6 7		24.0											0.9	
8	X	24.0 24.0			1.5				 	<u> </u>			1.0	
9.	X	24.0	5,200 11,600		1.4 1.1	1	 	 			 		0.8	
÷ 10-4-	X	24.0	10,500		1.4				-	 	·		1.0	
~: 11 °	X	24.0			1.3			 					0.7	
. 12		24.0												
∻ 13 ફ		24.0	15,067											
14.	Х	24.0			1.1								0.7	
. 15	X	24.0			1,2		<u> </u>			 			0.7	
16	X	24.0			1,4	<u> </u>	 			 			0.9	
17 18	X	24.0 24.0			1.0		 	-		 			1.1	
. 19 .	_ ^	24.0			1,0					 				
. 20		24.0									 			,
21 .	х	24.0			1.0					1			0.7	
22.	Х	24.0			1.3								0.8	
`23	Х	24.0			1.2								0.9	
24	X	24.0			1.0		<u> </u>			 -			0.7	
25 ::	х	24.0			0.8		<u> </u>	 	 	 	ļ —	 	0.5	
26		24.0						 	 	 	 			
27	X	24.0 24.0		ļ ———	0,8	 			 	 	 	 	0.4	
29	X	24.0			0.8			 	 	 	 		0.4	
30	$\frac{\hat{x}}{x}$	24.0			0.7		 		 ^		 	 	0.4	
31	X	24.0	<u> </u>	 	0.8				1				0.4	
Total							*	`						

11,052 17,200

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.		_			
1. General Information for the Month/	Year of: June, 2007				
A. Public Water System (PWS) Informa	ation				
PWS Name: Saratoga Harbor				PWS Identification Number:	2541008
PWS Type:	Non-Transient Non-Community	Transient Non-Comi	munity	Consecutive	
Number of Service Connections at End of Mont				al Population Served at End of Month	175
PWS Owner: Aqua Utilities Flori					
Contact Person: Brian Heath			Cor	ntact Person's Title: Area N	Manager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code; 34749
Contact Person's Telephone Number:	(352) 787-0980			ntact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Sarasota Harbor				Plant Telephone Number:	(352) 787-0980
Plant Address: Gibbs Avenue			City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	Plant, gallons per day:	200,000			
Plant Category (per subsection 62-699.310(4), F				t Class (per subsection 62-699.310(4),	
Licensed Operators	Name Name	License Class	License Numb	er Day(s) / S	hift(s) Worked
Lead/Chief Operator: Paul Thompson		A	7251	Days 1st Shift	
Other Operators: : David Haring		C	14091	Days 1st Shift	
Ralph Marriott		C	7527	Days 1st Shift	
7486					
D.C. 46 - 4 - 1 - 1 - 1 (1) - 6 (1) - 4					
II. Certification by Lead/Chief Operato		1 1 1/1/6		tulant identified in most I of thi	a senset I soutify that the
I, the undersigned water treatment plan					
information provided in this report is to	the and accurate to the best of my	knowledge and belief. I cert	ity that all drink	ing water treatment chemicals	used at this plant conform to
NSF International Standard 60 or other	applicable standards referenced	n subsection 62-555.320(3),	F.A.C. I also ce	ertify that the following addition	nal operations records for this
plant were prepared each day that a lic	ensed operator staffed or visited t	tis plant during the month inc	dicated above: ((1) records of amounts of chem	icals used and chemical feed
rates; and (2) if applicable, appropriate	treatment process performance re	cords. Furthermore, I agree	to provide these	additional operations records	to the PWS owner so the PWS
owner can retain them, together with co	opies of this report, at a convenier	it location for at least ten yea	rs.		
/ /	11	·			
1	16107	Paul Thompson			A7251
Signature and Date		Printed or Typed Name			License Number
•		v i			

	PWS I	lentificacio	n Number:		2541008		Plant Name:	Saratoga Ha	тьог							
Manual of Achieving Four-Log Virus Institution (Processing Conference of Chlorine Chlorine (Chlorine)		Daily Data for the Month/Year of: June, 2007 June, 2007 June, 2007 June of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine														
The Comment Residual Manufacture in Distribution System:	Means	of Achievi	ng Four-Lo	o Virus Inacti	vation/Remov			Chl. t. p:		Γ O	<u> </u>		. (01.1-			
Type of Disinfectant Residual Maintained in Distribution System:	F U	traviolet R					inorpie 1	Chlorine Di	oxide) Ozone	Comb	nned Chloru	ie (Chiorar	nunes)		
Circle Company Compa	T	eni-i-c	-44 10 ?	4 -136			F7 × 011	, ,	·		(C11i	->	Chlorino I	Disad da		
SASSE 24.0 7.900	1 ype (TEXAME	ctant Resid	Juai Maintai	ned in Distr	ibution System:	Free Chic	orine !	Combin	ed Uniorine	(Chioramine	(3) (1)	Chiorine i	SDEXOIC	I was a second of the second o	. 3 %
SASSE 24.0 7.900	17.35	4.2				TrCalculations; or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable.				
SASSE 24.0 7.900	***	S. 76.	13 45	1.00		the Company of the safe	CT Calc	ulations 🧞 🎋	F 為底に		4.44 March	a - UV I	Dose : (30 Pet 18 12		
SASSE 24.0 7.900		12.0	19.00	134 50 60	1. W. W 18	STATE OF THE STATE OF		Towes of	TA BAL WILL	建生物 量	11:16	100	7.2	10 TO W. 1	G The Control of the Control	
SASSE 24.0 7.900		至安沙。	CAROLINA TO	10 C 10 C	" "是是	高温度等。	Disinfectant	Provided	L. Wales	古代對文	学品 医管理	14 May 14		4 A C	计算程序 1000 1000 1000 1000 1000 1000 1000 10	43.
SASSE 24.0 7.900	, N. *	Days Plant		2 7 6 6		Lowest Residual	Contact Time	Before or at	4.4		2.30	2.7		Lowest Residual		* *
SASSE 24.0 7.900	, i	Staffed or		Net Quantity.	San Water C	Disinfectant:	(T) at C.	First	1				Minimum	Disinfectant		
SASSE 24.0 7.900		Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating	
SASSE 24.0 7.900	Day of	Operator	, , , ,	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work	ihat
SASSE 24.0 7.900	Month	T(Place	Saratoga /	Producted	Peak Flow	Customer During	Peak Flow,	Flow, mg-	remp or	ph of Water	Required ing	O V Dose	mw-	Distribution &	involves Taking Water System Compone	nus.
SASSE 24.0 7.900	44 15 ha	x	74.0	0.300	. vace, Sho, 5	TCAKITIOW, mg/La	minutes 50 /	min/L	WHICE,	n' Whhitespie	- Junt	myv-sec/cm	∴sec/cn1.g	Constant to Co	The season of Our of Sherterton de services	11.7
\$\frac{1}{23} \frac{1}{24} \		 ^ _		. 1	 	V.8		1	-	-		I		V. 9		_
Control Cont	25°3 -	·						1				· ·		······································		
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Page																
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\$13\chis X 24.0 5,300 1.0 1.1 0.6 0.6 0.7 \$\frac{13\chis X 24.0 7,900 1.1 0.8 0.8 \$\frac{14\chis X 24.0 8,000 0.1 0.8 0.8 \$\frac{14\chis X 24.0 8,100 0.8 0.5 \$\frac{18\chis X 24.0 8,100 0.8 0.5 \$\frac{18\chis X 24.0 8,900 0.8 0.5 \$\frac{19\chis X 24.0 8,900 0.8 0.6 0.5 \$\frac{12\chis X 24.0 3,500 0.8 0.5 \$\frac{12\chis X 24.0 3,500 0.8 0.6 0.6 \$\frac{12\chis X 24.0 3,500 0.8 0.8 0.6 \$\frac{12\chis X 24.0 8,400 0.8 0.8 0.6 \$\frac{12\chis X 24.0 8,400 0.8 0.8 0.6 \$\frac{12\chis X 24.0 3,500 0.8 0.6 0.5 \$\frac{12\chis X 24.0 3,500 0.7 0.5 \$\frac{12\chis X 24.0 3,500 0.8 0.6 0.5 \$\frac{12\chis X 24.0 3,500 0.7 0.5 \$\frac{12\chis X 24.0 3,500 0.7 0.5 \$\frac{12\chis X 24.0 3,233 0.5 0.6 0.5 \$\frac{12\chis X 24.0 3.00 0.6 0.6 0.5 \$\frac{12\chis X 24.0 3.00 0.6 0.6 0.5 \$\frac{12\chis X 24.0 3.00 0.6 0.5 0.5 \$\frac{12\chis X 24.0 3.00 0.6 0.5 0.5 \$\frac{12\chis X 24.0 3.00 0.6 0.5 0.5 \$\frac{					1			 	 	 	 					
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Yes X 24.0 7,400 0.6 0.4					<u> </u>	0.7			1					0.5		
73b 24.0 Total 227,633	. 29 .		1						1					0.4		
Total 227,633	- · 30 *		24.0	8,233												
	Total:	grande of the			1											

12,900

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. General Information for the Month/Year of: July, 2007 A. Public Water System (PWS) Information PWS Name: Saratoga Harbor PWS Identification Number: 2541008 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 50 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: 34749 PO Box 490310 City: Leesburg State: Florida Zip Code: Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Sarasota Harbor (352) 787-0980 Plant Telephone Number: Plant Address: Gibbs Avenue Zip Code: 32189 City: Satsuma State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Category (per subsection 62-699.310(4), F.A.C.); īV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Day(s) / Shift(s) Worked · Name · ... भेरतीय । राष्ट्र १५ म License Class License Number Lead/ChiefiOperatory Paul Thompson 7251 Davs 1st Shift Other Operators: David Haring 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift II. Certification by Lead/Chief Operator t, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner carryctain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

A7251

License Number

Paul Thompson

Printed or Typed Name

Signature and Date

PWS Id	WS Identification Number: 2541008 Plant Name: Saratoga Harbor L. Daily Data for the Month/Year of: July, 2007													
III. D	aily Data	for the M	lonth/Year	of;		July, 2007								
			Virus Inactiv			hlorine	Chlorine Di	ovide	C Ozone	Comb	ined Chloris	oe (Chlorer	nines)	
	traviolet R			r (Describe):			CINOI DIC DI	OALLE	1 Ozone	1 Conto	died Cilioti			
Type o	of Disinfer	ctant Resid				₩ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that
भूता कर संस्था	2 14 198	14.41.1			T Calculations for	TIV Doca 100	Damoctota	Calle I' do	Viene Tage	1. 31 35 15	Amaliaahlai	t.	2 7 7 7 1 2 3 4 5 5	TO POTENTIAL OF THE MAN TO SERVICE FOR THE SERVICE
3.5	18		ų	397 V	Total Cartinations of	- CV EOSE, IO	Demostate 1	rout-rog	VIIIUS IIIAC	uvanon, ir z	TOPHCADLE	Doce	1.7	
	- 1		10 mg 1 mg		्रिक्ट के स्ट्रिक्ट के किन्द्र के	A SECTION OF THE PROPERTY OF T	Linus de la companya	Ergs is	1000			00se	-3:2 4 3	
	3,	197. fr					Lowest CT	1997						
1.73	David Plane					Disinfectant	Provided	4		- deport	A. 50			
3.0	Staffed or	100	Net Oughtitu	7.	Lowest Residual	Contact time	before or at	[4. A.]		3	ATTY	Minimum	Disinfectant	The state of the s
1,45.3	Visited by	est i fr	of Finished		Concentration (C)	Measurement	Customer		17、主张2	1 4 1 3	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	7 (S .)	Water	Section Section	Before or at First	Point During	During Peak	1. 18 13.4		Minimum CT	Operating	Required.	Remote Point in	
the	`(Place`	Saraloga	Producted,	Peak Flow	Customer During!	Peak Flow	Flow mg-	aTemp of	pH of Water	Required, mg	AUV Dose;		Distribution	Involves Taking Water System Components
Month'	('X')÷°	-Harbor	gal.	Rate, gpd	Lowest Residual Disinfectant Concernation (C) Before on at Furf Customer During Peak Flow, mg/L	minutes	. Ymin/E.	Water, OC	if Applicable	min/L	mW-sec/cm²	sec/cm ²	System, mg/L=	Out of Operation 5
-2	X	24,0 24.0	8,233 8,233		1,0		<u> </u>	ļ	ļ			ļ		
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0 3.5€5	X	24.0	5,400		0.9								0.4	
× 6.	х	24.0	5,400		0.8								0.4	
74.0		24.0	6,400											
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10	X	24.0 24.0	6,400 5,400		3.5								3.0 2.5	
11	X	24.0	8,500		1.3			-				-	1.1	
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\$13.	Х	24.0	5,300		1,4								1.0	
A dan		24.0	8,600											
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. 18	Ŷ	24.0	8,200		1.3		 	 				-	0.8	
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22.5		24.0	6,067											
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· 24 · 25	X	24.0 24.0	4,200 6,200		1.3		<u> </u>	 	ļ				0.8	
-26	X	24.0	8,000		1.4		ļ	 				-	0.9	
27	 	24.0	8,700		1.7		<u> </u>						0.9	
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		9.7 L	227,066										-	
		yar ar	7,325 13,200											
									•					

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555 900(3)Allemate



See Pages 4 for Instructions.			
1. General Information for the Month/Year of: August, 2007			
A. Public Water System (PWS) Information			
PWS Name: Seretoge Harbor		PWS Identification Nu	mber: 2541008
PWS Type:	y Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month: 50		Total Population Served at En	d of Month: 175
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title:	Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Le	esburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com			
B. Water Treatment Plant Information			
Plant Name: Sarasota Harbor		Plant Telephone Numb	
Plant Address: Gibbs Avenue		tsuma State: Florida	Zip Code: 32189
Type of Water Treatment by Plant:	Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000	MAN AND AND AND AND AND AND AND AND AND A	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-	
			Day(s) / Shift(s) Worked
liead/Chief Operator: Paul Thompson	<u> </u>	Days 1st Shift	
Other Operators (1) David Haring Ralph Marriott		091 Days 1st Shift 527 Days 1st Shift	
Ralph Marriott		Days 1st Shift	
			<u></u>
The state of the s			
11 Certification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, am	the lead/chief operator of the water tr	eatment plant identified in pa	rt 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 certify that a	ll drinking water treatment ch	nemicals used at this plant conform to
NSF International Standard 60 or other applicable standards referenced			
plant were prepared each day that a licensed operator staffed or visited t			
rates; and (2) if applicable, appropriate treatment process performance re			
owner par retain them, together with copies of this report, at a convenier		o move additional operation	Total and the title to the titl
1 /	it to action for at least ten years.		
9/1/0	Deal The same		47051
16/01	Paul Thompson		A7251
Signature and Date	Printed or Typed Name		License Number

PWS I	dentificatio	n Number:		2541008		Plant Name:	Saratoga Ha	arbor						
Ш. Т	Daily Data	for the N	tonth/Year	of:		August, 2007								
			g Virus Inacti											
			Othe			niorine	Chlorine Di	ioxide [Ozone	[Com	oined Chlori	ne (Chlorar	nines)	
								= :.						
Type	of Disinfe	ctant Resid	lual Maintai	ined in Distr	ibution System:	▶ Free Chl	orine	Combine	d Chlorine	(Chloramine	s) !	Chlorine l	Dioxide	
77.	****			14-5- C	T Calculations, or	UV Dose, to	Demostate.	Four-Log !	Virusilnac	ctivation, if.	Applicable	\$ 50 miles	13. 高于198	Emergency of Abridantal Operating Conditions: Repair of Maintenarice Workiths Involves Taking Water, System Components Our of Operation
	6. 17.		,11 to 10	7.75	对这个人的人的人的人的	CT Cal	culations		N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	并是整治等	学: "UV	Dose 💮		
	1 3 m. 30		2 W 0 1 B	三、李俊	49年12月19日中央	10 m 10 m 10 m	1572		不管的	一般を対すさ		314 343		
- 1	3 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /						Lowest UI				是一个	14.	1997 公共	
3.	Days Plant		1 . 4	10000000000000000000000000000000000000	Lowest Residual	Contact Time	Refore or at	15 Ta	Pala III		100		Louis Residua	
	Staffed or		Net Quantity	1	Disinfectant v	T) at C	**First			40.4	100	Minimum	Disinfectant	
1.	Visited by		of Finished.		- Concentration (C)	Measurement	Customer-				ic Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	· 英 并 11400	Water		Before or at First	Point During	During Peak			Minimum CI	Operating	Required;	Remote Point in	Conditions, Repair of Maintenarice Work tha
the	(Place	- Saratoga	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg	Temp of	Hot Water	Required ing	UV(Dose,	mW ₂	Distribution	Involves Taking Water System Components
Month	* X')	: Harbor (gal	Rate, gpd.	Peak Flow, mg/L	minutes 🤝	/ min/L	Water, C	(Applicable	min/L	mW-sec/cm	->sec/cm2	E System; mg/L:	Out of Operation
14 130	X													
A,23	X	24.0			1.0		 	1		 		 	0.6	
3,1 f.	X	24.0 24.0			1,2		-					ļ <u> </u>	0.8	
1.35	4	24.0					 	 -						
6~	X	24.0			1.0	-	 	 		 			0.7	
L. J. N	X	24.0			1.8		 	 				 	1.3	
e - 84 f	X	24.0			1.3	 	}	 		 		 	1.0	· · · · · · · · · · · · · · · · · · ·
3493		24.0			1.2		 	 -		 	 	 	0.9	
}×10-4		24,0			1.3	1	1	 		 		<u> </u>	1.0	
44148		24.0	10,767							1				
c 12.3		24.0	10,767							i				
4:13		24.0			1.1								0.8	
- 114 x		24.0			1.0								0.7	
::015:07		24.0			1.2		<u> </u>						0.8	
· 16-	X	24.0			2.2		 			ļ			1.3	
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19:		24.0		 			 	1		 		 -	 	
20	х	24.0			2.0	 	 	╅╼╌╌┼		 	 	 	1.5	
4, 21°	x	24.0			0.6	 	†	 		 		 	0.3	
22	X	24.0		 	1.2		 	 		 		 	0.7	
23:	Х	24.0			1.3		 			<u> </u>			0,8	
1-24	Х	24.0			1.3							Ι	1.0	
- 25		24.0	The second second										1	
-26		24.0												
27	x	24.0	9,400		1.0			$\perp \perp \Gamma$				1	0.8	
. 28	X	24,0			0.9		<u> </u>						0.6	
29	X	24.0			1.0		<u> </u>	 		 	<u> </u>	ļ	0.8	
30	X	24.0			2.0		 	\longrightarrow		ļ <u>.</u>		ļ	1.3	
31 ~		24.0			1.7	<u> </u>	<u> L</u>	ــــــــــــــــــــــــــــــــــــــ			L	<u> </u>	1.0	
[Otal	\$ 15 m 10 m	And the second second	277,600 8,955											
Avgera	ge · · · · · · · · · · · · · · · · · · ·		12,900	_										
IVIAXIIII	ATT AND COMPANY	egin megneri	1,4,500	J										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

. General Information for the		Of: Septem	nber, 2007					
A. Public Water System (PWS								
	Harbor	<u> </u>		······································		PWS Identification Number	er: 2541008	
50000	mmunity	Non-Transient Non-Cor	mmilelby	Transient Non-Comr	munity	Consecutive	37.7070	
Number of Service Connections at E			(III) OCITCY	Transia ic non com		otal Population Served at End of	Month: 175	
	tilities Florida			 		sta i operation betted at 2012 of		
Contact Person: Brian H					C	ontact Person's Title:	Area Manager	
Contact Person's Mailing Address:		Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number		787-0980	·			ontact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:		neath@aquaamerica	ı.com					
. Water Treatment Plant Info				······································				
Plant Name: Sarasota		······································	-			Plant Telephone Number:	(352) 787-	0980
Plant Address: Gibbs A	······································				City: Satsuma	State: Florida	Zip Code:	32189
Type of Water Treatment by Plant:	-[2	Raw Ground Water	Purchased	Finished Water				
Permitted Maximum Day Operating	Capacity of Plant	L gallons per day:		200,000				
Plant Category (per subsection 62-69	99.310(4), F.A.C.)) :	١٧		Pla	nt Class (per subsection 62-699.		
Licensed Operators		Name	71	License Class	License Num	ber Day	v(s) / Shift(š). Worked:	建 对第一、4
Lead/Chief Operator Paul The				A	7251	Days 1st Shift		
Other Operators : * David H	laring			С	14091	Days 1st Shift		
Ralph M	farriott			C	7527	Days 1st Shift		
							· · · · · · · · · · · · · · · · · · ·	
	,	<u>-</u>						
					ļ			
		<u> </u>					<u></u>	
								
								
. Certification by Lead/Chiel	Operator							
			d	Li-C			La Calling and American	
I, the undersigned water treat			•	•		•		-
information provided in this	•				•	_	-	
NSF International Standard 6							•	
plant were prepared each day	that a licensed	d operator staffed or v	isited this plant d	aring the month inc	licated above;	(1) records of amounts of	chemicals used and ch	emical feed
rates; and (2) if applicable, ap	opropriate trea	tment process perform	iance records. Fu	rthermore, I agree	to provide thes	se additional operations re-	cords to the PWS owne	r so the PWS
owner car regain them, togeth	er with copies	of this report, at a co	nvenient location	for at least ten year	rs.			
7 1	·	1 (•				
12	 _	10/9/07	Paul Thorr	upson			A7251	
Signature and Date		· · · · · · · · · · · · · · · · · · ·		Typed Name			License Nu	Imber
C.B. a. c.				.)			2.00130 110	

PWS I	WS Identification Number: 2541008 Plant Name: Saratoga Harbor L. Daily Data for the Month/Year of: September, 2007													
HI. D	aily Data	for the N	lonth/Year	of:		September, 200	07							
			g Virus Inacti		/al: ☑ Free C	hlorine 🕝	Chlorine Di	ovide	Ozone	Comb	ained Chloris	ne (Chloran	nines)	
	traviolet R			r (Describe):		,	Cilionia Di	QALGO.		, 001110	onice Chief	in (cilional		
Tunn	e Dialaga		lead No. 2 A 3		11	▼ Free Chic	orine [Combir	ed Chlorine	(Chloramine	:s) [Chlorine I	Dioxide	
3 8		in the second	(14.4 × (1.4	T' G	T Calculations, or	UD/ Doce to	Demostate	Four L'oc	Virus Indo	tivation, if:	A policable		1	1 - 2 6 C 1 2 C - 1 - 2 - 2 C 1 C - 2 C - 1 C -
			3	ļ	T Calculations, or	CT C-1	Doniosiace.	TOUT-TWE	, viius iliac	11 V & 1 (1)	L.O. HVA	Pose	sir de	Emergency of Abroamal Oberating
10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	*	The state of the s	Ci Can	Julacions		T	2 J. J.	1	3.5		
1. A. C.				1			Lowest CT					£		
	ار خار در اوا در در اوا			3 9 m () - 3		Disinfectant	Provided		37 3		A	-,	أأسانك للماط والمسائلة	
	Staffed or	2.1	Net Ousenity	reine k	Directors	Contact Time	Eiget Crat				المناور الراسطون	Minimum	Disinfectant	
544 4	Visited by		of Finished	W 33	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Top of A	Water "		Before or at Pirst	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	Saratoga	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water.	Required, mg	'UV Dose,	_ mW-	Distribution	Involves Taking Water System Components
Month	"X").	Harbor,	gal &	Rate, gpd. F	Lowest Residual Disinfectant Concentration (C) Before or att First Customer During Peak Flow, mg/L	ininutes "	min/L ·	Water, C	if Applicable	″min/L∵′′	mW-sec/cm	sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Out of Operation
2 -	L					-	 		ļ	 	 		ļ	
56-3	х	24.0 24.0		 	2.0		ļ	}					1 1	
276	X	24.0		 -	1,7			 	 				1.1	
J. 5 (2)	X	24.0			1.5			 -					1.2	
-6	Х	24.0	5,100		1.5				<u> </u>				1.0	
4 7 K	Х	24.0	L—————		1.5								1.0	
₹3·8:		24.0						<u> </u>						
9.4	· ·	24.0					 		ļ					
÷-10 11	X	24.0 24.0			1.6 1.5		 	 					1.1	
12	X	24.0			1.5		 				 	 	1.0	
1.13	X	24.0			1.5		 			<u> </u>			1.0	
- 14	Х	24.0			1.5			1					1.0	
15		24.0												
16		24.0												
17	X	24.0			1.4		ļ		ļ				1.0	
18	X	24.0 24.0	<u></u>		1,7		 	 	 		 		1.0	
20	├ x	24.0			1.6	 	1	 	 	 	 	 	1.2	
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23		24.0												
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25	x	24.0		 	1.5		1	 					1.0	
26	X	24.0 24.0		 -	1.0	<u> </u>	 	 					1.2	
27 28														
29		24.0		 	±.,9	 	 	 	}		 		<u> </u>	
30		24,0		 			 	 	 		 -		 	
31		24,0				L		<u> </u>						
Total	<u>,</u>		157,591											
Augerac	ē .		5,084	1										

[•] Refer to the instructions for this report to determine which plants must provide this information.

8,933

Maximum



See Pages 4 for Instructions,			
. General Information for the Month/Year of: October, 2007		A STATE OF THE STA	
L. Public Water System (PWS) Information			 -
PWS Name: Saratoga Harbor		PWS Identification Number:	2541008
		Consecutive	
		Population Served at End of Month:	1755-7%
PWS Owner: Actua Utilities Florida			
Contact Person: Brian Heath	Contac	et Person's Title: Area Manag	THE STATE OF THE S
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	
Contact Person's Telephone Number: (352) 787-0980	Conta	et Person's Fax Number: (352):787-6	1334 美国工作。
Contact Person's E-Mail Address: beheath@aquaamerica.com		and the second second second second second second	是各种的特殊的
B. Water Treatment Plant Information			
Plant Name: Sarasota Harbor		Plant Telephone Number:	(352) 787-0980
Plant Address: Gibbs Avenue	City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by Plant:			
	200,000		A CANADA A C
Plant Category (per subsection 62-699,310(4), F.A.C.):		Class (per subsection 62-699.310(4), F.A.0	
		是是是是是是是是Day(s)是Shift(
Bead/Chief Operators Paul Thompson	A 7251 (≱ 3)	Days 1st Shift	
	C 14091	Days 1st Shift	
200 T 1 (200	C. 7527	Days 1st Shift	
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		Property of the second of the	Alexander Anna Anna Anna Anna Anna Anna Anna Ann
		State of the special and finding	
	The state of the s	Barrier Contract Cont	
The state of the s			
Lertification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chi	ef operator of the water treatmen	t plant identified in part I of this	report. I certify that the
information provided in this report is true and accurate to the best of my knowledge a	ind belief. I certify that all drink	ing water treatment chemicals us	ed at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection			
plant were prepared each day that a licensed operator staffed or visited this plant duri			
rates; and (2) if applicable, appropriate treatment process performance records. Furth			
owner can retain them, together with copies of this report, at a convenient location fo	·	adding a policies i oo a do to	and I was award to the I was
The season of the report of the report, at a convenient notation to	a a rouse was yours.		
12			SATURATION OF THE STREET OF TH
		的。2011年中央第5年的第三人称单位的基础。	A72510-1,
Signature and Date Printed or Type	Maine in the second sec		License Number

		Number:		2541008		Plant Name:	Saratoga Har	IDOI	···-					
H. Di	ily Data	for the M	outh/Year (if:		October, 2007								
_			Virus Inactiv		al: Free C	hlorine (Chlorine Die	oxide	Ozone	Comb	ined Chlori	ne (Chloram	nincs)	
	raviolet Ra	_		r (Describe):		•	CHIOLES	0,455		, -				
			-	,		Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s)	Chlorine D	ioxide	
ype or	Disiniec	tant Resid	uai Maintair	led in Distri	bution System:								The state of the s	
		1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	AL STATE OF THE ST	Mark C. Brus C	T Calculations, or	OV Dose, to.	Demostate i	our-Log	Vitus mac	CONTRACTOR OF A	UV	Doba C		
			4 4 6 4 4		等等 不可以及其	CT. Calc		7. 165 A	Park New York	1000	Charles and the same	Louise Land		Carried Topic of The Section 1991
	1. 1. 1.	T Cay		第5日日 日			Lowest CT	7 1/2	1.00	2 to 1.5		V 15.78		to Carlo San Carlo
3.4		1.7	. Y. V.			Disinfectant	Provided 3			No.	10 m	1 3 1 1		STANDON NO STANDARDON NO SE
10.5	Days Plant			學學後因	Lowest Residual	Contact Time	Before or at	3.0		376 TE	122	小汉蒙蒙	Lowest Residual	
1	Staffed or	352.5	Not Quantity	4.477	Disinfectant F	(T) #I C	Pirst		W. W. 12	1.10	3,42 74 14.	Minimum UV Dose	Districtions	Emergency of Appropriat Operating of Conditional Repair on Maintenance Work of
	Visited by	+14	of Finished		Concentration (C)	Measurement	Customer		操作。這	36.0	Lowest. Operating	Required	Concentration at Remote Point in	Conditions Repair or Maintenance Work th
Day of	Operator	253 20 2	Wathr	Parties I.	Before or at First	Point During	During Peak	Hemn of	144	Minimum CI Required, mg	UV Dose	mW	Distribution	Involves Taking Water System Component
ine :	h'(Place	Saratoga	Producted,	Peak Flow	Customer During #	Peak Flow,	Flow ing-	Water Or	if Aniloshia	ninU	m W-servern	sec/cm %	System my/L	Syrving Our on Operation visite and
	**('X''):	Harbor 24.0	z. gal	Rate, gpd	Peak Flow, mg/L 2.2	: minuos -	, ittia or	Water 1	, it is processed	2 2 4440 2 14. 1				经济的 建筑市 经济和股份 生产
41.0社 第2.6公	X	24.0	7,688 - 8,456		1.8.						a, a	1 Jun 16 4	~~ \$ \\ \!\ \!\ \!\ \!\ \!\ \!\ \!\ \!\ \!	The second secon
43.63	x	24.0	8,456		1.8			· · ·		×	10 18	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	こうなかできる13	大きなながらない。 からしておおからます 1 mm 1
13.63	x	24.0	4,613	-	3.0			100	3 P 3 %	Fig. Const.	-	• • • • • • • • • • • • • • • • • • • •	2.8	
u 5 301	x	24.0	8,456		1.9			- T		100 00	1		7-3-2: -35- P.P.	
3 6.Ex		24.0	7,944,			1.50				Maria Cara	1		A STATE OF THE STA	MARINE A MARINE A PROSECULAR OF THE CONTRACT O
174		24.0	. 7,944	4	[18] T. J.				i in evi	4 · ·		T.	140	
383	Х	24,0	7,944	21.4 1 2 . 4	2,3	42 4 . 5 9 gY	148	,	Sec. 1 . 15	4 . 42		1	**************************************	The state of the s
99%	X	24.0	10,763	1.4	2.0						state see	9 7	13	
(01	X	24.0	5,381		1.7	0		 	-	y a set-			1.2	The supplication of the second second
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-1520	X	24.0			1.8		+			1	н .	1	1.3	·····································
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17:2	x	24.0	8,457		1,3							1	≎ 0:8	
. 18.	X	24.0			. 1.2.	- ,	<u> </u>		100	7	1 1 1		0.7	
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~21+		24.0	7,688					, ,	. 5. 1.	33 V. 1. 3. 3.	, pl		. 1 5	1 No. Sec. M. Marchan Control of the Association of the Control
22.0	Х	24.0			1.3	, , ,			- 4	-		1	0.9	 Specifical states of the state of the state
23 5	Х	24.0			1.0			<u> </u>		**			0.7	Action of the second second second
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1. 2.7.4.2		24.0		 		3.42		+			4 - 2 - 2 - 2		to the second straining	
28 √		24.0			1.9	 		+	+			1	1:0	
29%	X	24.0			-1.4		1	- -	 			7.00	1.0	
31/n	X	24.0			1.2	-	1	+	+	1. 3. 3	· v	1	0.9	
	X	24.0	6,150		1.2	<u> </u>			<u> </u>					

^{*} Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

I. General Information		Year of:	November, 2007				
A. Public Water Syste	em (PWS) Inform	ation					
PWS Name:	Saratoga Harbor					PWS Identification Number:	2541008
PWS Type:	✓ Community	Non-Transie	nt Non-Community	Transient Non-Co	mmunity _	Consecutive	
Number of Service Conn	ections at End of Mon		50		Tota	il Population Served at End of Month	175
PWS Owner:	Aqua Utilities Flor	ida					
Contact Person:	Brian Heath		····		Сол	tact Person's Title: Area N	fanager
Contact Person's Mailing	g Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho	one Number:	(352) 787-0980			Con	tact Person's Fax Number: (352) 7	87-6333
Contact Person's E-Mail	Address:	beheath@agua	aamerica.com				
B. Water Treatment	Plant Information	1					<u> </u>
Plant Name:	Sarasota Harbor					Plant Telephone Number:	(352) 787-0980
Plant Address:	Gibbs Avenue				City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatmen	it by Plant:	✓ Raw Ground	Water Purc	hased Finished Water			
Permitted Maximum Day	y Operating Capacity o	of Plant, gallons per da	y:	200,000			
Plant Category (per subs	section 62-699.310(4),	F.A.C.):	IV		Plant	Class (per subsection 62-699.310(4),	F.A.C.): C
MHICONSEGROPERATOR		Nam		License Clas	ss -License Numbe	n Day(s)//S	hift(s))Worked
Head (Oliver Operato				A	7251	Days 1st Shift	
Chara Catalana s	David Haring			lc lc	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
	A CONTRACTOR OF THE CONTRACTOR						
	1						
The second secon							
II. Certification by La	ead/Chief Operat	or					
I, the undersigned v	vater treatment pla	nt operator license	ed in Florida, am the	lead/chief operator of	the water treatmen	t plant identified in part I of th	is report. I certify that the
. •		•		-		ing water treatment chemicals	- ·
						rtify that the following addition	
						1) records of amounts of chem	
						additional operations records	to the PWS owner so the PWS
owner can retain the	em, together with	copies of this repo	rt, at a convenient lo	cation for at least ten y	ears.		
	, 5						
$f \rightarrow$		1.1					
()		14/7/07	Pa	ul Thompson			<u>A7251</u>

PWS Id	entification	n Number:		2541008		Plant Name:	Saratoga Ha	rbor						
III. D	aily Data	for the N	ontb/Year	S.F.		November, 200								
					oval: 🏳 Free C				· ^	P== 01	1 4 OL 1	- /Chlane	-7>	
(LII	raviolet R	adiation	C Other	r (Describe):	OVAL. JO FIEE C	inorute j	Chloring Di	oxide	j Ozone) Como	inea Chiori	ne (Chioran	nines)	
Гт	eniale.	nan na Di ili	114 1 1 1	11 101 41	L. C. Sant	▼ Free Chlo	-: F	Combin	ed Chlorine	(Chloramine	e) F	Chlorine I)iovide	
1 ype c	I DISINIE	ctant Resid	uai Maintain	led in Distri	button System:	Pres Cino	rine i	COMBINE THE SUITE OF	THE TOTAL	CHO AMBO	oranie i i	CHOIDE I		
				7 14 14 C	Eowest Residual Disjnitedants Concentration (C) Before of at First Customer During Beat Flow mg/L	UV Dose, to	Demostate I	our-Log	VITUS INAC	ivation, it	vobilicable.			Emergency of Abnormal Decading Conditions, Repainer Manientoce Weights Involves Taking Water System Company to Out of Operation
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sange (1876)		GT Calc	ulations	E and	Transis Salah		THE PERSON NAMED IN	JOSE PARTIE		
•					24 S. 2011		Lowest CT				以			
301						Disinfectant	Provided						海北省与北 州	
1991	Days Plant	计算计算	1 4 7 4 6		Lowest Residual 1	Contact Time	Before or at	Action State	7 3 19	计算系统经	177.277		Lowest Residual	
390.44	Staffed of		Net Quantity		Disinfectanta	(T) at C	Fifst		1.2		STATE OF THE STATE	Winitonia	Disinfectant	
Davio	Chemin		OI Pinished	A TOTAL CONTRACT	Concentration (C)	Measurement	Customer		1	Mathume	Operating	Recoursed	Remote Point in	Conditions Repair of Maintenance Work that
be	Place	Saratopa	Producted	Peak Flow	Customer During	Peak Flow	Flow mo-	Temp of	nH of Water	Required me	.UV Dose	mW*	Distribution	Involves Taking Water System Components
Month	*** X *)	Harbor	gal	Rate god	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	i min/L	mW-sec/om:	sec/cm	System, mg/L	Out of Operation
	Х	24,0	4,613		1.5								0.9	
22	Х	24.0	7,688		1.3								0,8	
		24.0	6,919:	L.										
		24.0	6,919											
diam'r.	X	24.0 24.0			1,5								1.0	
	X	24.0		<u> </u>	1,5			 				 	1.0	
15. VE	x	24.0	•		1.5			 				 	1.0	<u> </u>
	X	24.0			1.5							 	1.1	
(apr 1949)		24:0												
		24.0												
建速	Х	24.0			1.5						_		1.1	
	Х	24.0	· · · · · ·		1.5	<u> </u>						<u> </u>	1.0	
	X	24.0 24.0			1,3	<u> </u>		ļ				ļ	0.9	
16 1 CM	X	24.0	5,400		1,3			 				 	1.5	
44 17		24.0	9,200	<u> </u>			-	<u> </u>				 -		
		24.0	9,200					 				 		
100	Х	24.0	9,200		1.5		i i		1				1.1	
120	Х	24.0	7,200		1.8								1.2	
7.74	Х	24.0	5,800		1.2						,		1.2	
	X	24,0	7,600		1.2	ļ	ļ	 	ļ		,		1,0	
230	1 X	24.0	7,400		1.3			 				 	1.0	
CALL STATE	<u> </u>	24.0	7,300 7,300			 		 	 	<u> </u>			ļ	
777	 	24.0	7,300	-	1.4				 	 			1,0	
212738	Î	24.0	5,100		1,4	 	 		 				1,0	
	 	24.0	1,100	t	1.5			-				t	1.0	
770	X	24.0	10,700		1.4			i	<u> </u>				1,0	
300	Х	24.0	7,200		1.4								0.9	
To Vo		24.0 24.0 24.0 24.0 24.0 24.0 24.0 24.0				1		<u> </u>]		l		
13 Y	and the second second		202,191											
	Y	والمتاريخ والمتاريخ	6,522 10,700	4										
MAKIM	210	Control of the State	g 10,/00	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Ins	tructions	Polymer Page 3 D	due in December								
I. General Information		Year of:	December, 2007					······································			
A. Public Water Syste	em (PWS) Informa	ation									
PWS Name:	Saratoga Harbor						P	WS Identification Nu	nber:	2541008	
PWS Type:	✓ Community	Non-Transient	Non-Community	Translent Non-Com	munity			onsecutive			
Number of Service Conn			50			T	Total Po	pulation Served at End	l of Month:	175	
PWS Owner:	Aqua Utilities Florid	ia									
Contact Person:	Brian Heath						Contact	Person's Title:	Агеа Мала		
Contact Person's Mailing	Address:	PO Box 490310			City:	Leesburg	g S	tate: Florida		Zip Code	34749
Contact Person's Telepho	one Number:	(352) 787-0980					Contact	Person's Fax Number:	(352) 787-0	6333	
Contact Person's E-Mail		beheath@aquaa	merica.com					· · · · · · · · · · · · · · · · · · ·			
B. Water Treatment 1	Plant Information										
Plant Name:	Sarasota Harbor						P	lant Telephone Numb	er:	(352) 787-0	980
Plant Address:	Gibbs Avenue				City:	Satsuma	a S	tate: Florida		Zip Code:	32189
Type of Water Treatment		✓ Raw Ground W.	ater Purchas	ed Finished Water							
Permitted Maximum Day	y Operating Capacity of	Plant, gallons per day:		200,000							
Plant Category (per subse	ection 62-699.310(4), F.	.A.C.);	ΙV					is (per subsection 62-6			
Licensed Operator		Name		License Class	Lice	nse Nur	mber	region of the Law I	Day(s)://Shift	(s) Worked	de comprehensing
Read/Chief Operato				A		7251	I	Days 1st Shift			·
Other/Operators:				C		14091		Days 1st Shift			
	Ralph Marriott			c		7527	r	Pays 1st Shift			
斯拉斯斯 拉克											
高州城市一大河	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										
The state of the	a.										
	X.										
H 164 10 10 10 10 10 10 10 10 10 10 10 10 10	149		· · · · · · · · · · · · · · · · · · ·			•					
· · · · · · · · · · · · · · · · · · ·	30										
	V01110										
II. Certification by Le											
I, the undersigned w	rater treatment plan	t operator licensed:	in Florida, am the lea-	d/chief operator of the	water	r treatm	ient pla	nt identified in pa	rt I of this re	port. I certify	that the
information provide	d in this report is tr	ue and accurate to t	the best of my knowle	dge and belief. I cert	ify tha	t all dri	inking	water treatment ch	emicals used	at this plant	conform to
NSF International S	tandard 60 or other	applicable standard	ds referenced in subse	ection 62-555.320(3),	F.A.C	. I also	certify	that the following	g additional o	operations rec	ords for this
			ed or visited this plan								
			performance records.								
			at a convenient locati			***************************************	oso aac	ntional operations	1000100 10 11		i so the i wa
Owilet can terant me	in, iogenier with ct	shes of mis tehott'	ar a convenient locan	on for at least tell yea	13.						
()		a lagles	9								
4		<u>וטן דטן יט</u>		hompson						A7251	
Signature and Date		•	Printec	or Typed Name						License Nu	mber

Page 1

PWS I	dentificatio	n Number:		2541008		Plant Name:	Saratoga Ha	rbor						
III, I	aily Data	for the Mo	mth/Year	of:		December, 200	17							
		ng Four-Log			vai Eres (Chlorine J			Γ O			(CL)		
	traviolet R	adiation	C Othe	r (Describe):	, j e 1100 c	Siliorate 1	Chlorine Di	ioxide	l Ozone	(Come	omed Chiori	ne (Chiorai	nines)	
<u></u>	4 m · · · ·					T n out		ناما سرد ک	oblosia	(Chloramine	سر د.	Chlorine I	Diamida	
1 ype o	M DISINIE	ctant Residu	ai Maintai	ned in Distr	ibution System:	₩ Free Chk	rine I	Compu	ed Uniorine	(Chioramine	S) 1	Chionne i	JIOXIGE	"Emergency or Absormal Operating Conditions Repair of Maintenance Work that Unvolves Taking Water System Components L Out of Operation
		4.5		22% % ∵ *C	T Calculations, or	LUV Dose, to	Demostate .	Four-Lo	Virus Inac	tivation, it.	Applicable:	ا يو الروسيم الوار المراجعة المراجعة المراجعة ا	经过过 了	
. r al				18 C	AVE 1788-15。 57. 基	CT Calc	ulations -	1 4		e grands the	* * UV	Dose 👾 🔭		
						[19]	Lowest CT		下发 水 。	13.32	[秦] "	1,000		
1000	44.34		Male Cold	1000	and a comment	Disinfectant.	Provided	1 3500			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
7 . y . s. g	Days Plant		5.22.	的数字中的	Lowest Residual	Contact Time	Before or at			1.4 形态。	· 100	Mar A.K	Lowest Residual	
The same	Staffed or	[45 3 ES]	Net Quantity	是多次小	Disinfectant	(T) at C	🤃 First	27.57	· 特别為為	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. 4. 6	Minimum	Disintectant	
3 4.4.3	Visited by		of Finished	2000年6	Concentration (C)	Measurement	Customer		情爱的小	26-27 (7) 2.37 (2	Lowest "	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	"Operator		Water		*Before or at First*	Point During	During Peak	Tampa		Minimum CI	Operating	Kequireo,	Remote Point in	Conditions Repair of Maintenance Work that
Month	(Place	Saratoga S	Producted;	Peak Flow	Peak Flow, mg/L	Peak Flow,	leFlow, mg-	Territ of	pri of Water,	Required, mg	1.0 V Dose,	,,,,,,	Distribution 7	Out of Operation
64.13 (4.13) 6 (4.14) 6 (4.15)	· A) ·	24.0	5,767	**Rate, gpd.	¿ Peak Flow, mg/L.	minutes	, cominge as	Water; (it Applicable	Listing to 15 Co.	mw-sec/cm.	sec/cm ·	System, ingre-	And the second s
12.2		24.0	5,767	 			 	┼	 	 		-	<u> </u>	
:e 3-e	х	24.0	5,767	 	1.0	 	 	 			 	 	0.8	
\$141.00	X	24.0	9,400	1	1.2			 			 -		0.9	
d:15	Х	24.0	6,000		1.1	····			1			<u> </u>	0.8	
Middle Ottober	Х	24.0	5,000		1.2								0.8	
955,770	Х	24,0	7,100		1.6								1.1	
\$20 8 TO		24.0	8,367											
3×-9-1		24.0	8,367	<u> </u>		}		ļ		ļ				
《210.6 集112分	X	24,0 24,0	8,367 4,900	 	0.5 1.2	ļ		 	-	 		ļ	0.2	
器内のか	- x	24.0	7,600	<u> </u>	1.2	 	ļ <u></u>	 	 	 		 	0.4	
&/12ct	X	24.0	7,400		1.5			 	 		 	 	1.1	
7-14-5		24.0	7,500	-	1.3			 	·	}		 	1,1	
50015.W		24.0	7,300	 		<u> </u>		 				 	1	<u> </u>
1.16		24.0	7,300	 		 			· · · ·	 		<u> </u>		
17-17-5	Х	24.0	7,300		1.3								1.1	
39.18 S	Х	24.0	7,500		1.4								1.1	
e ~19.7-	X	24.0	7,400		1.3								1.1	
20)	х	24.0	4,800		1.2				<u> </u>		 _	1	1.0	
ريا 21 <u>1</u>	X	24.0	10,100	<u> </u>	1.3	 		├		ļ		<u> </u>	1.0	
ψ- 22 Aγ	 	24.0	6,533 6,533	 			 	 	ļ	<u> </u>	 	-		
20.73	x	24.0	6,533		1.4	 		 	 	 			0.9	<u> </u>
23 - 24 - 25 - 26 in 27 - 27 - 27 - 27 - 27 - 27 - 27 - 27	x	24.0	7,500		1.5			├		 	 		1.1	
3 26 r	x	24.0	6,500	 	1.4	 	<u> </u>	 -	 				1.0	
4-27	X	24.0	7,400		1,4			 	 	 			1.0	
13 28 ···	x	24.0	9,400		1.5			 	 	 	<u> </u>	<u> </u>	1.1	
J 29 W		24,0	8,233			1.		1	1	 	<u> </u>			
ية 30 دا _خ		24.0	8,233					1	1					
31	х	24.0	8,233		1,4								1.1	
Total	Admi as	100	224,100]										
Avgera	CONTRACTOR N	a real way	7,229]										

Manufulm 10,100

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

DEP Form 62-555.900(3)Alternate

PWS	ID:	2541008	Plant Name:	Saratoga Har	oor	
IV.	Summary of Use of Poly	mer Containing Acrylamic	de, Polymer C	ontaining E	pichlorohydrin, and Ire	on or Manganese Sequestrant for the Year: * 2005
	Is any polymer containing the m follows:	onomer acrylamide used at the wa	ter treatment plan	17	☑ No ☐ Yes, and	the polymer dose and the acry lamide level in the polymer are as
	Polymer Dose ppm =				Acrylamide Level, %'=	
	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at th	e water freatment	plant?	☑No FY	es, and the polymer dose and the epichlorohydrin level in the
	Polymer Dose ppm =				Epichlorohydrin Level, %'=	
C.	Is any iron or manganese seques	trant used at the water treatment p	lant?	✓ No	Yes, and the type of s	equestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphospi	hate or sodium silicate):				
ı	Sequestrant Dose, mg/L of phos	phate as PO4 or mg/L of silicate as	SiO ₂ =			
	If sodium silicate is used, the an	nount of added plus naturally occur	rring silicate, in m	ig/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See Pages 4 for I							•		
. General Informa	tion for the Month/	Year of: 📗 🗓	anuary 2006					landradr d	
. Public Water Sys	tem (PWS) Informa	tion							
PWS Name:	Welaka Mobile Hom					DWS Identif	fication Number:	2541242	PROPERTY OF THE PERSON
PWS Type:	✓ Community	☐ Non-Transient No	n-Community	Transient No		Consecutive		2074274	ergenetiving Entitle on weedstride age
	nnections at End of Month		08				erved at End of Month:	324	
PWS Owner:	Aqua Utilities Florid	art Theory of No.	A TAKE SAME OF				Zirota e de la companya de la compa	ASTRUM AND THE	
Contact Person:		SENT INFRO			SALARIA PARTICIPA	Contact Person's Ti	tle: Arca Mana	iger	Contract Carriers
Contact Person's Maili	ng Address:	PO Box 4903102544			City: Lec		elda z t ar.		34749
Contact Person's Telep		(352) 787-0980 🖅 📖		(Addisonal) (1)	A Parties Long	Contact Person's Fa	x Number: (352) 787-	6333	
Contact Person's E-Ma	il Address:	Deneath October	Ancarcom -	die and the state			TO THE PERSON NAMED IN COLUMN TWO IS NOT	WEAR FIRE	Mark Profes
	Plant Information								
Plant Name:		c.Park		Fig. 1	THE RESERVE THE PROPERTY OF TH			(352) 787-098	
Plant Address:	Hamilton Road	as an improve a story to a track their comments also the properties to		Profesional Parts		suma - State: Flo	ridato)	Zip Code:	32189
Type of Water Treatme		✓ Raw Ground Water	r Purd	nased Finished Water					
Plant Cotton (ay Operating Capacity of		the shapeted in engages both a	108,000	拉尔特里 尔克斯				A CONTRACTOR OF THE CONTRACTOR
Plant Category (per sur	section 62-699.310(4), F.			n ngawar ang mga pagamagan ng mga pagama		Market Control of the	ection 62-699.310(4), F.A	The second secon	
		1016	Lies Constant	g o company and the company of the c	Laks the Relation	Managar Land	or weather that the property of the property o	joj vojkaci	
Coper operations	O Ban a nompson			(12 - 1) W. F. (1) M	and the state of t	51 // Days Is (Shi			Control of the second
Tolinter eliticities	David Haring		2566 21 3	ese c e e	S	091 - Days dst Shi			
					1245600		El Charles	and the same of the same of the	
	THE STATE OF								laikers asai vit
					3003 6000	100			
				eranen Gregoria					
	CONTROL CONTRO						gerenden der		
				to the day of the ability of the second of t			of the second of the literature and a		
	Section 1. Compared to the control of the control o						per Million and and and department of the control of the control of		
والأساد فالمتحدد والمتحدد المتحد والمتحدد المتحدد المتحدد	and the second and second seco		and the same of the		material March			gitte saugetti dal	eugha <u>r</u> iadh an Ta
Certification by I	ead/Chief Operator	•						·	
		operator licensed in I	lorida am the l	ead/chief anersta		atmost all at later		and Tander	oftha
information provid	ed in this report is tru	e and accurate to the	hest of my know	ulados and kalies	or the water the	aunone piant recoin	ec in pair 1 of this re	port. I ceruly u	iat Wie
International Stand	lard 60 or other applie	cable standards refere	nood in askanak	vicage and Detict,		i orniking water itea	imeni chemicais usec	rat this plant co	morm to NSF
were prepared each	and oo or outer appin	cable standards refere	inced in Subsecti	on 62-333.320(3),	F.A.C. I also c	ertity that the follow	wing additional opera	tions records to	r this plant
(2) if applicable of	i day mat a ncensen c	perator staffed or visi	nea mis plant at	iring the month ind	icated above:	(1) records of amou	nts of chemicals used	and chemical f	eed rates, and
(2) if applicable, a	ppropriate treatment p	process performance r	ecords. Further	more, I agree to pr	ovide these add	litional operations re	ecords to the PWS ov	vner so the PWS	owner can
retain them togeth	er with copies of this	report, at a convenien	nt location for at	least ten years.					
[] [.*	1-10					•		
		2/7/06	Paul	Thompson	a dadab anga		(2) = 1314 ¹ 27 \$1	A7251	yayarata
Signature and Date		,	Prin	ted or Typed Name		the state of the s	· · · · · · · · · · · · · · · · · · ·	License Numb	er
•		DOCUMENT NU	MBER-CATE				•	200-20-20	
DEP Form 62-55590	00(3)Alternate			Page 1					
		04330	MAY 22 8				•	•	
		- ,							

Identification					Tanada In sense 1 deri	o. Et Cimen 1	Iobile Hom	C Fark	3	Aug Howen	1500	· 暴弃发			
		lonth/Year			January,	2006		1. A.S E.S			77 - Veg 1782	100 435.47	J. A. C.		
			vation/Remova	i: 🄽 F	ee Chlorine	Chlorine	Dioxide	☐ Ozone		mbined Chlo			· · · · · · · · · · · · · · · · · · ·		
Iltraviolet R			er (Describe):			•		¥ (-1, 1)	,	monica Circ	inc (Chor	инисэ)			
of Disinfec	tant Resid	lual Maintai	ned in Distrib	oution Systen	: Free	Chlorine	Combi	ned Chlorin	e (Chloram	ines)	Chlorine	Dioxide			
		V. V. V.				् १६ : शिल्हा (अस्							Pro Krachinati, asmilje	-571000000000000000000000000000000000000	i may
				التحديثات والفاعلاء الاعتماد المتعاد		- Registion		كليد المائد الما		All the second s	7 19 45(2				
				M. (man)	ا بيدوني با دريات سيست		مديث متعند المقادسة خام	متكسك فعمع وجود		المراجعة المستحدية	مصنت التالثان				
						"ASTRACT									
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-પાલીએ જ		No Chemica	10.7	e Settania Sentia	A COMPRISE		7. No. 3 Sec.				เมื่อสุดเกล	angen kondina			
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

DEP Form 62-555, 900(3) Alternate

PWS Type:	elaka Mobile Home						
PWS Type:		Rack	garage suggests and the	Market Name of the con-	The second secon	PWS Identification Number:	2541242
Number of Service Connections	∠ Community	☐ Non-Transient Non-Com	munity	Transient Non-Co	mmunity	Consecutive	2341242
		108	and the second second	J Transcrit Non C		Population Served at End of Month:	324
	jua Utilities Florida				2 - 12 - 0. 20 mg mg 10ta	Topulation Scived at Elic of World.	324
Contact Person: Bris	ian Heath	National Control of the Control of t	651		Cont	act Person's Title: Area Mana	ner.
Contact Person's Mailing Addre		O Box 490310		mana di Kalandari Manazarian Manazari	City: Leesburg.	State: Florida	Zip Code: 34749
Contact Person's Telephone Nur		352) 787-0980				act Person's Fax Number: (352) 787-	
Contact Person's E-Mail Addres		eheath@aquaamerica.	com		Cont		Total Team of the Control of the Con
Water Treatment Plant	Information		tiosadast-ura basinia	A CONTRACT THE STATE STATE	<u>i in tipo per qui, que la Manque la Manque en </u>	<u>in and in Charles and in the Administration of the Control of the</u>	
Plant Name: We	elaka Mobile Home	Park				Plant Telephone Number:	(352) 787-0980
	milton Road	And the second			City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by Pla		✓ Raw Ground Water	Purchased	Finished Water			
Permitted Maximum Day Opera				108,000	- V.S.M. (-5.3%) - 12.4 M/A		
Plant Category (per subsection 6					Plant (Class (per subsection 62-699.310(4), F.A.	C.): D
Lateorise a Company (5) See		V. for C		ing context in	ទី ៤ខ្មែរមេ កំណែច		(s) Volted 3
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Certification by Lead/Cl		perator licensed in Florid					

Page 1

PWS.	Identificati	on Number:		2541242		Plant Name:	Welaka Mo	bile Hom	e Park					
	Daily Dat	a for the N	lonth/Year	of:		February, 2006		77 (77.)		-,				
			g Virus Inacti		val: 🔽 Free									
	ltraviolet F			er (Describe)		Cinorine	Chlorine D	ioxide	C Ozone	☐ Com	bined Chlor	rine (Chlorai	nines)	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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General Inform	ation for the Month	Year of: March, 2006				SECTION OF THE SECTIO
Public Water Sy	ystem (PWS) Inform		The second secon	28 (g), (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	The state of the s	
PWS Name:	Welaka Mobile Hor					
PWS Type:	✓ Community	Non-Transient Non-Community			PWS Identification Number	er: 2541242
lumber of Service C	Connections at End of Mont	h: 108	☐ Transient Non-Com		Consecutive	
WS Owner:	Aqua Utilities Florie			Tot	al Population Served at End of	Month: 324
Contact Person:	Brian Heath			district		
ontact Person's Mai		PO Box 490310	The state of the s		ntact Person's Title:	Area Manager
ontact Person's Tele	phone Number:	(352) 787-0980		City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's E-M	fail Address:	beheath@aquaamerica.com		Cor	ntact Person's Fax Number:	(352) 787-6333
Vater Treatmer	nt Plant Information		The second secon	Property of the Co		
ant Name:	Welaka Mobile Hon	ne Park		Markey, L	la mili	
lant Address:	Hamilton Road	· 公司的基本的 · · · · · · · · · · · · · · · · · · ·		City: Satsuma	Plant Telephone Number:	(352) 787-0980
pe of Water Treatm		✓ Raw Ground Water Due	chased Finished Water	City: Satsuma	State: Florida	Zip Code: 32189
rmitted Maximum	Day Operating Capacity of	Plant, gallons per day:	108,000	Arie et al.	The Control of the Co	
ant Category (per st	ubsection 62-699.310(4), F.	A.C.):	100,000			
sidensed Opera	ions to the second	Carlo Nemic	SAME STATE OF THE	Plant	Class (per subsection 62-699.3	310(4), F.A.C.): D
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		and the second s		A CONTRACTOR OF THE PARTY OF TH		A CONTRACTOR OF THE CONTRACTOR
tification by I	Lead/Chief Operator					
ne undersigned	water treatment plant	operator licensed in Florida, am the	end/object was the pro-	SHOW IN TRACTOR		
ormation provid	led in this report is tru	e and accurate to the best of my knowable standards referenced in subsect	-day-iner operator of the	water treatment	plant identified in part I	of this report. I certify that the
rnational Stand	dard 60 or other applic	cable standards referenced in subsect	wiedge and belief. I certif	y that all drinking	ig water treatment chemi-	cals used at this plant conform to h
e prepared eac	h day that a licensed a	able standards referenced in subsect	ion 62-555,320(3), F.A.C	. I also certify the	nat the following addition	al operations records for this plant
if applicable	n day that a needsed o	perator staffed or visited this plant di rocess performance records. Further	uring the month indicated	above: (1) reco	rds of amounts of chemic	als used and chemical feed rates:
n appricable, a	ppropriate treatment p	process performance records. Further report, at a convenient location for a	more, I agree to provide t	hese additional	merations records to the	PWS owner so the DWS owner on
illi waem, togeth	er with copies of this	report, at a convenient location for at	least ten years.		operations receives to the	1 W3 Owner So the P W3 Owner Ca
		ula (A CONTRACTOR OF THE CONTRACTOR			
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nature and Date		Pau	Thompson: tted or Typed Name			A7251

PWS I	dentification	on Number:		2541242	And State	Plant Name:	Welaka Mo	oile Home	Park	Takenia in the	4 .				
III. I	Daily Dat	a for the A	Ionth/Year	of:		March, 2006									
			g Virus Inacti		val: ✓ Free C								- t		
	traviolet F			r (Describe)		uiorine 1	Chlorine Di	oxide	Ozone	Com	bined Chlor	ine (Chlora	nines)		
- '				-											<u></u>
Type	of Disinfe	ctant Resid			ribution System:	Free Chlo				(Chloramin		Chlorine l	Dioxide		<u> </u>
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W Cro	2 (13.577												

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



See Pages 4 for Instructions.

WS Type: Oommunity Non-Translent Non-Community Translent Non-Community Consecutive United Service Connections at End of Month: 324 with Months of Service Connections at End of Month: 318 with Months of Service Connections at End of Month: 324 with Months of Service Connections at End of Month: 324 with Months of Service Connections at End of Month: 324 with Months of Service Connect Person's Filter Service William Filter Will	WS Name:	Welaka Mobile Home				PWS Identification Number:	2541242
MS Owner: Aque Utilities Florida Area Manager Aque Utilities Florida Area Manager Aque Utilities Florida Area Manager Area Ma				/ Transient Non-Co	mmunity	Consecutive	
Ontact Person Brian-Heath Disc 490310 City Eeeburg State Forida Zip Code 34749					Tot	al Population Served at End of Month:	324
Intact Person's Mailing Address: PO Box 490310 City: Eceburg State: Florida: Zip Code: 34749 mact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: Deheath@aquiammerica.com After Treatment Plant Information and Name: WelakanMobile Home Park City: Satsuma State: Florida: Zip Code: 32189 per of Water Treatment by Plant: Yellow Plant: Plant gallons per day: 108/000 mitted Maximum Day Operating Capacity of Plant, gallons per day: 108/000 mitted Maximum Day Operating Capacity of Plant, gallons per day: 108/000 Plant Category (per subsection 62-699-310(4), F.A.C.): Per construction of Company (per subsection 62-699-310(4), F.A.C.): Per construction (per subsection 62-699-310(4), F.A.C.): Per construction of Company (per subs							
Intact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Intact Person's E-Mail Address: Deheath@aquianmerica.com					Cor		anager
Deheath@aqtisamefica.com Vater Treatment Plant Information					City: Leesburg	State: Florida	Zip Code: 34749
Vater Treatment Plant Information and Name: WelakaMobile Home Park and Address: Hamilton Road yee of Water Treatment by Plant: writted Maximum Day Operating Capacity of Plant gallons per day: and Category (per subsection 62-699 310(4), F.A.C.): Plant Class (per subsection 62-699 310(4), F.A					Cor	tact Person's Fax Number: (352) 7	87-6333
lant Name: WelakaMobile Home Park and Address: Hamilton Road City: Satsuma State: Florida Zip Code: 32 [89] ype of Water Treatment by Plant: Purchased Finished Water Purchased Finished Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 108:000 and Category (per subsection 62-699 310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Discontinuous Paul Thompson A.			oeheath@aquaamerica.com				
ant Address: Hamilton/Road City Satsuma State: Florida Zip Code: 32189 pre of Water Treatment by Plant:							
ype of Water Treatment by Plant: V Raw Ground Water Purchased Finished Water							
ermitted Maximum Day Operating Capacity of Plant, gallons per day: Intermediation of the control of the contro					City: Satsuma	State: Florida	Zip Code: 32189
ant Category (per subsection 62-699.310(4), F.A.C.): Common				No. of the Control of			
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1382	24.0	7,500				A POPULATION			Water to		第一元三年			
		290,640	** x . ** ** ** ** ** ** ** ** ** *	AND REPORT OF THE PERSON OF	CALL TO BUT				HER A	对社会。对策	M 14 5. 4/	514742A4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		9,375												•

^{*} Refer to the instructions for this report to determine which plants must provide this information.

MINTAL POPERATION REPORT FOR PWG TREATING WAS GROUND .. ATE. JR FURCHALLED F. .. JHE .. JAT ... I



See Pages 4 for Instructions.

l. General Information for the Mon	th/Year of: May, 20	006		- 1	
A. Public Water System (PWS) Info	rmation				
PWS Name: Welaka Mobile				PWS Identification Number:	2541242
PWS Type:	ty Non-Transient Non-Com		mmunity	Consecutive	
Number of Service Connections at End of M				al Population Served at End of M	onth: 324
PWS Owner: Aqua Utilities F	longs .				
		AND ADDRESS OF THE PARTY.	Con	tact Person's Title: A	rea Manager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 287-0980			tact Person's Fax Number: (3	52) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.	com 🦸 🖟 🗀 🗀			
. Water Treatment Plant Informati					
Plant Name: Welaka Mobile	Home Park			Plant Telephone Number:	(352) 787-0980 -
Plant Address: Hamilton Road	A PARTIE AND THE STATE OF THE S		City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day Operating Capacity	y of Plant, gallons per day:	108,000	g magazini ing		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant	Class (per subsection 62-699.310	0(4), F.A.C.): D
en engree Gregorians		COMMENTAL CONTRACTOR	Paradonie Diamine		Stalesewoodka.
and thempsen.			7251	Days 1st Shift	
David Bring			14091	Days Ist Shift	
Ballalir Marriott			7527	Days 1st Shift	
	1 (1985)				
		1000 March			
				8.	
	Military Reserved				
Certification by Lead/Chief Opera	tou.				
		Control of the second of the s			
I, the undersigned water treatment plants	ant operator licensed in Florida	i, am the lead/chief operator of th	e water treatment	plant identified in part I of	this report. I certify that the
unformation provided in this report is	true and accurate to the best o	f my knowledge and belief. I cer	tify that all drinkin	g water treatment chemica	is used at this plant conform to NSI
imernational Standard of or other ap	plicable standards referenced i	n subsection 62-555.320(3), F.A.	C. I also certify th	at the following additional	operations records for this plant
were prepared each day that a ficense	ed operator staffed or visited th	is plant during the month indicate	ed above: (1) reco	rds of amounts of chemical	Is used and chemical feed rates: and
(2) if applicable, appropriate treatment	nt process performance records	Furthermore, I agree to provid	e these additional	operations records to the P	WS owner so the PWS owner can
retain them, together with copies of the	his report, at a convenient location	tion for at least ten years			W 5 CWHOL SO EIG I W 5 CWHOL CHI
,		Tot we remot som Journs	•		
	- 6/6/nc	was a second of the second second of the second		÷	
Signature and Date		Paul Thompson			A7251
Signature diff Nate	•	Printed or Typed Name			License Number
•					

PWS Identification Number:	2541242		Plant Name: Welaka M	obile Home Park				·
III. Daily Data for the Mor	ith/Year of:		May, 2006	•				
Means of Achieving Four-Log V	irus Inactivation/Remo	val: 🔽 Free Cl	nlorine Chlorine I	Dioxide Cozone	Combined Chlo	rine (Chlorami	nesì	
Ultraviolet Radiation	Other (Describe)	•	Chiorace	NOMEO , CECITO	7 Combined Chic	ine (Choimin		
Type of Disinfectant Residua			▼ Free Chlorine	Combined Chlorine	(Chloramines)	Chlorine Die	oxide	
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and the contract of the contra	9,637							•
Madana	12.610			•				•

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.	•				•
I. General Information for the Month/Year	of: June, 2006				
A. Public Water System (PWS) Information			·		
PWS Name: Welaka Mobile Home Par				PWS Identification Number:	2541242
PWS Type:	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connections at End of Month:	108			Population Served at End of Month:	324
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Conta	ct Person's Title: Area Mana	ager
Contact Person's Mailing Address: PO E	ox 490310		City: Leesburg	State: Florida	Zip Code: 34749
	787-0980			ct Person's Fax Number: (352) 787-	
	eath@aquaamerica.com				
3. Water Treatment Plant Information					
Plant Name: Welaka Mobile Home Par	ζ			Plant Telephone Number:	(352) 787-0980
Plant Address: Hamilton Road			City: Satsuma	State: Florida	Zip Code: 32189
	Raw Ground Water Purchased F	inished Water			
Permitted Maximum Day Operating Capacity of Plant,	gallons per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.)	<u> </u>		Plant Cl	lass (per subsection 62-699.310(4), F.A	
Licensed Operators	Name	License Class	License Number	Day(s) / Shif	ft(s) Worked
Lead/Ghief Operator Paul Thompson		A	7251	Days 1st Shift	
Others Operators: David Haring	·	C	14091	Days 1st Shift	
Ralph Marriott		_ C	7527	Days 1st Shift	
18 A 1 2 2 1 2 1				<u></u>	
					<u> </u>
	-				<u> </u>
					· .
			·		
I Certification by Lead/Chief Operator		·			
	rator licensed in Florida, on the landal	-f			
I, the undersigned water treatment plant open	ator needsed in Florida, am the lead/ch	ner operator of the	water treatment p	lant identified in part I of this re	port. I certify that the
information provided in this report is true an	d accurate to the best of my knowledge	and belief. I certi	fy that all drinking	water treatment chemicals used	at this plant conform to NSF
International Standard 60 or other applicable	standards referenced in subsection 62-	-555.320(3), F.A.C	C. I also certify that	it the following additional opera	tions records for this plant
were prepared each day that a licensed opera	tor staffed or visited this plant during the	he month indicated	l above: (1) record	is of amounts of chemicals used	and chemical feed rates; and
(2) if applicable, appropriate treatment proce	ess performance records. Furthermore.	I agree to provide	these additional of	perations records to the PWS ov	vner so the PWS owner can
retain them, together with copies of this repo	rt, at a convenient location for at least	ten years.	•	•	
/ \	1 1	-			
_ 10	16/06 Paul Thomp	nson			A7251
Signature and Date	, · · · · · · · · · · · · · · · · · · ·	Typed Name	······		License Number
•	rinted of 1	Shen Hanne			Piccuse Mulitoti

Month 757% Operation 241 Rate, grd Pear Flow may 7 minutes 7 m	PWS I	dentificatio	n Number:		2541242		Plant Name:	Welaka Mol	oile Home	Park					
Type of Disinfectant Residual Maintained in Distribution System:	Ш. І	aily Data	for the N	lonth/Year	of:		June, 2006					··			
Type of Disinfectant Residual Maintained in Distribution System:	Means	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov			Chlorina Di	ovida	C 07070	C.ml	inad Chl-:	aa (Chlass		
Type of Disinfectant Residual Maintained in Distribution System:	r .					•	,	CIMOIDIC DI	OXIGC	, Ozone	1 Com	Mica Chion	ne (Cinorai	iinies)	
Month No. No	Type o	of Disinfe	ctant Resid	lual Maintai	ned in Distr		Free Chlo	rine \(\Gamma\)	Combin	ed Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
Month No. No	3.7.7 8				- (<u></u>			Four-Log	Vinis Inac	tivation if	•			Tas ta
Month No. No	- A				130	THE RESERVED AS A SECOND	حيرون والمستور المراجع والمراجع	1	ar a said and the	Christian Company	F 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State of Table	O 25. To 25. 15.		
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Month No. No		Dave Dlane					Disinfectant ?	- Provided					50 S		
Month No. No	10.00	Staffed or	200	Net Quantity		-Lowest Residual	Contact Time	Before or at					Minimum	The second section of the second section of	
Month No. No		Visited by		of Finished		Concentration (C)	Measurement	Customer	33, 335			Lowest	UV Dose		Emergency or Abnormal Operating
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14,570

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

DEP Form 62-555, 900(3)Alternate

WS Type:	WS Type: V Community Non-Transient Non-Community Transient Non-Community Consecutive united Service Connections at End of Month; 108 Total Population Served at End of Month; 324 WS Owner: Aque Villifier Florida Contact Person's Title: Area Manager notact Person: Brian Heath Contact Person's Title: Area Manager notact Person's Mailing Address: PO Box 490310 City: Lessburg State: Florida Zip Code: 34749 notact Person's Clephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 notact Person's E-Mail Address: Deheath@aquamerica.com valet Treatment Plant Information ant Name: Welsiac Mobile Home Park Plant Telephone Number: (352) 787-0980 ant Address: Hamilion's Road City: Satsuma per of Water Treatment by Plant: Raw Ground Water Purchased Finished Water mitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699-310(4), F.A.C.); D Plant Cless (per subsection 62-699-310(4), F.A.C.); D ### Plant Telephone Number: Sature ### Plant Telephone Number: ### Plant Telephone Number: Sature ### Plant Telephone Number: ### Plant Telephone Number: Sature ### Plant Telephone Number: ### Plant Telephone Number: Sature ### Plant Telephone Number: ### Plant Telephone Number: Sature ### Plant Telephone	WS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive under of Service Connections at End of Month: 108 Total Population Served at End of Month: 324 WS Owner: Aqua Utilities Florida ontact Person's Maille Address: PO Box 490310 Contact Person's Title: Area Manager ontact Person's Stellephone Number: (352):787-6980 Contact Person's Title: Area Manager ontact Person's Telephone Number: (352):787-6980 Contact Person's Fax Number: (352):787-6333 ontact Person's Edephone Number: (352):787-6980 Treatment Plant Information and Name: Walax Mobile Home Park Walax Mobile Home Park Walax Mobile Home Park Immitted Maximum Day Operating Capacity of Plant, gallons per day: T08,000 and Category (per subsection 62-699-310(4), F.A.C.): D Plant Class (per subsection 62-699-310(4), F.A.C.): D Pla	WS Type:	WS Name:	em (PWS) Informa Welaka Mobile Hon			The State of the S		PWS Identification I	lumber:	2541242
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WS Owner: Aqua Utilities Florida ontact Person's Brian Heath City: Leesburg State: Florida Zip Code: 3470 ontact Person's Title: Area Manager ontact Person's Telephone Number: (352):787-0980 Ontact Person's E-Mail Address: Deheath@aquaamerica.com Vater Treatment Plant Information ant Name: Welaka Mobile Home Park ant Address: Hamilton Road Vpe of Water Treatment by Plant: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States State: Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's E-Mail Address: Area Manager Office States States Florida Zip Code: 3470 ontact Person's Fax Number: (352):787-0980 ontact Person's Fax Number:	WS Owner: Aqua Utilities Florida	WS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager	WS Owner: Aque Utilities Florida Contact Person's Title: Aria Manager								nd of Month:	324
ontact Person's Mailing Address: PO Box 490310 City Leesburg State: Florida Zip Code: 3470 ontact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: Deheath@aquaamerica.com Vater Treatment Plant Information ant Name: Welaka Mobile Home Park City: Satsuma State: Florida Zip Code: 3218 per of Water Treatment by Plant: Value Ground Water Purchased Finished Water Emitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 ant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax Number: (352) 787-0980 ant Category (per subsection 62-699-310(4), F.A.C.): D Expect Contact Person's Fax N	ontact Person's Mailing Address: Ontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-0980 Contact Person's Fax Number:	ontact Person's Mailing Address: PO Box 490310 City Leesburg State: Florida Zip Code: 34749 ontact Person's Telephone Number: (352) 787-0980 ontact Person's Exhali Address: beheath@aquaamerica.com Vater Treatment Plant Information ant Name: Welaka Mobile Home Park City: Satsuma State: Florida Zip Code: 32189 pe of Water Treatment by Plant: Agw Ground Water Person's Park Ground Water Person's Park Number: (352) 787-0980 and Address: Hamilton Road pre of Water Treatment by Plant: Raw Ground Water Person's Park Ground Water Person's Park Ground Water Person's Mailing Road pre of Water Treatment by Plant: Raw Ground Water Person's Park Number: (352) 787-0980 and Address: Park Ground Water Person's Park Number: (352) 787-0980 and Address: Park Ground Water Person's Park Number: (352) 787-0980 and Address: Park Ground Water Person's Park Number: (352) 787-0980 and Address: Park Ground Water Person's Park Number: (352) 787-0980 and Address: Park Ground Water Person's Park Number: (352) 787-0980 and Address: Park Ground Water Ground	ontact Person's Mailing Address: PO Box 499310 City Leesburg State: Florida Zip Code: 34749 ontact Person's Telephone Number: (352);787-0980 Contact Person's Fax Number: (352);787-0980 valer Treatment Plant Information and Name: Welake Mobile Home Park and Address: Hamilton Road per of Water Treatment by Plant: Plant against generally and provided in the provided in this report and provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment plant identified in part I of this report. I certify that the formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conforms to termination and contact of or other applicable standards referenced in subsection 62-593 and the formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conforms to terminational Standard 60 or other applicable standards referenced in subsection 62-5523(2)3, F.A.C. I all occurrity that the following additional operations records for this plant conforms to terminational Standard 60 or other applicable standards referenced in subsection 62-5523(2)3, F.A.C. 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ontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 ontact Person's E-Mail Address: beheath@aquaamerica.com Vater Treatment Plant Information ant Name: Welaka Mobile Home Park lant Address: Hamilion Road ype of Water Treatment by Plant: I Raw Ground Water remitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699 310(4), F.A.C.): Y Plant Class (per subsection 62-699 310(4), F.A.C.): Y Plant Class (per subsection 62-699 310(4), F.A.C.): D Plant Class (per subsection 62	ontact Person's Telephone Number: (352) 787-6980 Contact Person's Fax Number: (352) 787-6333 ontact Person's E-Mail Address: Deheath@aquaamerica.com Vater Treatment Plant Information lant Name: Welaka Mobile Home Park Plant Telephone Number: (352) 787-0980 lant Address: Hamilton Road City: Satsuma State: Florida Zip Code: 32189 yee of Water Treatment by Plant: Park Ground Water Purchased Finished Water termitted Maximum Day Operating Capacity of Plant, gallons per day: T08:000 lant Category (per subsection 62-699.310(4), F.A.C): V Plant Class (per subsection 62-699.310(4), F.A.C.): D lacting (1) Design (2) Design (3) Design (4) Days 1st Shift	omate Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-0980	ontact Person's Telephone Number: (352)/787-080 Contact Person's E-Mail Address: Deheath@aguaamerica.com	ontact Person's Mailin	g Address:	PO Box 490310						
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Decision	Satisfication by Lead/Chief Operator	Paul Thompson A 7251 Days 1st Shift David Haring Raiph Marriott C 7527 Days 1st Shift Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to	Certification by Lead/Chief Operator, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant curing the month indicated above: (1) records of amounts of chemicals used and chemical feed rate: 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner setain them, together with copies of this report, at a convenient location for at least ten years.					108,000				
Sau Gincau (peau) Paul Thompson A 7251 Days 1st Shift (IIC O) Sau Gincau (peau) Day 1st Shift Raiph Marriott C 7527 Days 1st Shift	Certification by Lead/Chief Operator	Catification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to the state of the state	Extincation by Lead/Chief Operator The indexing the inde									
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	Certification by Lead/Chief Operator	Certification by Lead/Chief Operator, the undersigned water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to	Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rate: 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner seain mean, together with copies of this report, at a convenient location for at least ten years.	แน่ง (กับประเพษ					14091	Days 1st Shift		
	Certification by Lead/Chief Operator	Certification by Lead/Chief Operator, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to	Certification by Lead/Chief Operator, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this playere prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner seam from together with copies of this report, at a convenient location for at least ten years.		Ralph Marriott			C	7527	Days 1st Shift		
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PWS I	dentificat	ion Number:		2541242		Plant Name:	Welaka Mo	bile Home	Park					
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

NS Type: umber of Service Connect		arkon, od godána a úla od o	and Arthur 1	- 12 PM (2/17)			PWS Identification Number:	2541242
mber of Service Connect	✓ Community	Non-Transient Non-Communit		ansient Non-Com	munity		Consecutive	
		108	100			Tot	al Population Served at End of Month:	324
O CHILOL.	Aqua Utilities Florida		12 miles 1 mil		1		2 (22)	
ntact Person:	Brian Heath			A 100	. 4 .	Coi	ntact Person's Title: Area M	lanager
ntact Person's Mailing Ac	ddress: PO	Box 490310			City:	Leesburg	State: Florida	Zip Code: 34749
ntact Person's Telephone		2) 787-0980				Cor	ntact Person's Fax Number: (352) 7	87-6333
ntact Person's E-Mail Add		heath@aquaamerica.com					en en esta en	
ater Treatment Pla								
	Welaka Mobile Home Pa			ADMINITED TO			Plant Telephone Number:	(352) 787-0980
	Hamilton Road	The control of page 15 persons and the control of t			City:	Satsuma	State: Florida	Zip Code: 32189
pe of Water Treatment by			Purchased Finis					
mitted Maximum Day Or	perating Capacity of Plan	t, gallons per day:		108,000	100			
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WS Identificati	on Number:		2541242		Plant Name:	Welaka M	lobile Home	Park Park							
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MUNTHLY OPERATION REPORT FOR PWS PREATING HAND GROUND ... ATE. . R PULLHALLD FILLUHEL LATE. I



See Pages 4 for In				•				
l. General Informat	ion for the Month/	Year of:	September 2006	Met Marrot (1845)	NE CANADA			
A. Public Water Syst	tem (PWS) Inform	ation						
PWS Name:	Welaka Mobile Ho				of age of the second	PWS Identification Number:	2541242	
PWS Type;	✓ Community	Non-Transient N	Ion-Community	Transient Non-Co	mmunity	Consecutive		
Number of Service Con	nections at End of Mont	h:	108			l Population Served at End of Month:	324	+ 1 - + - +
PWS Owner:	Aqua Utilities Flori		the state of the s		tions in the second			
Contact Person:	Brian Heath		The street of th		Con	tact Person's Title: Area Mana	ager	
Contact Person's Mailin	g Address:	PO Box 490310	e en level je navi		City: Eccsburg	State: Florida:	Zip Code:	34749
Contact Person's Teleph		(352) 787-0980				tact Person's Fax Number: (352) 787-	6333	
Contact Person's E-Mail		belieath@aquaan	иепоатсого		the will be a		•	5 T.
	Plant Information							
Plant Name:	Welaka Mobile Hor	nc Park	。2015年4月 年		Telephone and the second	Plant Telephone Number:	(352) 787-0	980
Plant Address:	Hamilton Road				City: Satsuma	State: Florida	Zip Code:	32189
Type of Water Treatmen		Raw Ground Wat	ter Purchase	d Finished Water				
Permitted Maximum Da			140041 141521 H	108,000	Analysis of the second			
Plant Category (per subs	section 62-699.310(4), F			engens verkamenen von van general fan		Class (per subsection 62-699.310(4), F.A.		
	Pante anompson - s.		وبالمراوز التناوي في أراهي والمراوز المراوز المراوز المراوز المستعدد والمعارف الم	I Waller Tale	Lacous Plante		(KS)WAYIEBKE COM	
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L Certification by Lo								
I, the undersigned w	ater treatment plan	operator licensed in	Florida, am the lead	chief operator of th	e water treatment	plant identified in part I of this re	port. I certify	that the
information provide	d in this report is tr	ue and accurate to the	e best of my knowled	ge and belief. I cer	tify that all drinkin	g water treatment chemicals used	at this plant of	conform to NSF
International Standa	rd 60 or other appli	cable standards refer	enced in subsection (52-555 320(3) F A	C. I also certify th	at the following additional opera	tions records t	for this plant
were prepared each	day that a licensed	operator staffed or vi	sited this plant during	the month indicate	ed above: (1) reco	rds of amounts of chemicals used	and chemical	feed rates: and
(2) if applicable, app	propriate treatment	nrocess performance	records Furthermor	s I sarse to provid	a those additional	operations records to the PWS ow	mor so the DV	/C oumon con
retain them Togethe	r with conies of this	renort at a convenie	ent location for at leas	e, i agree to provid	e mese anamanini	operations records to the PWS ow	mer so the PV	75 Owner can
	· ······ copies of this	Leport, at a convenie		st ten years.		·		•
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Signature and Paris		<u> /////</u>				And the Control of th	A7251	·
Signature and Date		·	Printed o	r Typed Name			License Nur	nber

PWS Identific	cation Nur	nber:		2541242		Plant Name:	Welaka M	obile Home	Park						
III. Daily I	Data for (the N	Ionth/Year	of:		September, 20	006								
Means of Ach					oval: 🎜 Free		Chlorine D	Novida	C Ozone		bined Chlor	(Cl-1			
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-			-	•	tribution System:	Free Ch	lorine [Combin	ed Chlorine	c (Chloramin	es) [Chlorine l	Diovide	· · · · · · · · · · · · · · · · · · ·	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

A Public Water System (PWS) Information PWS Name Williagh Addiction of the North	See Pages 4 for						. •			
PWS Yes. Conscious at the of Ments. West Press of the Conscious at the of Ments. West Press of the Conscious at the of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments. West Press of the Conscious at the Of Ments Press of the Conscious at the Office of the	1. General Inform	ation for the Mon	th/Year of:	October 2006	STORESTOR WAS TO THE	15年表现16年1			To age of the second	
PWS Type	A. Public Water Sy	ystem (PWS) Info	rmation							
Number of Service Connections at End of Month: PNS Owner: Reinfelting 1	PWS Name:	Wefaka Mobile	Hôme Párk 🕶 📖 🗸		NELLEGY TO BE SEEN TO SEE	and the said	PWS Identification Nu	mber:	2541242	
PWS Owner Contact Person's Mailing Address: Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's Mailing Address: Septimized Maximum Part Information Plant Name: Plant Address: Sharificial Contact Person's Mailing Address: Plant Telephone Number: (\$32) 787-0980 Plant Address: Plant Telephone Number: (\$32) 787-0980 Plant Address: Plant Category Of Plant, gallons per day: Plant Category Of pressured to Plant Category Of Plant, gallons per day: Plant Category Of per subsection C2-699-310(4) F.A.C.) Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Category Of persons of the Category Of Plant, gallons per day: Plant Cate	PWS Type:	✓ Communit	ty Non-Transie	nt Non-Community	☐ Translent Non-Con	nmunity	Consecutive			
Contact Person's Malling Address. Political State Political Political State Political Pol	Number of Service C	Connections at End of M	fonth:	NORTH TO SERVICE		7	otal Population Served at En	d of Month:	324	
Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's Pendin Address: Defice Address: Defice Address: Defice Address: Defice Address: Defice Address: Defice Address: Defice Address: Defice Add	PWS Owner:	Agua Utilitics E	ionda 🧢 🔭 🗸 🕮						ers a si	
Contact Person's Telephone Number: (855)038-35-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Contact Person:	Brian Fleath	*** 10 ¹ /4/2019				Contact Person's Title:	Area Manag	er 2	1 1 1
Contribution by Lead/Citicf Operator The understand by Lead/Citicf Operato	Contact Person's Mai	iling Address:	PO#6X490010			City: LeeShurg	State: Florida		Zip Code: 347	19
Plant Treatment Plant Information Plant Name: William Statistic House Plant Plant Name: William Statistic House Plant Plant Name:	Contact Person's Tele	ephone Number:	(352);38749818	Constitution of			Contact Person's Fax Number	(352)4787-6.	383	
Plant Name: Wide & Conflictation Date: Plant Telephone Number: (355) 787-0590 Plant Address: Plant Telephone Number: (355) 787-0590 Plant Address: Plant Telephone Number: Plant See Plant Telephone Number: Plant See Plant Telephone Number: Plant See Plant S	Contact Person's E-M	fail Address:	beheath@aqua	americal com	Sale Basic Street	0 (P. 40 - 25 T) LIJA (P.	The season of th			_5
Plant Address: Affinithm Ross Zip Code: 32189 Plant Cases of Water Treatment by Plant: Zip Code: 32189 Plant Cases of Water Treatment by Plant Cases (per subsection 62-699-310(4), F.A.C.) D.	B. Water Treatmen	nt Plant Informati	ion							
Type of Water Treatment by Plant: Prant Class (per subsection 62-699-310(4), F.A.C.)	Plant Name:	Welaka Mobile	Home Park	the advantage of the same and the same and the same of the		contract of an order (Securities address indicated)	D-00-750-7			
Pemitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Case (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): Day (15-86)						City: Satsuman	State: Florida		Zip Code: 321	39
Plant Class (per subsection 62-699 310(4), F.A.C.): Plant Class (per subsection 62-699 310(4), F.A.C.]: Plant Class (per subsection 62-6								- Comment of the control of the cont	See	
II. Certification by Lend/Chief Operator I, the undersigned water treatment plant operator licensed in Florida; am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furtherniore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.					108,000 44352					<u> </u>
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II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, ogether with copies of this report, at a convenient location for at least ten years. A7251	the state of the s					. C. 19 (. 7251 44			The residence	
It Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251	्रिष्टित् अध्यक्षाकः			Special (1994)	erast best Colorado de la	4 1409158		Carlotte Carlotte	and the second	
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PWS Identification Number:	2541242	Plant Name: Welak	a Mobile Home Park		·	
III. Daily Data for the Month/Ye	ear of:	October, 2006				
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☐ Ultraviolet Radiation ☐ C	Other (Describe):	, omora	io Diolecco , Ozolic	I Comonica Cina	лще (Споганиез)	•
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

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Page 1

PW\$ Id	lentificatio	on Number:		2541242	Plant Name:	Welaka Mo	bile Hom	e Park						
III. D	aily Data	a for the N	Ionth/Year	of:	November, 20	006								
Means	of Achiev		g Virus Inacti			Chlorine D	ioxide	Ozone	[Com	bined Chlor	rine (Chlorar	nines)		
⊢				ined in Distribution System	₩ Free Ch	lorine [Combi	ned Chlorine	(Chloramine	es) [Chlorine I	Diovide	<u> </u>	
				CT/Galculations					•	•				
d'Aire				Cr Carculation	IUI UVADOSERII	MACHIOSINE	ano niero o	ANTICE STORY	THANGING TO	A obliterole		1-10-1		
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	(errie)	i de la companya de	Producted	Peak Flow: S Customer Durin	g Peak flow	in me	Temp of	District Wides	Aminium C.I Required ing Jum/L	UV Dose	i niv	a Distribution is	unvolves Taking Water System	Components
Month	Mar XIII	Operation	and gald an	Rate, gpd - Peak Flow, mg	3 sminutes 19	e mine a	Wiler ((Applicable	A minutes	n)W-sec/cm	seconi	Systematives	e our ox Operation	
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		24.0	340,540			<u> 1</u>	1		5				<u> </u>	
Avzerazi			10 985	•										

12,967

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instruct	ione	Diymer Page 3 Due in De	ecember					
I. General Information for		ar of	- 0000	The second green approximate the second second	V Taring Co.			
			er, 2006					
A. Public Water System (P'								
	laka Mobile Home P	ark:				PWS Identification Num	ber: 2541242	
	Community	Non-Transient Non-Com	nunity [Transient Non-Com	munity	Consecutive	2572572	<u> </u>
Number of Service Connections		108			То	tal Population Served at End	of Month: 324	N. 8484
	ua Utilities Florida							
	an Heath			- W. 1981	Co	ntact Person's Title:	Area Manager	Part Nation
Contact Person's Mailing Addres		Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Nun		2) 787-0980			Co	ntact Person's Fax Number:	(352) 787-6333	The second section of the section of the second section of the section of the second section of the second section of the section of th
Contact Person's E-Mail Address		heath@aquaamerica.c	<u>om</u>					
B. Water Treatment Plant								
	laka Mobile Home P	ark				Plant Telephone Number:	(352) 787-	-0980
	nilton Road	dimensional contraction in			City: Satsuma	State: Florida	Zip Code:	
Type of Water Treatment by Plan		✓ Raw Ground Water	Purchased	Finished Water				and the second s
Permitted Maximum Day Operat	ting Capacity of Plar			108,000	文表 的一个声声			Janko Parana
Plant Category (per subsection 6	2-699.310(4), F.A.C	.):	i pajeti i i i i i i		Pian	Class (per subsection 62-699	0.310(4), F.A.C.): D	# 14g
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LCertification by Lead/Ch	ief Operator							
I, the undersigned water tre	eatment plant on	erator licensed in Florida	o 4h - 1 1 (-1					
I, the undersigned water tre	ic report is true o	nd converte to the best of	ani me iead/ci	mer operator of the	water treatment	plant identified in part	of this report. I certify	y that the
information provided in thi	is report is true a	nd accurate to the dest of	my knowledge	and belief. I certi	ly that all drinki	ng water treatment chen	nicals used at this plant	conform to NSF
THE PROPERTY OF THE PROPERTY OF C	or outer applicati	ie standards reterenced ir	subsection 62	-555.320(3); F.A.C	 I also certify t 	hat the following addition	anal operations records	for this plant
more propared each day the	at a memseu ope	rator statted or visited thi	s blant during 1	he month indicated	above: (1) reco	ords of amounts of chem	sicale used and chemica	I food metace and
(2) it applicable, appliopria	ue ireaimeni prod	ess performance records	. Furthermore.	I agree to provide	these additional	operations records to th	e PWS owner so the P	WS owner can
retain them, together with o	copies of this rep	ort, at a convenient locat	ion for at least	ten years.				
	•	1./		•				
		1/8/10	Paul Thom	nson	4		A7251	•
Signature and Date	·····			Typed Name	•			

PWS Id	entificati	on Number:		2541242		Plant Name:	Welaka M	obile Hom	e Park							
III. Da	aily Dat	a for the M	Ionth/Year	of:		December, 200	6									
Means o	of Achiev		g Virus Inacti	vation/Remover (Describe):		Chlorine [Chlorine D	Dioxide	Ozone	┌ Com	bined Chlor	ine (Chlora	mines)			
Type of	f Disinfe	ctant Resid	lual Maintai	ined in Distr	ibution System:	✓ Free Chl	orine	Combi	ned Chlorine	e (Chloramin	es)	Chlorine	Dioxide			
					Arcalenggos, o	i i ev Danê rê	Demositic	Wolli Also	Viidsihe	or formation	Amelional					
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

PW	S ID:	2541242 Pla	nt Name: Welaka N	Mobile Home Park	
V.	Summary of Use of Poly	mer Containing Acrylamide	, Polymer Containin	g Epichlorohydrin, and Iro	on or Manganese Sequestrant for the Year: * 2006
A.	Is any polymer containing the m follows:	onomer acrylamide used at the water	treatment plant?	· ·	the polymer dose and the acry lamide level in the polymer are as
	Polymer Dose ppm =			Acrylamide Level, %1=	
В.	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at the v	vater treatment plant?		es, and the polymer dose and the epichlorohydrin level in the
	Polymer Dose ppm =			Epichlorohydrin Level, %1=	
	Is any iron or manganese seques Type of Sequestrant (polyphospl	trant used at the water treatment plan	t? ☑ No	Yes, and the type of se	equestrant, sequestrant dose, ect., are as follows:
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate as Si			
Į	If sodium silicate is used, the am	ount of added plus naturally occurring	g silicate, in mg/L as SiO ₂	-	

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See Pages 4 for Instructions.				
I. General Information for the Month/Year of:	Danuary; 2006 e 😼 📆 🖳 🐗			
A. Public Water System (PWS) Information				
PWS Name: Saratoga Harbor		PWS Identii	ication Number:	2541008
	Translent Non-Community Translent Nor	n-Community Consecutive		
Number of Service Connections at End of Month:	Section and a secretary	The state of the s	rved at End of Month:	175
PWS Owner: Aqua Utilities Florida		理》(1955年) 1957年(1967年)	AUDION DE TARBOS	
Contact Person: Brian Heath		Contact Person's Ti	ile: Area:Manage	
Contact Person's Mailing Address: PO Box 490		City: Leeshurg State: Flo	rida ³	Zip Code: 34749
Contact Person's Telephone Number: (352) 78740	980	Contact Person's Fa	x Number: (352):187-63.	13 16 16 16 16 16 16 16 16 16 16 16 16 16
	@actaamerica.com			是否認為不可能的數學的可
B. Water Treatment Plant Information				
Plant Name: Sarasota Harbor			one Number:	(352) 787-0980
Plant Address: Gibbs Avenue		City: Satsuma State: Flo	rida kana da k	Zip Code: 32189
	Ground Water			
Permitted Maximum Day Operating Capacity of Plant, gallon				量数据数据10分子的数据2分子的
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subs	ection 62-699.310(4), F.A.C.	
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I, the undersigned water treatment plant operator				
information provided in this report is true and acc				
NSF International Standard 60 or other applicable				
plant were prepared each day that a licensed oper	ator staffed or visited this plant during the mon	th indicated above: (1) records of	amounts of chemicals 1	used and chemical feed
rates; and (2) if applicable, appropriate treatment	process performance records. Furthermore, I	agree to provide these additional o	perations records to the	PWS owner so the PWS
owner can retain them, together with copies of thi	s report, at a convenient location for at least te	n vears.		
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Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Alternate



DEP Form 62-555..900(3)Alternate

Contact Person's Telephone Number: (352) Contact Person's E-Mail Address: Dehe Water Treatment Plant Information lant Name: Sarasota Harbor lant Address: Gibbs Avenue		City	Con Leesburg Con	PWS Identification Number: Consecutive al Population Served at End of Month: tact Person's Title: Area Mans State: Florida tact Person's Fax Number: (352) 787-	Zip Code: 34749
Jumber of Service Connections at End of Month: WS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Mailing Address: PO Bo Contact Person's Telephone Number: (352) Contact Person's E-Mail Address: behe Contact Person's Telephone Number: Contact Person's E-Mail Address: behe Contact Person's Mailing Address: PO Bo Contact Person's Mailing Address: PO Bo Contact Person's Mailing Address: behe Contact Person's Mailing Address: PO Bo Contact Person's Mailing Address: PO Bo Contact Person's Mailing Address: PO Bo Contact Person's Telephone Number: (352) Contact Person's Telephone Number: (352) Contact Person's E-Mail Address: behe Contact Person's E-Mail Address: beheve Contact Person's E-Mail Address: beheve Contact Person's E-Mail Address: beheve Contact Person's E-Mail Address: behavior Contact Person's E-Mail Address: b	ox 490310 787-0980 eath@aguaamerica.com Raw Ground Water Pure	City Chased Finished Water	Con Leesburg Con	al Population Served at End of Month: Itact Person's Title: Area Mana State: Florida Itact Person's Fax Number: (352) 787- Plant Telephone Number:	ager Zip Code: 34749 6333
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 82-555,900(3)Alternate



Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Deheath@aquaamerica.com Water Treatment Plant Information Plant Name: Sarasota Harbor Plant Address: Ority: Leesburg State: Florida: Contact Person's Fax Number: Plant Telephone Number: City: Satsuma State: Florida: Plant Telephone Number: Plant Address: Ority: Satsuma State: Florida: Prope of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):	of Month: 175 Area Manager Zip Code: 34749 (352) 787-6333
Number of Service Connections at End of Month: Main Sowner	Area Manager Zip Code: 34749 (352) 787-6333 T: (352) 787-0980
WS Owner: Aqua Utilities Florida Contact Person: Brian-Heath Contact Person's Mailing Address: PO Box 490310. City: Leesburg State: Florida. Contact Person's Telephone Number: (352) 787-9980. Contact Person's Fax Number: Contact Person's E-Mail Address: Deheath@aquaammerica.com Water Treatment Plant Information Iant Name: Sarasota Harbor Iant Address: Gibbs Avenue Vype of Water Treatment by Plant: I Raw Ground Water Purchased Finished Water remitted Maximum Day Operating Capacity of Plant, gallons per day: Iant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): IV Paul Thompson David Haring David Haring David Haring C 14091 Days 1st Shift David Haring C 14091 Days 1st Shift	Area Manager Zip Code: 34749 (352) 787-6333 (352) 787-0980
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Contact Person's E-Mail Address: beheath@aguaamerica.com Water Treatment Plant Information Plant Name: Sarasota Harbor Plant Telephone Number: Plant Address: Gibbs Avenue City: Satsums State: Florida Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.3	r: (352) 787-0980
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate



See Pages 4 for Instructions.

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General Information	on for the Month/	Year of: April	2006		ALLEY CONTRACTOR OF THE CONTRACTOR OF T			
Public Water Syste	m (PWS) Informa	ition	•					
PWS Name:	Saratoga Harbor		ing distance of the	The second section of the second		PWS Identification Numb	er: 2541008	
PWS Type:	✓ Community	☐ Non-Transient Non-Co	mmunity	Transient Non-	Community	Consecutive		
Number of Service Conne			Larran de		yn webber bin	Total Population Served at End of	f Month: 175	
PWS Owner:	Aqua Utilities Florid		The Control of the Co					
Contact Person:	Virginia de la companya della companya della companya de la companya de la companya della compan		State and the service of the service	The second of the second	The Cart	Contact Person's Title:	Area Manager	
Contact Person's Mailing	Address:	PO Box 490310			City: Leesb		Zip Code	: 34749
Contact Person's Telephor	ne Number:	(352) 787-0980				Contact Person's Fax Number:	(352) 787-6333	77, 16 0.001 (\$0.000 at 25.00)
Contact Person's E-Mail A		beheath@aquaamerica	alcom:					
. Water Treatment P	lant Information							
Plant Name:	Sarasota Harbor				Canada Cresto	Plant Telephone Number:	(352) 783	7-0980
Plant Address:	Gibbs Avenue			运动的	City: Satsur	ma State: Florida	Zip Code	: 32189
Type of Water Treatment		✓ Raw Ground Water	Purchas	ed Finished Water				
Permitted Maximum Day				200,000	ight files.			
Plant Category (per subse	ction 62-699.310(4), F.	A.C.):	TV:			Plant Class (per subsection 62-699	310(4), F.A.C.): C	t sang
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Certification by Lea	d/Chief Operator	•						
			da am the lead	Halifat operator o	r that wat 4.4 East	ment plant identified in part l	of this report I certi	for that the
information provided	in this report is tra	le and accurate to the best	of mylmovile	dea and balias T	i die water fread	rinking water treatment chem	ingle mond of this plan	t conform to
NSF International Sta	andard 60 or other	so and accurate to the ocsi	Or thy kilowie	uge and belief. I	cernity mar an d	rinking water treatment chen	uçais used at uns plan	it comorni to
nlant were prepared a	andard oo or onigr	abbricanie signogras refer	enceu m subse	ction 62-333.320	(3), F.A.C. I als	so certify that the following a	daluonai operations r	ecords for this
rotogi and (2) : 6		nsed operator statted or v	isited this plan	t during the month	i indicated abov	e: (1) records of amounts of	chemicals used and c	hemical feed
rates, and (2) if appin	cable, appropriate	treatment process perform	iance records.	Furthermore, I ag	ree to provide t	hese additional operations re	cords to the PWS own	ner so the PWS
owner can retain then	n, together with co	pies of this report, at a cor	nvenient locati	on for at least ten	years.			
	ė.						•	
		5/4/06	Paul Ti	nompson 🔭 👙			A7251	
Signature and Date	•			or Typed Name			License N	Number
		* **		••				

PWS Identification Number	er:	2541008	⊱ 🔄 Plant Name:	Saratoga Ha	rbor	pri despri	in a lab.		the transfer for		
III. Daily Data for the	Month/Year	of:	April, 2006							174	
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Ultraviolet Radiation	_	er (Describe):	,	Chlornie Di	OXIGE	j . Ozone	Com	oined Chlori	ne (Cinorar	nines)	
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^{**}Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate

MONITHLY OPERATION REPORT FOR PASSITREATING AND GAJUNG JATLA DR. JICHALED L...BHL. NAT. .. J



See Pages 4 for Instructions.

General Inforn	nation for the Month/Y	ear of: May 2006			1	
. Public Water S	ystem (PWS) Informat	ion			-	
PWS Name:	Saratoga Harbor	The second secon			PWS Identification Number:	2541008
PWS Type:	✓ Community	Non-Transient Non-Communit		nmunity	Consecutive	
	Connections at End of Month:	30			al Population Served at End of Mor	nth: 175
PWS Owner:	Agua Utilities Florida				2 No. 10 Page	
Contact Person:	Brian Fleath			Cor	tact Person's Title: Are	a Manager
Contact Person's Ma	iling Address: P	O Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Tel	ephone Number: (352) 787-0980			tact Person's Fax Number: (35)	2).787-6333
Contact Person's E-l	Mail Address:	eheath@abuaamericacom				
Water Treatme	nt Plant Information					
Plant Name:	Sarasota Harber				Plant Telephone Number:	(352) 787-0980
Plant Address:	Gibbs Avenue			City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treat		✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum	Day Operating Capacity of Pl	iant, gallons per day:	200,000	Sami Maria		
Plant Category (per	subsection 62-699.310(4), F.A			Plant	Class (per subsection 62-699.310(
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nformation prov	ided in this report is true	and accurate to the best of my	knowledge and belief. I cer	tify that all drinki	ng water treatment chemical:	s used at this plant conform to
ISF Internationa	l Standard 60 or other a	pplicable standards referenced	in subsection 62-555.320(3)	F.A.C. I also cer	tify that the following additi	onal operations records for th
		sed operator staffed or visited the				
		eatment process performance re				
					additional operations record	s to the 1 w 5 owner so the 1 v
witer can recall	mont, together with copi	es of this report, at a convenier	n location for at least ten yea	из.		
1 }	•	c 11 1.51				•
		<u> </u>	Paul Thompson		<u> </u>	A7251
Signature and Date						

PWS Identification Num	ber.	2541008	and graffet to the first	Plant Name:	Saratoga H	arbor			•						
III. Daily Data for th	he Month/Y	ear of:	-	May, 2006											
Means of Achieving Four Ultraviolet Radiatio	_	nactivation/Remo		Chlorine [Chlorine D	ioxide	Ozone	Соп	bined Chlor	ine (Chlorar	nines)				
- Type of Disinfectant R		•	·	▼ Free Chl	orine 7	Combin	ned Chlorine	(Chloramin	es) 「	Chlorine I	Dioxide				
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19,333

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



See Pages 4 for Instructions.

. General Information	n for the Month/	Year of: June	, 2006				
A. Public Water System	n (PWS) Informa	ation					
PWS Name:	Saratoga Harbor					PWS Identification Number	2541008
PWS Type:	✓ Community	Non-Transient Non-C	CommunityTi	ransient Non-Com	nunity	Consecutive	
Number of Service Connec	ctions at End of Montl	n: 50			To	otal Population Served at End of I	Month: 175
PWS Owner:	Aqua Utilities Florid	ia					
Contact Person:	Brian Heath				. C	ontact Person's Title:	Area Manager
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	e Number:	(352) 787-0980			C	ontact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail A		beheath@aquaamerid	ca.com				
. Water Treatment P	ant Information						
Plant Name:	Sarasota Harbor					Plant Telephone Number:	(352) 787-0980
Plant Address:	Gibbs Avenue				City: Satsuma	State: Florida	Zip Code: 32189
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fini	shed Water			
Permitted Maximum Day				200,000			
Plant Category (per subsec			ľV			nt Class (per subsection 62-699.3	
Licensed Operators		Name -	4.10年12年15年第二	License Class	License Num	ber Day((s) / Shift(s) Worked
Lead/Chief Operator.		<u> </u>		Α	7251	Days 1st Shift	
Other Operators:				С	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
A Property of the		<u> </u>					
	·			·	-		
7.0 - 7 9: 0.0 Early 9.0							
NE COMMENTAL REPORT	K9 (4)						
LANGE MARKET	ž.						
	New Control						
Certification by Lea							
							of this report. I certify that the
information provided	in this report is tr	ue and accurate to the be	st of my knowledge ar	nd belief. I certi	fy that all drin	king water treatment chemi	cals used at this plant conform to
NSF International Sta	ndard 60 or other	applicable standards ref	erenced in subsection	62-555.320(3),	F.A.C. I also c	ertify that the following ad	ditional operations records for this
							chemicals used and chemical feed
							ords to the PWS owner so the PWS
		pies of this report, at a c				e additional operations rec	ords to alo I in 5 onlier so the I in 5
omio our return men	i, iogonici willi ce	pros or uns report, at a c	onvenient location for	at least ten year	5.		
1 1		1. 14		•			
		7/6/06	Paul Thompso				A7251
Signature and Date		1 1	Printed or Typ	ed Name			License Number

PWS Ic	entificatio	n Number:		2541008		Plant Name:	Saratoga Ha	rbor						
III. D	aily Data	for the N	Ionth/Year	of:		June, 2006							·	
Means	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov	/al: ▼ Free C	hlorine	Chlorina Di	ovide	C Ozone			(Cit-lawar	-:	
	raviolet R	-	_	r (Describe):		,	Chiornie Di	UXIGE) Ozone	(Com	oinea Uniorii	ne (Chiorai	nines)	
<u>t_</u>						▼ Free Chlo	orine T	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
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; the	(Place	Saratoga	Producted,	⇒Peak Flow	Customer During	Peak Flow,	Flow mg-	Temp of	pH of Water,	Required, mg	UV Dose,	₩.	Distribution	Involves Taking Water System Components
Month	*X')	- Harbor	gal.	Rate, gpd.	Peak Flow, mg/L	/ minutes	min/L	Water, OC	if Applicable	min/L:- 🤄	mW-sec/cm2	sec/cm² =	System mg/L	Out of Operation
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate



DEP Form 62-555..900(3)Alternate

Contact Person's Mailing Address: PO Box 490340 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 7 Contact Person's E-Mail Address: beheath@aquammerica.com Water Treatment Plant Information Plant Information Plant Telephone Number: City: Satsuma State: Florida Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), Info@nscilion.com Leadurable Paul Thompson A 7251 Days 1st Shift Contact Person's Fax Number: (352) 7 Contact Person's Fax Number: (3	ification Number: 2541008 e Served at End of Month: 175 Citle: Area Manager orida Zip Code: 34749 Fax Number: (352) 787-6333 Shone Number: (352) 787-0980 Orida Zip Code: 32189 Dissection 62-699.310(4), F.A.C.): C
PWS Name: Saratoga Harbor PWS Type: Saratoga Harbor PWS Type: Saratoga Harbor PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Mailing Address: PO Box 490340 Contact Person's Title: Area M Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone	e Served at End of Month: 175 Citle: Area Manager orida Zip Code: 34749 Fax Number: (352) 787-6333 Schone Number: (352) 787-0980 Orida Zip Code: 32189 Section 62-699.310(4), F.A.C.): C
PWS Name: Saratoga Harbor PWS Identification Number: PWS Type:	e Served at End of Month: 175 Citle: Area Manager orida Zip Code: 34749 Fax Number: (352) 787-6333 Shone Number: (352) 787-0980 Orida Zip Code: 32189 Section 62-699.310(4), F.A.C.): C
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Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Contact Person's Brian Heath Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: Deheath@aquaamerica.com Water Treatment Plant Information Plant Address: Gibbs Avenue City: Satsuma State: Florida City: Satsuma State: Florida City: Satsuma State: Florida Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): The Gallon Science of Contact Person's Fax Number: (352) 78 (1988) A 7251 A 7257 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift	Served at End of Month: 175
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Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Name: Sarasota Harbor Plant Address: Gibbs Avenue City: Satsuma State: Florida: Type of Water Treatment by Plant: Yeaw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), Information Plant Cla	shone Number: (352) 787-0980 Zip Code: 32189 ssection 62-699.310(4), F.A.C.): C Day(S) Shift(S) Worked
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PWS I	dentificati	on Number:		2541008		Plant Name:	Saratoga Ha	urbor						
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Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Attemate

WS Name: Saratoga Hackor	Public Water System (1	PWS) Informatio	on									
umber of Service Connections at End of Month: 50 Total Population Served at End of Month: 175 WS Owner: Aqua-Milities Florida Sontact Person's Hailing Address: PO Box 490310 City: Leesburg State: Rionida: Zip Code: 34 ontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Intact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Intact Person's Fax Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Intact Person's Fax Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Intact Person's Fax Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Intact Person's Fax Number: (352) 787-0980 Contact Per			., .::		: •	to some and the solution of th	- 7-7		PWS Identification Nun	nber:	2541008	
MS Owner: Aqua-Millities Plorida	WS Type:	✓ Community	☐ Non-Tra	ansient Non-Commun	ity	☐ Transient Non-Co	mmunity		Consecutive			
ontact Person's Mailing Address: Ontact Person's Telephone Number: Ontact Person's Telephone Number: Ontact Person's Telephone Number: Ontact Person's Telephone Number: Ontact Person's Fear	lumber of Service Connection	ns at End of Month:		50		ार संदू हराहे.	44	Tota	al Population Served at End	of Month:	175	
Ontact Person's Mailing Address: PO Box 4903 PC. City: Leesburg State: Riorida Zip Code: 34 Ontact Person's Telephone Number: (352) 787-9880 Contact Person's Fax Number: (352) 787-6333 Vater Treatment Plant Information ant Name: Seratora Harbor Plant Information ant Name: Seratora Harbor Plant Information Ontact Person's Fax Number: (352) 787-0980 Ontact P				Page 1						···		
ontact Person's Telephone Number: (352) 787-6980 Contact Person's Fax Number: (352) 787-6933 ontact Person's E-Mail Address: beheath@aqtiazmerica.com Vater Treatment Plant Information ant Name: Serasota Harbor Plant Telephone Number: (352) 787-0980 ant Address: Gibbs Avenue City: Satsuma State: Florida: Zip Code: 32 ype of Water Treatment by Plant: Raw Ground Water Purchased Finished Water rmitted Maximum Day Operating Capacity of Plant, gallons per day: 206;000 ant Category (per subsection 62-699 310(4), F.A.C.): Plant Class (per subsection 62-699 310(4), F.A.C.): C 105 105 105 105 105 105 105 105 105 105									The second secon	Area Manager		
ontact Person's E-Mail Address: beheath@aquamerica.com Vater Treatment Plant Information ant Name: Sersiota Harbor Plant Telephone Number: (352) 787-0980 ant Address Gibbs Avenue City: Satsuma State: Florida Zip Code: 32 ppe of Water Treatment by Plant: Raw Ground Water Purchased Finished Water rmitted Maximum Day Operating Capacity of Plant, gallons per day: 206;000 ant Category (per subsection 62-699,310(4), F.A.C.): IV Plant Class (per subsection 62-699,310(4), F.A.C.): C Interest Past Hampson A 7251 Days 1st Shift Past Hampson Days					<u> </u>							34749
Plant Telephone Number: (352) 787-0980								Con		(352) 787-633	13	. ·
ant Name: Sarasota Harbor City: Satsuma State: Florida Zip Code: 32 ppe of Water Treatment by Plant: Parchased Finished Water rmitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): C Ralph Marriott C 7251 Days 1st Shift C 7527 Days 1st Shift			eneath@a	Mostesheimeren		1.7 116 2 2	tajit yi			·		
ant Address: Gibbs Avenue. City: Satsuma State: Florida: Zip Code: 32 ype of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): C Pl				Salar Salar		in the Layte	A. S. S.		Dlant Talack and Mounts		(252) 787 0	000
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rmitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699,310(4), F.A.C.): Paul Thompson: A 7251 Days 1st Shift Daysid Hariag: C 14091 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift							/ City.	Saisuma	State, Florida		Zip Code.	32109
nt Category (per subsection 62-699.310(4), F.A.C.): Paul Thompson: A 7251 Days 1st Shift Days 1st Shift C 7527 Days 1st Shift					_ rui Cilaset		rategy .			<u>-</u>		· · · · · ·
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PWS Identific	ation Number:		2541008		Plant Name:	Saratoga H	arbor		······································		· · · · · · · · · · · · · · · · · · ·		
III. Daily D	ata for the f	Month/Year	r of:		August, 2006								
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Type of Disir	nfectant Resi	dual Mainta		ribution System:	Free Chl			ned Chlorin			Chlorine		
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate



See Pages 4 for Instructions.

WS Name: Saratoga Harbon WS Type:	r		PWS Identification Number:	2541008
umber of Service Connections at End of M			Consecutive	
			otal Population Served at End of Month:	175
WS Owner: Aqua Utilities F				
ontact Person: Brian Heath			ontact Person's Title: Area Man	
ontact Person's Mailing Address:	PO Box 4903 ld	City: Locsburg	State: Florida	Zip Code: 34749
ontact Person's Telephone Number:	(352) 787-0980	The state of the s	ontact Person's Fax Number: (352) 787-	6333
ontact Person's E-Mail Address:	beheath@aguaamenca.com			
Vater Treatment Plant Informat				
ant Name: Surasota Harbor	the Committee of the Co	The state of the s	Plant Telephone Number:	(352) 787-0980
ant Address: Gibbs Avenue		City: Safsumæ	State: Florida:	Zip Code: 32189
pe of Water Treatment by Plant:		Purchased Finished Water		
ermitted Maximum Day Operating Capacit ant Category (per subsection 62-699.310(4)		2000000	at Class (per subsection 62-699.310(4), F.A	.C.): C
ant Category (per subsection 62-699.310(4	n, r.n.c.).	Plate in the second		
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PWS Identificat	ion Number:		2541008		Plant Name:	Saratoga H	arbor		<u> </u>				
III. Daily Dat	ta for the N	Ionth/Year	of:		September, 20	06							
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•			•	ribution System:	✓ Free Chl	orine T	Combin	ned Chlorine	(Chloramiz	es) [Chlorine D)iovide	
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V.C. 200		9,546											

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Alternate



I. General Informat	tion for the Month/	Year of: October	2006 - 110	are and an experience	The second secon	santang di Pijitana di
A. Public Water Sys	tem (PWS) Informs	ution				
PWS Name:	Saratoga Harbor 3				PWS Identification Number:	2541008
PWS Type:	✓ Community	Non-Transient Non-Comm	unity Transient Non-Co	mmunity	Consecutive	
	nections at End of Month	- 12-2 F 772-7399-00		T STREET	otal Population Served at End of Month	175
PWS Owner:	Aqua Unlines Florid			CONTRACTOR	The second second	
Contact Person:	Brian Heath			rizi fiziki di	Contact Person's Title: Area	(anager
Contact Person's Mailin	ng Address:	POPBOX 4903TQ		City: Ceesburg	State: Florida :	Zip Code: 34749
Contact Person's Teleph	none Number:	(332) 787-0080 %5-24 242 16-2		rate C	Contact Person's Fax Number: (352)	787-6333
Contact Person's E-Mai	l Address:	beheath@aguaameneasc		Company of the Art	Control of the Contro	
B. Water Treatment						
Plant Name:	Sarasota Harbor		militarian and an analysis in the second and the se	an Transfer of	CONTRACTOR OF THE CONTRACTOR O	(352):787-0980
Plant Address:				City: Sarsuma:	State: Florida.	Zip Code: 32189
Type of Water Treatmer		✓ Raw Ground Water	Purchased Finished Water			
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Plant Category (per sub	section 62-699.310(4), F.		(with the state of		int Class (per subsection 62-699.310(4),	
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					nt plant identified in part I of thi	
					king water treatment chemicals u	
NSF International S	Standard 60 or other	applicable standards referenc	ed in subsection 62-555.320(3)	, F.A.C. I also o	certify that the following addition	nal operations records for this
plant were prepared	l each day that a lice	nsed operator staffed or visite	d this plant during the month i	ndicated above:	(1) records of amounts of chemi	cals used and chemical feed
					e additional operations records t	
owner can fetain the	em, together with co	pies of this report at a conver	nient location for at least ten ye	ars.		
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Signature and Date		*	Printed or Typed Name			License Number

PWS Identification Number	er: 2541008	· Profesional State of	Plant Name: Sarate	ga Harbor					
III. Daily Data for the	e Month/Year of:		October, 2006	1	THE STATE OF THE S				
	Log Virus Inactivation/Remov	/al: 📝 Free C		ine Dioxide	Crops	Combined Chie	-i (Cl-1		, , , , , , , , , , , , , , , , , , ,
Ultraviolet Radiation			i Chior	inė Dioxide	j Ozone	Combined Chlo	rine (Chiora	imines)	
Type of Disinfectant Re	sidual Maintained in Distr		Free Chlorine	Combi	ned Chlorine (C	hloramines) [Chlorine	Dioxide	· · · · · · · · · · · · · · · · · · ·
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Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Alternate

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. General Informatio	on for the Month/	Year of: November	r, 2006		in the second		
A. Public Water Syste	m (PWS) Informa	ation					
	Saratoga Harbor	eren jeset eren eren eren eren eren eren eren er			a Caraca de Caraca d	PWS Identification Number:	2541008
PWS Type:	✓ Community	Non-Transient Non-Comm		Transient Non-Con	munity		2341000
Number of Service Conne	ections at End of Montl	ı: 50					175
PWS Owner:	Aqua Utilities Florid	la		(20	7.00.00		
Contact Person:	Brian Heath		. North San College	-	Cont	act Person's Title: Area N	(anager
		PO Box 490310			A Laborator Contract		
		(352) 787-0980	rVag vir il a grafi -				
		beheath@aquaamerica.c	<u>om</u>				
						2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		The second secon				Plant Telephone Number:	(352) 787-0980
				aranda da jarah perumbah dari berasa Kabupatèn da dari berasa da da	City: Satsuma		
		✓ Raw Ground Water	Purchased F	inished Water			
Permitted Maximum Day	Operating Capacity of			200,000			
Plant Category (per subsec	tion 62-699.310(4), F.	A.C.):	ndoudt.		Plant (Class (per subsection 62-699.310(4), 1	F.A.C.):
MEACOLDEL AV DETAIOIS	A MARIA MARI	the second secon		License/Class	License Numbe	4 (4) (6) (6) (7) (8) (8) (8) (7) (8)	iifi(s) Worked
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	Э			C	14091	Days 1st Shift	
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the design of the second	<u> </u>				The second second		
			The state of the s		Friday State Control of the Control		
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	*						
. Certification by Lea	d/Chief Operator						
I, the undersigned wa	ter treatment plant	operator licensed in Florida	am the lead/ch	ief operator of the	Water transment	lant identified in next Leftli-	The state of the s
information provided	in this report is tru	e and accurate to the best of	my knowledge	and belief I cert	fy that all drinkin	ant identified in part 1 of this	report. I certify that the
NSF International Sta	ndard 60 or other:	applicable standards reference	ed in subsection	n 62 555 220/2)	ry mat an drinkin	g water treatment chemicals us	sed at this plant conform to
plant were prepared e	ach day that a lice	nsed operator staffed or visits	d this plant du	11 02-333.320(3),	r.A.C. I also cert	iry that the following addition:	al operations records for this
rates: and (2) if annlic	able appropriate	restment messes mere	a uns piant uu	inig the month inc	icated above: (1)	records of amounts of chemic	als used and chemical feed
PWS Over Acus Utilities Florids 50 Total Population Served at End of Month: 175							
owney can lotain more	i, together with cop	oles of this report, at a conver	nent location fo	or at least ten year	S.		
IX		11/1/21					
Simulation		10/0/1/2	Paul Thomp	son	<u>188</u> 843-6		A7251
Signature and Date		•	Printed or T	yped Name			License Number

PWS I	lentificatio	n Number:		2541008		Plant Name:	Saratoga H	arbor						
III, D	aily Data	a for the A	lonth/Year	of:		November, 200)6		-		· · · · · · · · · · · · · · · · · · ·			
Means	of Achievi	ing Four-Lo	g Virus Inacti	vation/Remo	val: 🔽 Free C	Chlorine C	Chlorine D	iovida	Ozone		bined Chlor	na /Chlara		
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14,600

^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate



Polymer Page 3 Due in December

DEP Form 62-555..900(3)Alternate

See Pages 4 for Insti												
l. General Information	n for the Month/	Year of: Dece	mber, 2006	e transport e transport i transport				and the state of t				
A. Public Water Systen	n (PWS) Informa	tion	•									
PWS Name:	Saratoga Harbor		Barrio Arrias (Vicinia)	The state of the s	7 - 7		PWS Identification Nun	iber: 254	1008			
PWS Type:	✓ Community	☐ Non-Transient Non-Co	ommunity	Transient No	n-Commun							
Number of Service Connec	ctions at End of Monti				1		al Population Served at End	of Month: 175				
PWS Owner:	Aqua Utilities Florid	la			And the second							
Contact Person:	Brian Heath		Seneral (Soc. 17)			Con	tact Person's Title:	Area Manager				
Contact Person's Mailing A	Address:	PO Box 490310			Cit	y: Lecsburg	State: Florida	Zip.	Code: 34749			
Contact Person's Telephon	e Number:	(352) 787-0980				Con	tact Person's Fax Number:	(352) 787-6333				
Contact Person's E-Mail A		beheath@aquaameric	a.com		1.12		I - Castant Stanier					
3. Water Treatment Pl	ant Information					-						
Plant Name:	Sarasota Harbor		and the second				Plant Telephone Numbe		2) 787-0980			
Plant Address:	Gibbs Avenue				Cit	y: Satsuma	State: Florida	Zip	Code: 32189			
Type of Water Treatment b		✓ Raw Ground Water	Purchased	Finished Water	·	<u></u>						
Permitted Maximum Day (200,000	ALL VILLE		the state of the second					
Plant Category (per subsec			IV .				Class (per subsection 62-69		C			
CILICOLNO DINGISTORS		Me are the Name of the	A Property of the selection of the Park is reference a come for the selection.	an allicense	Glass III	A control of the cont		7/(3)//Shei/(5)-4/0	IVEC			
isen Obel Operator Obs. Operators				A		7251	Days 1st Shift					
Owier and Aking SA	David Haring	The transfer of the second		<i>(• </i> (C	englyd i bygg General	14091	Days 1st Shift					
	Ralph Marriott			<u> </u> C		7527	Days 1st Shift					
			Anne Salar	1.00 Per 1.0				<u> Kalendaria da Maria da Maria</u>				
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I. Certification by Lea												
I, the undersigned was	ter treatment plant	operator licensed in Flor	ida, am the lead/o	hief operator	of the wa	ter treatment	plant identified in par	t I of this report. I	certify that the			
information provided	in this report is tr	ue and accurate to the bes	t of my knowledg	e and belief.	I certify t	hat all drinki	ng water treatment che	micals used at this	plant conform to			
NSF International Sta	ndard 60 or other	applicable standards refe	renced in subsect	ion 62-555.32	0(3), F.A	.C. I also cer	tify that the following	additional operation	ons records for this			
plant were prepared e	ach day that a lice	nsed operator staffed or v	visited this plant d	hiring the moi	th indica	ted above: (1) records of amounts of	of chemicals used a	nd chemical feed			
rates; and (2) if applic	cable, appropriate	treatment process perform	nance records Fi	urthermore I	aoree to r	rovide these	additional operations	records to the PWS	owner so the PWS			
owner can retain them	together with co	pies of this report, at a co	nvenient location	for at least to	n veare	· ·	additional operations	ocords to the 1 WS	Owner so the 1 445			
	-, 8		arromom rocation	tor at reast w	n years.							
1		1/8/17	David Tru		in ,							
Signature and Date		1/0/0/	Paul Thor			<u> </u>		<u>A72</u>				
althread and Date		/ ' '	Printed or	Typed Name				Lice	ense Number			

Page 1

PWS Id	lentificatio	n Number:	· · · · · · · · · · · · · · · · · · ·	2541008	8 Plant Name: Saratoga Harbor										
III. D	aily Data	for the M	onth/Year	of:		December, 200	6				······		·		
				vation/Remov	'al: ▼ Free C	hlorine ["	Chlorine Di	ovida	C Ozone		Lined Chies	rine (Chloran	in oa)		
	raviolet R			er (Describe):	•	anorme	Cinornie Di	Oxide	OZONC	1 Conn	omed Cho	tille (Cittoran	inies)		
-				•	ibution System:	▼ Free Chlo		Combin	ed Chlorine	(Chloramine	e) [Chlorine E	liovide		
Type o	I DISINIE	ctant Resid	uai Maintai										MARKET IN THE SAME	romanie propinski pr	
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		24.0	9,600			1975	And the second second	the state of the s		5 on 10 on 1	24.51 C				
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្តិ ព្រះព្រះ		24.0	308,500			<u> </u>								<u> </u>	
Carolina de la companya de la compan			200,200	-1											•

16,100

^{*}Refer to the instructions for this report to determine which plants must provide this information.

PWS ID:	2541008 Plant	Name: Saratoga H	rbor	
IV. Summary of Use of Po	lymer Containing Acrylamide, I	olymer Containing	Cpichlorohydrin, and Iron or Manganese Sequ	estrant for the Year: * 2006
A. Is any polymer containing the follows:	monomer acrylamide used at the water tre	eatment plant?	No Yes, and the polymer dose and the	e acry lamide level in the polymer are as
Polymer Dose ppm =			Acrylamide Level, % ^t =	
B. Is any polymer containing the polymer are as follows:	monomer <u>epichlorohydrin</u> used at the wat	ter treatment plant?	No Yes, and the polymer dose	and the epichlorohy drin level in the
Polymer Dose ppm =			Epichlorohydrin Level, %'=	
C. Is any iron or manganese sequ	restrant used at the water treatment plant?	☑ No	Yes, and the type of sequestrant, sequestrant d	lose, ect., are as follows:
Type of Sequestrant (polypho	sphate or sodium silicate):			
Sequestrant Dose, mg/L of ph	osphate as PO ₄ or mg/L of silicate as SiO ₂	=		
If sodium silicate is used, the	amount of added plus naturally occurring	silicate, in mg/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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_ `		.,	Suite 1300 Sanford, FL 32771 FDOH # F83509	.,			,	8 Phor	M: (772) 4	65-2400), Ext. 28		2) 467- 5 84	
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- An	nalysis I	Method Re	quested:					1			· -	-1-1	anche	#
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- Se	ample C	ollection E)ate(s): 12-4	4-07										
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	p Form - ORN	••	M # 1975 - PRINTING BY HEA	•	•	de Form-LABORAT	•	+					m - CLUENT	

Public Water System Information (to be	completed by sampler)	
System Name: Welcake	1 WHP PW	s 10 # 25 4 1 2 4 Z
System Type (check one): Ucommunit Address:	Nontransient Noncommunity	Transient Noncommunity
City:	State: Flax #: 25	zip Code: 84 32189
Sample Information (to be completed by Sample Number: 47610DW1 Sample Date:	Location Code (if kn	own): 118 Cherokee O'(AM) PM (circle one) cids): O(mg/L Field pH:
Sample Type (check only one) Determinen Entry Point (for Distribution) Plant Tap (not for compliance with 62-550)	☐ Confirmation of MCL Exceedence *	Check all that apply) Quarterly (which quarter?) Special (not for compliance with 62-550) Violation Resolution
Raw (at well or Intake) Max Rasidence Time	Clearance (permitting)	Replacement (of Invalidated sample)
Avg Residence Time Near First Customer	Sampling Procedure Used or Other Comme	ante:
* See 62-550.500(6) for requirements a NOTE: See 62-550,512(3) for additional for nitrate or nitrate MCL exceedances.		550(2) for requirements and page for each site.
Sampler's Name: 152-181-0 Sampler's Phone #552-181-0 Sampler's E-Mail Address:	000000 080 Sampler's Fax #3	52-787-(1333
Certification (to be completed by s	ampler) fuld	COOMINGUES (Print Title)
do HEREBY CERTIFY that the above publications:	ic water system and collection informa	tion is complete and correct. Date: 9 (7 0)

Laboratory Certification I	nformation (to be complet	ted by lab)	
Lab Name: Flowers Chen	nical Laboratories, Inc.	Florida Certific	eation #: E83018
Address: P. O. Box 1508	i97 ·	Certification E	xpiretion Date: 6/30/2008
Alternonte Spri	ngs, FL 32715-0597	Phone #: 407-	-339-5984
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply Inorganics. Valuatile Organics Badionuclides Disinfection 8 All 17 DAII 21 Partial Single Sample		r: 47610	
Sample Number: 476100	DW1	Date Sample F	Received: 09/05/07
Group(s) analyzed and re	sults attached for compliance	with Chapter 62-550, F.A.C. (c	heck all that apply)
Inorganics.	Volatile Organics	Radioquelidas	Disinfection Byproducts
□All 17	☐ All 21 ☐ Partial	Single Sample	⊠ Trihalomethanes
☐ Partial		☐ Otrly Composite**	Haloscetic Acids
□Nitrate			
Nitrite	Synthetic_Organics	Secondaries	Chlorita
Asbestos	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Were any analyses subco	ontracted? Yes No		•
	(Certification	
Signature:	W,	Date: 09/13/0	77
 Fallure to provide a valid. 	and current Florida Dept. of Healt	h lab ID number and a current Anal	yte Sheet for the attached
enalysis results will result	t in rejection of the report and pos	sible enforcement against the publi	c water system for feilure to sample.
** Please provide rediocher	mical sample dates and locations t	for each quarter.	
Compliance Determination	n (to be complet	ted by DEP or DOH)	
Sample Collection Info S	atisfactory Yes ONo	Sample Analysis Info Sati	sfactory DYes DNo
Resemple Requested (circle or highlight groups above	e) Revised Report Reques	ted (circle or highlight groups above)
Reason(s): Dincomplete	e Report DLo	cation Unsatisfactory	Analysis Unsatisfactory
	nalyte Sheet(s)	her	•
		Di	ate Notified:
Date Reviewed:	DEP/DOH Reviewin	ng Official:	

Disinfection Byproducts: 62-550.310(3) Lab ID: 47610DW1 PWS ID: 2541242 Sample ID: 118 Cherokee

Contar	n			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
2450	Monochioroacetic Acid	N/A	ug/L	2.00		EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	1.35		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	บ	EPA652.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.99		EPA552.2	0.500	09/12/07		E83018
2458	HAA5	60	ug/L	3.35		EPA552.2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	1.34		EPA502.2	0.500	09/06/07		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	09/06/07		E83018
2943	Bromodichloromethane	N/A	ug/L	0.500	U	EPA502.2	0.500	09/08/07		E83018
2944	Dibromochloromethane	N/A	ug/L	0.616		EPA502.2	0.500	09/06/07		E83018
2950	Total Tribalomethanes	80	ug/L	1.95		EPA502.2	0.500	09/06/07		E83018

☐ Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984 Fax: 407-260-6110

☐ Flowers Chemical Labs-South

8253 South US Hwy. 1 Port St. Lucie, FL 34952 Bus: 772-343-8066 Fax: 772-343-8089

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340 Bus: 850-973-6878

Fax: 850-973-6878



www.flowerslabs.com

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ARVA UTILITES APPENDIX 496310 1 SSCRIPTE EL TI	Pun	1/m	Pri	West No	TO 1x	A	M	BILE	Thin	E PAR	e p	W/\	ΔH 2	54124	 7
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Phone 386-937-1143 FM Sampled By (PRINT): Mondow Sampler Stopping	× 386-3	29-9977	Rø	quaetec	Due De	rte			·			- 4		LUI	
Sampled By (PAINT): TAMASU															
Sampler Signature	Da C	to Sampled		PR	ESERVA	TIVES		ANALY	SES /	77	7	7	7	COMM	ENTS
GW - ground water DW - SW - surface water S -	drinking water	WW - wastewater L - sludge A - Air				d	,	REQUI		///	//		//		
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Public Water System Information (to be	completed by sampler)				
System Name: Welaxa	PW:	s 10 # 2541242			
System Type (check one): Communit	Nontransient Noncommunity	☐Transient Noncommunity			
City: 5045UNA Phone #: 352-787-098 E-Mail Address:	State: FL Fax #:250	ZIP Code: 37189 2-787-0333			
Sample Information (to be completed by Sample Number: 47223DW1 Sample Date: Sample Location (be specific):	Location Code (if kno Sample Time:	AM PM (circle one)			
Disinfectant Residual (required when repo	rung trinalomethanes and halpacetic &c	ids); mg/L Field pH:			
Plant Tep (not for compliance with 62-550)					
Raw (at well or inteke) Max Residence Time	Clearance (permitting) Replacement (of invalidated sample)				
Avg Residence Time	Sempling Procedure Used or Other Comments:				
☐ Near First Customer					
* See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for edditional requirements stack a results page for each site. for nitrate or nitrate MCL exceedances. Sampler's Name: ————————————————————————————————————					
Sampler's E-Mail Address:					
Certification (to be completed by se	empler)	COORDING (Print Title)			
do HEREBY CERTIFY that the above public	c water system and collection informat	ion is complete and correct.			
Signature:		Date: 9 18 17			

Laboratory Certification Info	ormation (to be complete	ed by lab)			
Lab Name: Flowers Chemic	el Laboretories, Inc.	Florida Certific	Florida Certification #: E83018		
Address: P. O. Box 150597	7		expiration Date: 6/30/2008		
Altamonte Springe	s, FL 32715-0597	Phone #: 407-339-5984			
Analysis Information (to	be completed by (ab)	Report Numbe	ar: 47223		
Sample Number: 47223DW1			Date Sample Received: 08/29/07		
Group(s) analyzed and resul	ts attached for compliance v	with Chapter 82-550, F.A.C. (c	thack all that annivi		
Inorganics Volatila Organics		Badlopyclides	Disinfection Byproducts		
□All 17	□All 21 □Partial	☐ Single Sample	☐ Trihelomethanes		
Partial	— · · · · · · · · · · · · · · · · · · ·	Otrly Composite**	Haloacetic Acids		
Nitrate		E Giry Composite			
Nitrite	Synthetic Organics	Secondaries	Bromate		
DAsbestos	All 30 Partial	☐All 14 ☐Partial	☐ Chlorite		
Were any analyses subcontracted? Yes No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).					
	c	ertification			
		CERTIFY that all attached analital Laboratory Accreditation C	ytical data are correct and unless onference (NELAC).		
Signature: Date: 09/06/07					
* Failure to provide a valid and	current Florida Dept. of Health	lab ID number and a current Anal	yte Sheet for the attached		
analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.					
** Please provide radiochemics	il sample dates and locations fo	r each quarter.			
Compliance Determination	(to be complete	d by DEP or DOH)			
Sample Collection Info Satis	factory 🗆 Yes 🔲 No	Sample Analysis Info Satis	sfactory DYes DNo		
☐ Resemple Requested (circ			ed (circle or highlight groups above)		
Reason(s): Dincomplete Re	_	ation Unsatisfactory	Analysis Unsatisfactory		
☐Missing Analy		·			
Person Notlfied: Date Notified:					
Comments:					
		Official:			
					

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 47223DW1

PWS ID: 2541242

Sample ID: POE

Contam	1			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	ma/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	FR3018

☐ Ficwers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984 Fax: 407-260-6110

☐ Flowers Chemical Labs-South

8253 South US Hwy. 1 Port St. Lucie, FL 34952 Bus: 772-343-8006

Fax: 772-343-8089

Trowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340 Bus: 850-973-6878

Fax: 850-973-6878



		WWW	*110MB	rsiads.	com																	
Ao	UA UTILITIES 5. BUX 4903 SS BURB, PL	- Pv.	NA	u Ca	MY		Pto	W	EL	A	A:	M	HP	A	WS	07	/ 2	50	H 2	42	U	
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386	937-1143	FAY	2 38	6-32	9-99-	77	Req	U##tec	Due	Date			······································				1	2			··· <u> </u>	
Sample ()	937-1143 Des (PRINT): M. Mempsa Sorgano						<u> </u>		*******										<u></u>			
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																		-				Rev 06-03

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC.

Date issued: October 23, 2006

To: Brian Heath

> Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP 6451 THM/HAA5

Received:

9/27/06 12:00-

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509; E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771 FDOH # E83509

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 10/23/2006

Cindy Cromer

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP 6451 THM/HAA5

Received:

9/27/06 12:00

[2126919]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Ouplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Ouplicate

HBEL Sample

Method Narratives (if Applicable)

<u>Number</u>

Sample ID

Analytical Method

Description

Quality, Control Summary <u>Method</u> HBEL Batch Analyte

Analytical Issue

5500 US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 10/23/2006

4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

15331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Fort Place Pt. 34946 Phone: (772) 465-2400. Ext. 295 Febt. (772) 467-584

CERTIFICATE OF ANALYSIS [2126919]

Client: Aqua Utilities Florida, Inc..

Workorder ID: Welaka MHP 6451 THM/HAA5

Parameter	C	Qualifier Result	Units	Detection Limit	Report Limit	ing Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:		919001 Cherokee Grab				Sampled: 09/28 Matrix: Water		Received reported on			
Bromodichlorometh	iau ė	3.6	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 18:49	WR	E96080
Bromotorm		0.541	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/9/06 18:49	WR	E96080
Chloroform		2.9	υgΛ.	0.25	1.0	EPA 524.2	VOC2705		10/9/06 18:49	WR	E96080
Dibromochlorometh	nane	3.3	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/9/06 18:49	WR	E96080
Total THMs		10	ug/L	0.50	2.0	EPA 524.2 💸	ु:v0C2705	٠	10/9/06 18:49	WR	E96080

Company:	NVIRONMENT ABORATORIES OD US 1 North, Fort Pherce, FL 3494 OME: (772) 465-2400, Ext. 2895 Fax WAY MUTIES	AL 5. INC. 6 (772) 467-584 Method(s) of	COME		FDOH # E83509	FDOH # E85370 307 Coolidge Avenue shigh Acres, FL 3393/
PALA Phone: 350-32 Client Contact: Project Name: Sampled By:	TIME WWW SO	3277 e-mail: Standard Laboratory Turn Around Time Or	F	PRESERVATIVE YSES REQUESTED	Press H-Hydrochloric Acid SH-Socilum Hydroc	18331 Cortez Blvd. Brooksville, FL 34801 Brooksville, FL 34801 F-Phosphoric Ack ST-Sodum Thiosphore
Sample Type: RELINQUISHED DATE/TIME Q	G-Grab C-Composite DBY & Marris + -27-06 1000 are	** Matrix: S-Solid SL-Studge DW-Dr	inking Water GW-Groun	d, Water, SWinSurface,		0.(0

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT: GOLD for SAMPLER

RECEIVED BY

RECEIVED BY

DATE/TIME

CHAIN DAGE

DATE/TIME

HARBOR BRANCH NVIRONMENTAL ABORATORIES. INC. 5600 U.S. | North, Fort Pierce Fl. 34946 Phone: (772) 465-2400, Ed. 285 - Fax: (772) 467-584

Date issued: October 13, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

[2126871]

Received:

9/20/06 12:40

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards' referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771

FDOH # E83509

Printed: 10/13/08



307 Coolidge Avenue Lenigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 1 of 6

HARBOR BRANCH ENVIRONMENTAL aboratories, inc. 5600 U.S. | North, Fort Plence FL 34946 Phone: (772) 465-2400, Ert. 285 Fax: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

Received:

9/20/06 12:40

[2126871]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (if Applicable)

Number

Sample ID

Analytical Method

Description

No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

2126871001

POE Grab

EPA 548.1

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

EPA 300.0

IC6953

2126871001

Nitrate as N

Accuracy - Outside acceptance limits in the MS.

2126871001

Nitrate as N Nitrite as N

Accuracy - Outside acceptance limits in the MSD.

2126871001 2126871001

Nitrite as N

Accuracy - Outside acceptance limits in the MS. Accuracy - Outside acceptance limits in the MSO.

EPA 505

PEST4794

2126871001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

The above due to matrix effects. Accuracy demonstrated with other QC samples.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Fort Pierce Pt. 34946 Phone (772) 465-2400, Ext. 228 Fac (772) 467-584

CERTIFICATE OF ANALYSIS [2126871]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Dale/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2126871001 POE Grab	-			Sampled: 09/19/ Matrix: Water	-	Received on separated on	f: 09/20/06 Wet Weight I	•	
Odor - Dechlorinate	d	1.4	T.O.N.	1.0	EPA 140.1	WCDE15156		09/20/06 13:15		E83509
ρH	Q	8.05	SU	0.200	EPA 150.1	WCDE15155		09/20/06 14:47	PA PA	E83509
Total Dissolved Soli	ds	120	mg/L	5.0	EPA 160.1	WCDE15177		09/22/06 15:07	PA	E83509
Aluminum		0.012	mg/L	0.010	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Barium		0.0024	mg/t.	0.0018	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200,7	METAB165		10/6/06 12:37	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Silver		0.0010 U	mg/t.	0.0010	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Sodium		6,5	mg/L	0.50	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8165		10/6/06 12:37	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 12:12	DM	E96060
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8168		10/10/06 15:39	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8163		10/6/06 9:31	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	METAB162		10/5/06 11:36	DM	E96080
Mercury		0.000068 U	mg/L	0.000060	EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:53	DM	E96080
Chloride		11	mg/L	5.0	EPA 300.0	IC6955		09/25/06 20:01	JL	E96080
Fluoride		0.12	mg/L	0.011	EPA 300.0	IC6953		09/21/08 11:35	JL	E96080
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC6953		09/21/06 11:35	J.	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6953		09/21/06 11:35	Æ	E96080
Sutfate		5.7	mg/L	1.4	EPA 300.0	106955		09/25/06 20:01	L	E96080
Surfactants as LAS, Mol.wt.340		0.060	mg/L	0.042	EPA 425.1	WCDE15170	09/20/06 13:45	09/20/06 14:30	RM	E83509
1,2-Dibromo-3- chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4802	09/29/06 10:33	09/30/06 4:02	JĻ	E96080
1,2-Dibromoethane		9.0047 U	ug/L	0.0047	EPA 504.1	PEST4802	09/29/06 10:33	09/30/06 4:02	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/08 5:06		E96080
Endrin		0.099 U	ug/L	0.099	EPA 505	PEST4794	09/25/06 13:52	09/26/06 5:06		E96080
gamma-BHC (Lindar	ne)	0.019 U	ug/L	0.019	EPA 505	PEST4794	09/25/06 13:52	09/26/06 5:06		E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4794	09/25/06 13:52	09/26/06 5:06	JL	E96080
Heptachior epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4794	09/25/06 13:52	09/26/06 5:06	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505		09/25/06 13:52			E96080
PCB		0.13 ป	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/06 5:06		E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505		09/25/06 13:52		JL	E96080
2,4,5-TP			ug/L	0.19	EPA 515.1		09/26/06 10:24		л	E96080
2,4-D			ug/L	0.22	EPA 515.1		09/26/06 10:24		JL	E96080
Dalapon			ug/L	2.3	EPA 515.1		09/26/06 10:24			E96080
Dinoseb			ug/L	0.23	EPA 515.1		09/26/06 10:24		JL	E96080
5600 US 1 North	415	55 St. Johns I				7 Coolidge A		16331 Cort		

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

Printed: 10/13/06



307 Coolidge Avenue 16331 Cortez Blvd Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

FDOH # E84418

Page 3 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2126871]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

					TOIGING IVII				
Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab (D
Pentachlorophenol	0:39 U	ug/L	0.39	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 23:42	JL	E96080
Picioram	0.23 ป	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24			E96080
1,1,1-Trichioroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
1,1,2-Trichtoroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	UQVL.	0.41	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
1,2-Dichloropropane	0.40 ป	ug/L	0.40	EPA 524.2	VOC2702		10/2/08 21:25	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Benzene	0.20 Ų	ug/L	0.20	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Carbon tetrachloride	0.24 ป	<i>u</i> g/L	0.24	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Chlorobenzene	ี 0.30 ป	ug/L	0.30	EPA 524.2	VOC2702	•	10/2/06 21:25	WR	E96080
cis-1,2-Dichloroathene	0.21 ປ	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Elhylbenzene	0.21 ป	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Styrene	0.21 U	บอู/โ.	0.21	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Tetrachloroethene	0.24 U	navr	0.24	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Toluena	0.22 U	ug/L	0.22	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
frans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Trichloroethene	0.38 U	ug/L	0.36	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2702		10/2/06 21:25	WR	E96080
Alachior	0.61 U	ug/L	0.61	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 12:49	WR	E96080
Atrazine	0.48 U	ug/L	0.48	EPA 525.2	SVOC2446	09/27/06 10:25	10/3/06 12:49		E96080
Benzo(a)pyrene	0.070 U	υg/L	0.070	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 12:49		E96080
bis(2-ethylhexyl)phthalale	0.85 U	ug/L	0.85	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 12:49		E96080
Di(2-ethylhexyl)adipate	0.68 U	υg/L	0.68	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 12:49		E96080
Hexachlorobenzene	0.31 U	ug/L	0.31	EPA 525.2	SVOC2440 ·	09/27/06 10:25	10/3/06 12:49		E96080
Hexachlorocyclopentadie	ne 0.24 U	ug/L	0.24	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 12:49		E96080
Simazine	0.63 ป	ug/L	0.63	EPA 525.2	5VQC2440	09/27/06 10:25	10/3/06 12:49		E96080
Carbofuran	0.18 U	ug/L	0.18	EPA 531.1	HPLC2338		10/3/06 18:52		E96080
Oxamyl	0.41 U	ug/L	0.41	EPA 531.1	HPLC2338		10/3/06 18:52		E96080
Glyphosate	26 U	ug/L	26	EPA 547	HPLC2337		09/28/06 17:37		E96080
Endothall	2.8 U	ug/L	2.8	EPA 548.1	SVOC2443	09/22/06 11:53	10/4/06 22:04	WR	E96080
Diquat	4.8 U	ug/L	4.8	EPA 549.2	HPLC2336	09/25/06 7:53			E96080
Gross Alpha	0. 9 U +/- 0.6	pCVL		EPA 900.0	KNL1360		10/6/06 8:00		E84025
Radium 226	1.2 U +/- 0.7	pCi/L		EPA 903.1	XNL1360		10/5/06 15:00	KNL	E84025
Radium 228	1.0 U +/- 0.7	pCVL.		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic	0.0010 U	mg/L	0.0010	SM 3113 B	SAL1032		09/26/06 9:48	SAL	E84129
Color	3.0	CU	1.8	SM2120 B	WCGE26306		09/21/06 10:25		E96080

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 10/13/08

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

HÀRBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North Fort Plance Pt. 34946 Phones (772) 465-2400. Ext. 215. 34946 Phones (772) 465-2400. Ext. 215. 34946

CERTIFICATE OF ANALYSIS [2126871]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

Parameter Qualif	ier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab (D
Cyanide	0.D047 U	mg/L	0.0047	SM4500CN E	WCGE26362	10/3/06 9:15	10/3/06 14:22	GG	E96080
Laboratory ID: 21268710 Sample ID: TRIP BLA				Sampled: Matrix: Water	Results	Received.			
1,1,1-Trichloroethane	0,21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:59	WR	E96080
1,1,2-Trichloroethane	0.44 ป	ug/L	0.44	EPA 524.2	VOC2702		10/2/06 21:59	WR	E96080
1,1-Dichloroethene	0.23 U	∪g/L	0.23	EPA 524.2	VOC2702		10/2/06 21:59	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	∪g/L	0.41	EPA 524,2	VOC2702		10/2/06 21:59	WR	E96080
1,2-Dichlorobenzena	0.21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:59	WR	E96080
1,2-Dichlomethane	0.29 U	ugiL	0.29	EPA 524.2	VOC2702		10/2/06 21:59	WR	E96080
1,2-Dichloropropane	8,49 U	ug/L	0.40	EPA 524.2	VOC2702		10/2/08 21:59	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Benzene	0.20 ป	ug/L	0.20	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2702		10/2/06 21:59	-	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Tetrachioroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2702		10/2/06 21:59		E96080
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Trichloroethene	0.38 ប	ug/L	0.36	EPA 524.2	VOC2702		10/2/06 21:59		E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2702		10/2/06 21:59		E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. Johns Pkwy Sulle 1300 Sanford, Ft. 32771 FDOH # E83509

Printed: 10/13/06



	pany: Acceptance of the second	ARB NVIR ABOI US INOU US LA LA LA LA	RATE FOR	TOF	ENT RIE:	TAL 5, 11	VC.	Method(shipmen	And An 85 Fe s) of	Gustor 2011 Save				17.00		0.1	580 Fort 4155 Surits Sant	FDOH OUS. 1 Pierce. FDOH St. Joh 1300 lord, FL	# E96080 North FL 34948 # E83509 ins Pkwy. 32771	307 C. Lehigh 1833 Brook	itted informati TOOH # E853 polidge Avenu Acres, FL 3 FDOH # E844 I Cortez Bivd. seville, FL 34
Client	COLLE DATE	Pau Del A. A CTION TIME	Semple Type: 4	Mo	386 Commines	SA	D I	Rush in Require:	Turn Aroui Or	iness Days <i>y Approval</i> TION		TOT TOTAL	Post C	PRES	ERVATO LAPO L	IVE	0	W New Vecus III	H-Hydroc N-Mitric Ac S-Sulfuric SH-Socium	Preservat Nore Acid old	ion Kay P=Phoephoric 5T=Sodium Thiosutfal U=Linpreserve
	Sample Type: REUNQUISHE DATE/TIME RECEIVED BY DATE/TIME	DBY K.		positie Tig	o arm		DATE		120/00	<i>-</i> //	Orinking The Carlot	Water (RELINOI DATE/TI	UISHED ME	BY	Pa	eg .	Westewals		

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Client C		Tay	1	بطرا	2141	pson		Or	100	200	137	500		Type !		(3)		eservation	Key
Project f	Name: L	Je lank	Sel!	dol	山	tone lark	Bush in	Business Days			ANAL	YSES	REQU	ESTEC	POO	ON.	Heithydrochlor NeiNitrio Acid	;	P-Phosphoric Acid ST-Sodium
Sampled	Ву:	KI	G I	107	生		Requires	Laboratory Approval	1 8			Ý	E				S-Sulfurio Adi SH-Sodium H		Thiosuttate U-Unpreserved
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	Sample Type	· G-Grah	C-C2	moogite			· Linking C	Solid of Guida min											
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Department of Environmental Protection

Northeast District 7825 Baymendows Way, Suite 8-200 Jacksonville Florida 32288-7590

May 3, 2006

SENT VIA BMAIL: CMMCCLURE@AQUAAMERICA.COM

Ms. Candice McClure P.O. Box 490310 Leesburg, FL 34749

> Putnam County - Potable Water Compliance Inspection 2006 Welaka Mobile Home Park / PWS ID: 2541242

Dear Mr. McClure:

A sanitary survey of the above referenced Community Public Water System was conducted on April 19, 2006 with the courteous assistence of Mr. Paul Thompson. The Department is pleas to inform you that your facility is in compliance with the Plorida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

To update our files, please provide the Department copies of the following:

- 1. The Department does not have a Cross-Connection Control Plan for this system. Please provide a copy to this office. If needed, enclosed is a copy of two sample CCCP's to us as an example. Rule 62-555.350(2).
- 2. The Department has not received a copy of a written Coliform (i.e. bacteriological)

 Sampling Plan. Please provide a written Plan that addresses the location, timing, and frequency of sampling. Also, it is recommended that the Plan include the protocol that will be followed if either a well or a distribution sample is positive. A copy of a Sample Bacteriological Plan is enclosed. Rule 62-550.518(1).

As a reminder, this system is required to monitor for the following remaining parameters during 2006: All Inorganic contaminants, including Nitrate and Nitrite, Synthetic Organic Contaminants, Bacteriologicals (monthly), and disinfectant residual levals (monthly with Bacti's).

DOCUMENT WUNDER-D

Page 2 of 2 Ms. Candice McClure 5/3/06

Please call me at (904) 807-3321 or small me at Amber Otto@dep.state.fl.us if you have an questions. Your cooperation with the Florida Safe Drinking Water Program is appreciated.

Sincerely,

Amber Otto
Environmental Specialist

JJD:BRR:AMQ:80

Correspondence Pile

cc: Paul Thompson, operator (via main)

enclosed: Sanitary Survey, CCCP examples, Bacti plan example

State of Florida

Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

	1 1		
Plant NameWelaka Mobile Home	Park	County Putnern PWS ID # 25	1242
Plant Location Hamilton Road; Salauma		Phone	116.75
Owner Name Candice McClure		Phone 352-73	
Owner Address P.O. Box 490310; Leesh	ro FI 34	740 - 382-E	-403/
Designated Rep. Paul Thompson			
Facility Contact Paul Thompson	 		-1143
	Day of Day	Title Lead Operator Phone 388 R	-1143
This oblivey DateLEST 5	UIVEY US	11/17/2006 Lest C.I. Date 7	2/02:
PWS TYPE & CLASS: Community - (5D)		RAW WATER SOURCE	
	1 (
BERVICE AREA CHARACTERISTICS	l . [.	GROUND; Number of Wells	
Mobile Home Park	T I	8URFACE/UDI; Source	
	-}}	PURCHASED from PWS ID #	
Food Service: Yes No NA	}-	Emergency Weller Source: Serator	Harbor:
MAN MIN MIN MAN		Emergency Water Capacity	
GENERAL INFORMATION			
Number of Service Connections 110	[.]	AUXILIARY POWER SOURCE	
Population Served 250 Basis estim		Yes . None Not Required	
Plant Design Capacity 86,000	100	Source,	
Basis MORa	10	Capacity of Standby (kW)	************
A		Switchover: Automatic Manual	
	1	Standby Plan: Yes No	
	-	Hrs Operated Under Load	
Comments Beard on the control of the		What equipment does it operate?	
Comments Based on Merch 2006 data	-	Well pumps	
	++-	High Service Pumps	
LOCATION		Treatment Equipment	
Latitude 29* 31' 53.75" North		Sallete 17	
Longitude 81° 40' 7.48" West	٠	Satisfy 1/2 max-day demand? Yes Comments	Unk
GPS: Yes Date: 7/18/1897		Commence	
Directions was as a			
Directions Hwy. 17 South, Right on CR309, Right of	1	TREATMENT GROADS	
Hamilton Road, Plant is on left past Walska MHP ston		TREATMENT PROCESSES IN USE	
	╅┷╋╌╶	A GO STRUMBUON	
	 - -	What addition 1	
OPERATION & MAINTENANCE		What additional treatment is needed?	
Certified Operator: Di Yes That That	1	TUNE 1	
Try things of Cardinalian Class Misself		For control of what deficiencies?	
Paul Thompson A-7261	l	NA	
		DiOTESTON	***
O & M Log: Yes No Not required	 	DISTRIBUTION SYSTEM	
A POLITICA A POLITICAL PARTY AND A POLITICAL		Flow Measuring Davice Flow Meter	
Mrs/day: Reguland	H. J	· ····································	
Days/wk; Required 2	 		16
	1		
		THE UNIT LIDES-CORNACION CONTROL TO	· Non-
Date missing from MORs? No Yes	J N/A		
TARE T	N/A		
	1	The state of the s	
	 	could be found in our flee.	riner
	1		} -
			 -
	11: 1.		,
	· L		
	11 1 - "		
13 2006 8:59 P. 04	unr	99CV-87V-706:XP3	

		(1			
Welaka	Mobile Home Perk					PWS	D#254	242	
GROUN	D WATER SOURCE					Suive	y Date 4/19/	000	_
	mber (PWS Identification)		25	41242	· · ·	-	_		· ,
	me (System Identification)			1			+		
Year Dri	Hied			963				—	4
Depth D	rilled			83'	3 3 2 3 3 3		13		-40
Latitude		25	31	53.75°N					┨.
Longitud		В	14	7.49'W			3		-1:
	r N) / Date (if applicable)	J. Y	6	16/1997				3.5	-
Florida V			AA	C1852	26.				٠,
	ater Level		Un	Chown	· · · · · ·	1			1.
	eld (if different than rated capacity)						1.3		-
Strainer	Produktor		-	nown			<u> </u>		┨, ;
	outside casing) (outside casing)	1		3 5 '		5.45	1		1
Material	(outside casing)			4		٧.			1
	tamination History	-	· ·	leel					1.
	tion of well possible?		-	one			18 12 11 21	V 1885	100
8, X 6, X	4° Concrete Pad:		_	Likely		ў. Д 			
	Septic Tank		-	86					1
SET	Rause Water			seen .		**** ****			1
BACKS	WW Plumbing		-	seen.			5 m 2 m 2 m]
	Other Sanitary Hezard			Seen					1
	Туре	_	-	ersible				1 1	
	Manufacturer Name		-	OWn					<i></i> `
PUMP	Model Number		_	OWN					
	Rated Capacity (gpm)	76.0	96t	survey)				1,1,1,3,1	
Alahi	Motor Horsepower	5 (at e	urvey)					
Well Catin	g 12" above grade?		Ye			- 		1	
YAW WASA	g Sanitary Seal		Ye	. 7			<u> </u>		. "
POND CO	Sampling Tap	Yes	-8	mooth					• • :
euca/Hoh	PING CHECK VEIVE		Yo	1					
Veil Vent P			Во						
	- COLIDIS		Ye		£ 1. 1.			╂──┤	
OMMENT	S								
			+-					<u> </u>	• • •
			<u> </u>	T					٠.
			1	2					
. :				1					

Welaka Mobile Hor	ne Park			Princery and the
		`		PWS ID # 25 1242 Survey Data 4/19/2006
CHLORINATION (I	Tielminetta - 1	- 11.		
Type:Hypo-C	hiorination			STORAGE FACILITIES
Make Stenner	Capacity	10 end	 	(B) Bladder (CW) Clearwell (C) Contact (E) Elevate (G) Ground (H) Hydroprieumatic (S.C.) Se Comme
Chlorine Feed Rate		$-\Pi$		Tank Type/Number H
Avg. Amount of Ci ₂ Chlorine Residuals;	gas used	N/	A A	Capacity (gal) 5,000
 Remote tab location 	 116 Chemkas 	Road	1.6	Face of the second seco
TOLN I BRIKIE FIG	On-site 🔀 Wi	in coerat	01	
Injection Points Ur	lone No	t Used D	ally .	
CONSIBL FAMILIO (UIO	ARESTO OF UADIOS	UK		By-pass Piping No
Comments			· · · · · · · · ·	Pressure Gauge. Yes Sight Glass or
	, ,	— — [Level Indicator S.G.
Chlorine Gas Use	YES NO	Comm	nents	Fittings for
Requirements	120 110	N		Sight Glass
Dual System	17 0			Protected Openings: Yes:
Auto-switchover Algirins:				PRV/ARV PRV
Loss of Ch				On/Off Pressure 40/58
capability				Access Padiocked Yes
Loss of Cl ₂ residual			1	Height to Battom of N/A
Cly leak detection	 			The state of the s
Chained Cyfinders	님 - 빌	!		Height to Max. Water Level: N/A
	블 - 밀		الل	Comments',
Reserve Supply				
Adéquate Air-pak	<u> </u>			
Sign of Leaks				
Fresh Ammonia				
Ventilation				
Room Lighting				
Warning Signs			1	
Repair Kits		3.0		HIGH SERVICE PUMPS
Fitted Wrench			- - 	Pump Number
Housing/Protection.				Туре
			البان	Miske
AERATION (Geses, F	e & Mn Pames	,		Model
יאור בייוני	Capacity	"		Capacity (gpm)
Aerator Condition	·		<u> </u>	Motor HP
ISIDIO Alban Growth			-	
rotective Screen Cond	dition		+	Date installed
omments	2.20		<u> </u>	Maintenance Comments
		——II	H .	COTHERENES
		 T		
			3	
		1.	l f	

Welaks Mobile Home Park PWS ID# Survey Date COMMUNITY PUBLIC WATER SYSTEMS CONTAMINANT Due COMMENTS Barrelled Date Microbiological (Bacteria) XXXXX 2 distribution samples + 1 from gech raw ag Monthly. (distribution number based upon the population served) 2 field readings (i.e. one taken with each mix biological sample that is taken from the distribution syst in). Only report the quarterly averages of the month, readings, Total Trihalomethianes (TT-Ma) & Hajoacetic cide (HAA5e) taken in accordance with yout O/DBPR Month this Plant Taken from sech Point of Entry to the distribution system (i.e. from each plant's effuent) Disinfectant Levels xxxxxxxx Monthly Disinfection Byproducts (DBPs) 2004 Walver Nitrate & Nitrite (as N) 200 2006 inorganic Contaminants Taken from each Point of Entry to the distribut 2003 2008 (Le from each plant's affluent) Volatile Organic Contaminants Taken from each Point of Entry to the distribut 2003 2008 (i.e. from each plant's officient) Taken from each Point of Entry to the distribution system. Synthetic Organic Contaminants 2003 2005 (i.e. from each plains entremp.
2 questarty samples required if >3,300 peop.
Taken from pach Point of Entry to the distribute. Radionuclidas 2003 Walver: (i.e. from each plant's effluent) Secondary Standards Tekan from each Point of Entry to the distribute 200. 2008 (i.e. from each plant's effluent) Lead and Copper 2008 Samples taken from pre-approved sample s Asbestos -Samples taken from distribution. Walver at waiw is no experios pipe in the distribution system. Unless otherwise noted, all samples shall be eplacentative of each source after treatment. SCHEMATIC: Çij 10°d 13 5006 nut Esx: 304-448-436

Welska Mobile Home Park				PWS	3 ID#	254 242	
				Surv	D#_ by Date_4	V18 2008	
MONITORING VIOLATIONS				MCL VIO	ATIONS		
NOTE			None			7	
				<u> </u>	l*, <u> </u>		4.
	\Box			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		3	
	1						
DEFICIENCIES:							
DEFICIENCIES;							
Cross-connection control plan should	he	a chemitte					
Coliform Sampling plan should be su	,,,,	od				-4	:<:
	1			1 to 1 to 1			
					26 - 52 - 72 B 18 - 20 - 32 -	4 1	<u> </u>
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		43.	Service Control of			4	
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			No. 22				
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spector And M. Obs	1						
Amber Otto	+	Title E	nvironmental Spec	iallat j	Date	5/3/16	
proved by Range & Robby		Title	Engineer Specialis				
Blenca R. Rodriguez	1	7,30	PENTAGE 209CIG S	I IV	Date	<u>5/3// 8</u>	`
		. б					



Department of Environmental Protection

jeb Bush Governor Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

College M. Castille Secretary

December 22, 2005

Mr. Paul Thompson Aqua Utilities Inc. P.O. Box 490310 Leesburg, FL 34749-0310

> Putnam County - Potable Water Saratoga Harbor Water System PWS ID: 2541008

Dear Mr. Thompson:

On November 2, 2005 a sanitary survey was performed at the above referenced Community Water System with your courteous assistance. The water system was found in good condition. Based on the survey and the water quality data received, this facility is in compliance with the Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) title 62.

However, the following is recommended to maintain the facility in compliance with the Drinking Water Program.

- This facility needs to continue monitoring for Disinfection By-Products on a
 quarterly basis during 2006. Quarterly monitoring is needed because the annual
 average (last 4 quarters) for TTHMs is 70.2 ug/L which it is above 60 ug/L per
 Federal Rule 40 CFR 141.132(b). It is recommended that this water system
 continue adjusting the aeration/disinfection treatment as necessary to maintain the
 formation of TTHMs below the 80 ug/L MCL.
- We recommend to schedule the cleaning and painting of the aerator and tanks during the next year to maintain the system in good condition.

We have received all the chemical analyses due for 2005, and the results were found satisfactory. Enclosed is a copy of the sanitary report for your records. If I may be of further assistance to you, please contact me at (904) 807-3303. Thank you for your cooperation with the Safe Drinking Water Act.

Blanca P. Podrious

Potable Water Section

to:BRR:brr

"More Protection, Less Process"

Printed on recycled poper.

State of Florida Department of Environmental Protection Northeast District

SANITARY SURVEY REPORT

Plant Name	Saratoga Ha	arbor WTP	¢	ounty _	_Putnam_	PWS ID#	2541008
Plant Location	Gibbs Road, Satsu	ıma, Florida				Phone 3	86-937-1143
Owner Name	Aqua Utilities Inc (Candice McClure				Phone 3	352-435-4020
Owner Address	Aqua Utilities Inc (P.O. Box 490310,	Leesburg, FL 3474	49-031	0			
Designated Rep.	Paul Thompson, I	ead Operator	Title	Super	risor	Phone 3	86-937-1143
Facility Contact_	Paul Thompson		Title	Lead C	Operator	Phone 800	-250-7532 emero
This Survey Date	Paul Thompson, I Paul Thompson 11/2/2005	Last Survey Date		6/18/0	1 Las	t C.I. Date	
	LASS: Community		R/	W WAT	TER SOURC	E	1
	CHARACTERISTI	CS		SURF	ACE/UDI; So	urce	
subdivision				PURC	HASED from	PWSID#_	
				Emerg	ency Water 5	Source	
Food Service: [☐Yes ☐ No ☒	NA	-	Emerg	ency Water (Capacity	
GENERAL INFO	RMATION		AU	RALIXI	Y POWER S	OURCE	
	ce Connections			Yes	None	Not Rec	uired
Population Serve	ed <u>160</u> Basis _		So	urce_	f Standby (kt		,
Plant Design Car	pacity <u>158,400</u>		Ca	pacity o	f Standby (k)	W}	· · · · · · · · · · · · · · · · · · ·
Basis	m MORs) 20,500	<u> </u>	Sw	itchove	r: 🔲 Automa	atic Mar	oue)
Average Day (fro	m MORs) <u>20,500</u>	gpd	516	inaby P	lan: ∐ Yes	L No	
Max. Day (from M	MORs) <u>58,800 g</u> pacity <u>45,000</u>	pd	Hrs	Opera	ted Under Lo	ad	
Total Storage Ca	pacity <u>45,000</u>		W)	nat equip	oment does i	t operate?	
Comments			. [] Well	pumps		
			[] High	Service Pun	1ps	
LOCATION			_ [Trea	tment Equipa	nent	
Latitude 29° 31′ 5	55 16" North		Sa	tisfy 1/2	max-day de	mand? 🔲Ye	es 🗌 No 🔲 Unk
)' 59.47" West	·	Co	mments	<u> </u>	·	
GPS: Yes Date:						·	
	South, pass Palatka and	costinue to	***	e a water			_
Satsuma, Tum nghi	on CR-309 (light in Sat	suma). Turn right			NT PROCES		E
on Hamilton Rd. Tur	miet on Seratoga Dr. 1	um right on Gibbs		teration	and hypo-ch	ionnation	
Avenue. Plant is on	the right on Gibbs Ave.		W	at addit	ional treatme	ent in nanda	
OPERATION &	MAINTENANCE		***	HAT GUGA	orien deanite	ant is theeder	n t
	or: ⊠ Yes ☐ No [Not required	For	control	of what defi-	clencies?	
Operator(s) & Ce	ertification Class-Nu	mber					
Mr. Paul Thom	pson, C-7251, Aqua	Utilities					
Operator/Uti su	perv. 386-937-114	3 (cell)			TION SYSTE		
O&M Log: 🔯 Y	′es □ No □ Not	required	Flo	w Meas	uring Device	Flov	v Meter
Operator Visitatio			Me	ter Size	& Туре <u>3</u>	Master Me	ter
Hrs/day: Require					revention De		es No
Days/wk: Requir					nections <u>no</u>		·
	/e Days? ☐ Yes [Wr	men Cr	oss-connection	on Control P	rogram: Yes
MORs submitted	regularly? 🔯 Yes	∐No ∏ N/A	Co.	morm S	ampling Plan	: 🔲 Yes 📋	No NA
Data missing from	π MORs? 🔯 No 🛭]Yes ☐ N/A	Ço	mments	·		
							
							
							

PWS ID # 2541008 Survey Date 11/2/2005

GROUND	WATER SOURCE			
Well Numb	er (PWS Identification)	1		
Well Name (System Identification)		1		
Year Drille	d	1971		
Depth Drill	ed	179'		
Latitude		29 31' 55.156		
Longitude		81 40' 59.467"	· ·	
GPS (Y or N) / Date (if applicable)	Yes-1997		
Florida We	all ID	AAC1853	,	
Static Wat	er Level	Unk		,
Actual Yiel	d (il different than rated capacity)			
Strainer		Unk		
Length (ou	tside casing)	Unk		
Diameter (outside casing)	4"		
Material (o	outside casing)	Steel		
Well Conta	amination History	None		
Is inundation of well possible?		No .		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	Ok		
SET	Reuse Water	NA NA		
BACKS	WW Plumbing	Ok		
	Other Sanitary Hazard	. Ok		
	Туре	Centrifugal -two		
	Manufacturer Name	Goulds		
PUMP	Model Number	3556		
ļ	Rated Capacity (gpm)	110 each		
Ĭ	Motor Horsepower	7.5 each		
Well casing 12" above grade?		Yes		
Well Casir	ng Sanitary Seal	Yes		
Raw Water	er Sampling Tap	Yes		
Above Gro	ound Check Valve	Yes		
Fence/Ho	using	Fence		
Well Vent	Protection	No		

COMMENTS
One well and two well pumps, same type.

Saratoga Ha	rbor V	VTF)
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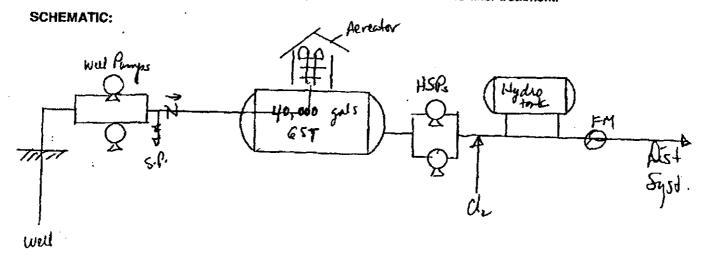
PWS ID # 2541008 Survey Date 11/2/2005

CHLORINATION (Disinfection)					(B) Bladder (CW) Clearwell (C) Contact (E) Elevated					
Type: Hypo-Chle	prination	14 .	0 ===	(G) Ground (H) Hy	omonermatic	COMECT (E)	Commente			
Make Stenner Chlorine Feed Rate	Cap	acny_	3 gpd	Tank Type/Numb		H	Comments			
Avg. Amount of Cl ₂ ge			N/A	Capacity (gal)	40000	5000				
Chlorine Residuals:	Plant_	1.6								
Remote tap location _				Material	steel	steel				
DPD Test Kit: Or			h operator Used Daily	Gravity Drain	Yes	Yes				
Injection Points <u>prior</u>			USed Daily	By-pass Piping	Yes	No				
Booster Pump Info				Pressure Gauge	N/A	Yes				
Comments CL2 analys	zer is not	used an	vmore	Sight Glass or Level Indicator	No	S.G.				
Chlorine Gas Use Requirements	YES	NO	Comments	Fittings for Sight Glass	NA	Yes				
Dual System		П	— ·	Protected Openin	gs Yes	Yes				
Auto-switchover				PRV/ARV	N/A	PRV				
Alarms:				On/Off Pressure	NA	40-60				
Loss of Cl ₂				Access Padlocker	Yes	Yes				
capability		님		Height to Bottom	of	NA				
Loss of Cl ₂ residual Cl ₂ leak detection	l H	H		Elevated Tank			· · ·			
Scale				Height to Max. Water Level].				
Chained Cylinders				Comments						
Reserve Supply				Pressure, good.	 -					
Adequate Air-pak										
Sign of Leaks										
Fresh Ammonia										
Ventilation										
Room Lighting						·				
Waming Signs										
Repair Kits				HIGH SERVICE I	1 I	2				
Fitted Wrench				Туре	centr	centr				
Housing/Protection				Make	Goulds	Goulds				
				Model						
AERATION (Gases, i				Capacity (gpm)	140	140				
Type <u>cascade</u> Aerator Condition <u>g</u>	nood (apacit	y <u>215 qpm</u>	Motor HP	7.5	7.5				
Bloodworm Presence				Date Installed						
Visible Algae Growth	none			Maintenance	fair	fair				
Protective Screen Co	_				fair	fair				
Comments				Comments						

PWS ID # 2541008 Survey Date 11/2/2005

CON	COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS							
CONTAMINANT	Last Sampled	Due Date	COMMENTS					
Microbiological (Bacteria)	xxxxxxxx	Monthly	distribution samples + 1 from each raw source (distribution number based upon the population served)					
Disinfectant Levels	X0000000X	Monthly	field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.					
Disinfection Byproducts (DBPs)	2005	2006	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.					
Nitrate & Nitrite (as N)	2005	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Inorganic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Volatile Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Synthetic Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.					
Radionuclides	2003	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Secondary Standards	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Lead and Copper	2004	2007	Samples taken from pre-approved sample plan sites.					
Asbestos	waiver	2011 or waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.					

Unless otherwise noted, all samples shall be representative of each source after treatment.



Saratoni	Harbor WTP	
Januty	4 HOLDOL FELD	

PWS ID #	2541008
Survey Date	

MONITORING VIOLATIONS	MCL VIOLATIONS
none	TTHMs > MCL in 2004
	TTHMs < MCL in 2005

		
DEFICIENCIES:		
Facility was found in good condition.		
Only the tanks and aerator need to be cleaned and	Vor painted as soon as possible.	
· · · · · · · · · · · · · · · · · · ·		
		
		
		·
		·
		
		
		
A		
		
Inspector Black Malicy	Title Engineer IV	Date 12/22/05
Blanca R. Rodriguez		
Approved by H	Title Potable Water Supervisor	Date 12/22/05
John J. Davis, P.G.	THE TOTALE TRACE SUPERVISOR	Dale 101070)

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



See Pages 4 for Instructions.					
l. General Information for the Month/	Year of: January, 2007				
A. Public Water System (PWS) Inform	ation				2541290
PWS Name: Wootens				PWS Identification Number	2541280
PWS Type:	Non-Transient Non-Community	Transient Non-Com		Consecutive	Month: 87
Number of Service Connections at End of Mont	h: 29		Total	Population Served at End of	Month: 87
PWS Owner: Aqua Utilities Flori	da				A Viewages
Contact Person: Brian Heath		·		ct Person's Title;	Area Manager Zip Code: 34749
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	(352) 787-6333
Contact Person's Telephone Number:	(352) 787-098	<u></u>	Conta	et Person's Fax Number:	(332) 787-0333
Contact Person's E-Mail Address:	beheath@aguaamerica.com				
3. Water Treatment Plant Information	<u> </u>	<u>.,</u>		Int. of the Northead	(352) 787-0980
Plant Name: Wootens	<u> </u>		T_:	Plant Telephone Number:	Zip Code: 32139
Plant Address: Hess Road			City: Georgetown	State: Florida	Zip cost. 3333
Type of Water Treatment by Plant:		chased Finished Water		<u>, , , , , , , , , , , , , , , , , , , </u>	
Permitted Maximum Day Operating Capacity of		60,000		lass (per subsection 62-699.	310(4) F.A.C.): D
Plant Category (per subsection 62-699.310(4), F		AND SECURITION OF SECURITION OF SECURITION OF SECURITION	Plant C	lass (per subsection 62-677.	y(s)/Shift(s):Worked
Filicensed Operators	To Comme Table Carlot Carlot Carlot		License Number	Daniel La Chie	(Cy) South (Cy) (Co)
Bead Chief Operators Paul Thompson	<u> </u>	A	7251	Days 1st Shift	
Other Operators by David Haring	<u> </u>	<u>c</u>	14091	Days 1st Shift	
Ralph Marriott		C	7527	Days 1st Shift	
	<u></u>	<u> </u>	<u> </u>		
			 		
多沙里的 特殊和斯拉拉				<u> </u>	
I Certification by Lead/Chief Operate	A.P.				
I, the undersigned water treatment plan	at approper ligared in Florida, are the	lead/objet operator of th	e water treatment	plant identified in part	of this report. I certify that the
information provided in this report is t	it operator ricersed in Florida, and the	onledge and bolish. I say	issi shas all deinbir	or water treatment chen	picals used at this plant conform to NS
information provided in this report is t	rue and accurate to the best of my kn	owledge and belief, I cer	בווא וווא מוו ש אואוני	ig water ucatinom odditi	anal appropriate records for this plant
International Standard 60 or other app	licable standards referenced in subse-	ction 62-555.320(3), F.A.	C. Taiso certify the	and the following addition	cinal operations to coice for this plant
were prepared each day that a licensed	l operator staffed or visited this plant	during the month indicate	d above: (1) reco	rds of amounts of citer	DIVIC summer on the DIVIC summer can
(2) if applicable, appropriate treatment	t process performance records. Furth	ermore, I agree to provid	e these additional	operations records to tr	is LM2 owiter so the LM2 owiter curt
retain Men, together with copies of thi	is report, at a convenient location for	at least ten years.			
/)	1-1				
1	2/7/07 F	aul Thompson			A7251
Signature and Date UUCU:		rinted or Typed Name			License Number
V	4330 MAY 22 g				

FPSC-COMMISSION CLERK

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Jd	PWS Identification Number: 2541280 Plant Name: Wootens													
HI. Daily Data for the Month/Year of: January, 2007														
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)														
	Ultraviolet Radiation Other (Describe):													
Trans.	e minime.								.011	/CT 1- : .		Chlorine I	NT	
type o	I Disinie	tant Kesic			ibution System: T Calculations, or Calculations, or Lowest Residual Distintectant Concentration (C) Before or at First Customer During Peak Flow, mg/L					(Chloramine	<u> </u>			
10,000		A12 12 10 10		1955 海州市市C	T Calculations, or	UV Dose, to	Demostate I	our-Eog	Virus Inac	tivation; if	Applicable	96		Libergenov of Abnormal Operating Conditions (Condition White) Lively of Maintenance Work, that Lively est aking Water System Components Exponent Operation (Condition Conditions)
				WI 1997	MANAGEMENT CO.	CT Calc	ulations	7.75	ALL CASE		Stra, UV I	Dose		
			100				Towest CT	1		3.4 7		200		
4 m		Y		是成熟程		Disinfectant	Provided "	1988	35 Mer. 1	34.5		2 2 3		
1 23 19	Days Plant			是主意	Lowest Residual	Contact Time	Before or at	22.5	42 3 X 1	建设设施	在第 号。27	artaro	Lowest Residiral	
1.74	Staffed or.	松 生 流流	Net Quantity.	学是	ir Disinfectant	· (T) at C	of Fresh	1		重好 电学	以第三人	Minimum	Dismicciant a	A S Basis S S S
	Visited by		of Finished		Fi Concentration (C)	Measurement	Customer	2. 数数		100	Covest	Dequired	Concentration at	Conditions Repair or Maintenance Workstills
Dayou	Operator	HOUR DIANT	Water	Dank Bland	Before or at Fust	Point During	During Peak	Term of		Minimum CI	DOLLA DOSe	mW-	Community of the	Thyol Vest Taking Water System Components
Month	Ray Y	Operation	70000	Rate ond	Peak Flow mo/I	minutes	mm/I	Witten	if Applicable		mW-sec/cm ²	sec/cm	System mg/L	We V. WOut of Operation, Charles
4 (1) (6)	X	24.0	3,686	Cittary Bhrain	1.7	· · · · · · · · · · · · · · · · · · ·	- Section (1975)	**************************************	7 1 PM 17 17 15	Street Mark Charles	3,52,524.5	2.00-1 %	0.8	
以可以 人包含	Х	24.0		 	1.3						1		0.7	
\$ 19365	X	24.0	3,540		1.2								0.5	
484	х	24.0			1.3								0.5	
3.65 €	X	24.0			1.2				,	·	<u></u>		0.5	
30 %		24.0						<u> </u>	<u> </u>					
14(7), 75 248,62	x	24.0 24.0			1.3				(· · · · · · · · · · · · · · · · · · ·			 	0,6	
50.7	X	24.0			1.3			 -	 		 		0.5	
53107	 x	24.0		<u>. </u>	0.6	·					 		0.3	
級印刷	х	24.0			2.0						1		0.6	
均12世	X	24.0	4,220		1,0								0.3	
裁污痕		24.0												
2014 %		24.0									<u> </u>	<u> </u>		
SP 215 VS	_ X _	24.0			2.5						<u> </u>		0,3	
2007	X	24.0 24.0			1.0 1.5				<u> </u>	<u> </u>	 	 	0,5	
# 10 PM	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	24.0			1.5			 	 	·	 	 	0.6	
* 19 #	X	24.0			1,3		····	 		†	 	 	0.5	
1000 B		24.0												
2213		24.0	3,600											
望迎幾	X	24.0			1.4					,			0.6	
海和	X	24.0			1.5								0.8	
銀機	X	24.0			1.4			ļ		<u> </u>	<u> </u>		0.7	
1,25	X	24.0			1.7	ļ		ļ			 -	 	0.9	
11.00mm 11.00	X	24,0 24,0			1.5	<u> </u>		·				 	0.7	
100 FE		24.0	_	 -				 		 	 	 	 	
20, 45 PM	x	24.0			1,3			 	 	1	 	 	0.5	
34302E	÷	24.0			1.4			 			 	 	0.5	_
(A) (C)	x	24.0			1.5						<u> </u>		0.7	
		A ALLE				·			<u></u>			-		

^{*} Refer to the instructions for this report to determine which plants must provide this information.

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: February, 2007 A. Public Water System (PWS) Information 2541280 PWS Identification Number: PWS Name: Wootens ✓ Community Transient Non-Community Consecutive PWS Type: Non-Transient Non-Community 87 Total Population Served at End of Month: Number of Service Connections at End of Month: 29 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person: Brian Heath 34749 Zip Code: State: Florida Contact Person's Mailing Address: City: Leesburg PO Box 490310 (352) 787-6333 Contact Person's Fax Number. Contact Person's Telephone Number: (352) 787-098 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: Wootens Zip Code: 32139 State: Florida Plant Address: Hess Road City: Georgetown Purchased Finished Water Type of Water Treatment by Plant: | ✓ | Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 60,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699,310(4), F.A.C.): ν License Class | License Number | Day(s) / Shift(s) Worked Licensed Operators Name Lead/Chief Operator: Paul Thompson 7251 Days 1st Shift Other Operators: C 14091 Days 1st Shift David Haring 7527 Days 1st Shift Ralph Marriott II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson License Number Printed or Typed Name Signature and Date

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS I	WS Identification Number: 2541280 Plant Name: Wootens													
Ш. Т	III. Daily Data for the Month/Year of: February, 2007													
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
	Ultraviolet Radiation Cother (Describe):													
-														
Type	t Disinfec	tant Resid	lual Maintai	ned in Distr	ibution System:	Free Chic	orine [Combin	ed Chiorine	(Chloramine	:s)	Chlorine I	Dioxide	A STATE OF THE STA
- 3 *	1.77		1 4 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	₹2, 5 ° C	T Calculations, or	.UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable		The second second	
	.		11. 11.			CT Calc	ulations	£45 (1)	5. 7. 5. 5.	A.	UV	Dose 🔙	17790) 1	Emergency of Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Lowest CT, Provided Before or a First Customer During Peak Flowing	36.30 5.51	1 - G - S]		Sec. 34.		
` .]					District 1	Lowest CT,		经验验		1.0			
	Days Plant		Same State on the		Laurest Pacidual	Control Time	Provided		素養養養				Lowest Residual	
	Staffed or	1	Net Quantity		Disinfectant	COnst C	First 4	13 m Sey \$				Minimum	Disinfectarit	
1	Visited by	1.5	of Finished		Concentration (C)	Measurement	Customer		[[8]]		Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Water	14.4	Before or at First	Point During	During Peak		[基本]	Minimum CT	Operating	Required.	Remote Point in	Conditions, Repair or Maintenance Work that
					Concourse Daniel	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV/Dose,	, mW-√	Distribution	Involves Taking Water System Components Out of Operation
		Operation	"i" gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm²	sec/cm ²	System, mg/L	学学系统定型Out of Operation
و و ا ا	х	24.0			1.3								0.7	
***2₹×	X	24,0			1.3						<u> </u>		0.7	
737		24.0					ļ	ļ	ļ <u></u>		<u> </u>	 	ļ	
4,7	×	24.0 24.0		ļ				<u> </u>	ļ	 		<u> </u>	0.9	
**************************************	×	24.0			1.7	 		 	 	 		 	0.9	
17	- x -	24.0		 	1.3	 -	 	 	 	 	 	 	0.6	
8 :	X	24.0			2.0			 	 	 	 	 	1.0	
9 .	_x	24.0			1.1		1	1	 	T			0.4	
· 10		24.0	3,970			l								
11,		24.0												
12.2	х	24.0			l.i								0.4	
· . 13 ·	X	24.0			2.0					ļ <u>.</u>	ļ	ļ	1.4	
1146	X	24.0			1.5				<u> </u>		ļ	<u> </u>	0,6	
15*	X	24.0			2.3		ļ	ļ	ļ	 	 -	 	0.4	
- 16 m	Х	24.0			1.0		 	 -		 		 	0.4	
17 <u>s</u>		24.0 24.0						 	 	 	 -	 	 	
19.5	х	24.0			2.0			 	 	 	 	 	1.0	
20	x	24.0			1.6		 	 	 	 	 	 	0.9	<u> </u>
. 21	X	24.0			1.6	 		 	 			 	1.0	
223	X	24.0			1.6		· · · · · · · · · · · · · · · · · · ·		 				1.0	
23 ₩	X	24.0			1.5								0.1	
1 24:.4		24.0												
3.: 25 ;:::		24.0												
√ 26 v	Х	24.0			1.2			L					0.7	
27/2.	Х	24.0			1.5					<u> </u>			0.8	
28	Х	24.0			0.8				<u> </u>	<u> </u>	<u> </u>	 	0,4	
293		24,0]			<u> </u>	 	 	ļ	 	
30%		24.0						<u> </u>	ļ	<u> </u>	<u> </u>	 	 	
45314	<u> </u>	24.0		ļ	l	L		<u></u>	1	L	<u> </u>	1	1	<u> </u>
Total *		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	111,500]										
Avgerag	5 14 V	. X'23'3".	3,597	[

6,520

^{*} Refer to the instructions for this report to determine which plants must provide this information.

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: March, 2007 A Public Water System (PWS) Information 2541280 PWS Name: Wootens PWS Identification Number: **✓** Community PWS Type: Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 87 Total Population Served at End of Month: 29 PWS Owner: Aqua Utilities Florida Area Manager Contact Person: Contact Person's Title: Brian Heath 34749 Zin Code: Contact Person's Mailing Address: State: Florida PO Box 490310 City: Leesburg Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: . (352) 787-098 beheath@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 787-0980 Plant Name: Wootens Plant Telephone Number: Zip Code: 32139 Plant Address: Hess Road State: Florida City: Georgetown Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 60,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): License Class License Number 1923 Day(s) / Shift(s) Worked Licensed Operators 77 . y.-Lead/Chief Operator: Paul Thompson 7251 Davs 1st Shift Other Operators, David Haring Days 1st Shift C 14091 Raiph Marriott 7527 Davs 1st Shift H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain mem together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson License Number Printed or Typed Name Signature and Date

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS I	PWS Identification Number: 2541280 Plant Name: Wootens													
III. Daily Data for the Month/Year of: March, 2007														
	Means of Achieving Four-Log Virus Inactivation/Removal:													
J 111	Ultraviolet Radiation Other (Describe):													
Γ						F 7 72 :				/CL1		Chlorine I	Viovaida .	
1 Abe (אותופועד זו	Lant Kesic	ual Maintai	ned in Distr	ibution System:					(Chioramine		Chiorine L	DIOXIGE	rest in the rest was a first for the
				<u> </u>	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable	-		
	1		lual Maintai Net Quantity of Finished Water		,- (-		Emergency or Abnormal Operating							
				1.4			Lowest CT	1. 2.4	- All 15 6	Minimum CT Required, mg	1			(五) 中国位置建筑建筑。
			74 + 344	1.0		Disinfectant	Provided	S. 15	1000	She in the State				
* **	Days Plant	13 88.7	Y . 1 . 1		Lowest Residual	Contact Time	Before or at					1	Lowest Residual	
,	Staffed or		Net Quantity		Disinfectant	(T) at C	First			1.78		Minimum	Disinfectant'	The state of the s
, .	Visited by		of Finished		Concentration (C)		Customer	1756	S. V.		Lowest Operating	UV Dose Required	Concentration at	Conditions, Repair of Maintenance, Work that
Day of the	Operator (Place	Hours plant	Water	Peak Flow	Before or at First	Point During	During Peak	Terrores	1 2 2 2 2 2 2	Minimum CT	UV Dose	mW-	Kemote Point in	Involves Taking Water System Components
Month	(Place	Operation	PTOCUCTEG,	Rate gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg-	Woler O	pri or water,	Required, mg	mW-sec/cm		System mo//	Out of Operation
1	×	24.0		Var.'RIM.	1.8	nonucs	minvit	maici,	** Whiteanse	THURL	11177-3666111	3000111	1.1	
2	×	24.0		i	1.0	 	 -	 	·	 -		 	0.4	
₹ 3 *		24.0				<u> </u>		t		 		1		
.4		24.0	2,847	,						· · · · · · · · · · · · · · · · · · ·				
- 5	X	24.0			1.5								1,0	
6 3	X	24.6			1.3								0.8	
7	×	24.0			1.6			<u> </u>		<u> </u>			1,0	
9	X	24.0			1.6	 						 	1.0	
10	X	24.0 24.0	2,370 4,067	!	1.6	 	 		}			 	1.0	
- II		24.0				 		 	ļ	 -	 	+	 -	
- 12		24.0	4,067	-	1.4	 		 	 	 	 	 	0.8	
. 13	X	24.0	2,400	;	1.3		 	 	 	 	 	†	0.8	
14	х	24.0	3,770		1,8			1			<u> </u>	l	1,0	
. 15:-	х	24.0	2,650		1,0			1					0.4	
· 16	X	24,0	2,940		0.8								0.3	
1.17		24.0	4,647									ļ		
. 18		24.0	4,647	<u> </u>										
19	X	24.0	4,647		1.5	ļ <u>.</u>						<u> </u>	0.7	
20	X	24.0	8,710 3,200	-	1.3			ļ	<u> </u>	<u> </u>	ļ	 	0.3	
21	X	24.0 24.0	3,260	 _	1.1 2.0	 	<u> </u>	-	 	ļ	 		0.8	
. 23	- x	24.0	3,700	 	2.7		 -	 	 -	 	 	 	1,3	
24		24.0	4,057	<u> </u>	<u> </u>		 	 	 	 	 	 	 	
25.		24.0	4,057											
26	X	24.0	4,057		1.1								0.3	
. 27	х	24.0			1.8								0.7	
28	Х	24.0	4,030		1.7								0.7	
29	X	24.0	3,070		1.6								0.7	
30	X	24.0			2.0				ļ		ļ		1.1	
31	Ļ	24.0			l	<u> </u>	!	<u> </u>		ļ	<u> </u>	<u> </u>	l	
Total		, ge -, ge s	116,873	1										
Avgerag	c ·		3,770	I										

8,710

^{*}Refer to the instructions for this report to determine which plants must provide this information.

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



See Pages 4 for Instructions.				
I. General Information for the Month/Year of: April, 2007				
			<u> </u>	
A. Public Water System (PWS) Information				2641280
PWS Name: Wootens			PWS Identification Number	2541280
PWS Type: Community Non-Transient Non-Comm	unity Transient Non-Comm		Consecutive	Month: 87
Number of Service Connections at End of Month: 29		Total I	Population Served at End of N	Month: 87
PWS Owner: Aqua Utilities Florida		la	t Person's Title:	Area Manager
Contact Person: Brian Heath			State: Florida	Zip Code: 34749
Contact Person's Mailing Address: PO Box 490310		City: Leesburg		(352) 787-6333
Contact Person's Telephone Number: (352) 787-098		Conta	rerson's rax inditioes.	332) 767-6333
Contact Person's E-Mail Address: beheath@aguaamerica.cc B. Water Treatment Plant Information	ж		<u></u>	
Plant Name: Wootens			Plant Telephone Number:	(352) 787-0980
Plant Address: Hess Road		City: Georgetown	State: Florida	Zip Code: 32139
Type of Water Treatment by Plant:	Purchased Finished Water	City, Georgewan	State. 1 Tottes	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	60,000	<u></u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	00,000	Plant C	ass (per subsection 62-699.3	10(4), F.A.C.): D
Licensed Operators	License Class	License Number	- Land Carlos And Day	(s)//Shift(s).Worked
Lead/Chief Operator: Paul Thompson	A	7251	Days 1st Shift	
Other Operators David Haring	c	14091	Days 1st Shift	
Ralph Marriott	c	7527	Days 1st Shift	
				
		•		
I. Certification by Lead/Chief Operator				Cold Target Carl 1 (1)
I, the undersigned water treatment plant operator licensed in Florida,	am the lead/chief operator of the	water treatment p	lant 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 cert	ify that all drinkin	g water treatment chem	icals used at this plant conform to NSI
International Standard 60 or other applicable standards referenced in	subsection 62-555.320(3), F.A.C	I also certify th	at the following additio	nal operations records for this plant
were prepared each day that a licensed operator staffed or visited this	s plant during the month indicated	łabove: (l) recor	ds of amounts of chemi	icals used and chemical feed rates; and
(2) if applicable, appropriate treatment process performance records.	Furthermore, I agree to provide	these additional of	perations records to the	PWS owner so the PWS owner can
retain them, together with copies of this report, at a convenient locati			•	
Total until, together with copies of this report, as a convenient foods	the tot me same part 2 agent			
5/3/07	Paul Thompson			A7251
Signature and Date	Printed or Typed Name			License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PW\$ Id	lentification	n Number:		2541280		Plant Name:	Wootens							
	III. Daily Data for the Month/Vear of: April, 2007													
	Means of Achieving Four-Log Virus Inactivation/Removal:													
						niorine	Chlorine Di	oxide	Ozone	Comb	nined Chloria	ne (Chloran	nınes)	
-				er (Describe):										
Туре с	of Disinfed	ctant Resid	lual Maintai	incd in Distr	ibution System:	₩ Free Chlo	rine [Combin	ed Chlorine	(Chloremine	s)	Chlorine D)ioxide	Name of the state
从 沙克,第	农产生	(A) (B)	基本等级	' 1 c	T Calculations or	UV Dose to	Demostate 1	Four-Los	Virus Inac	tivation; if	Applicable*	25 W/2 m		Emergency of Abromal Operating Conditions Repair of Maintenance Work that Involves Taking Water System Components Out of Operation
1	h	1. 17.50	[秦] [[秦]	Very him	· · · · · · · · · · · · · · · · · · ·	ing the PCT Cale	ulations	r. Crossilla Par	通影节	12 1 11	UV	Dose :		
3,7		4 1000	1290 AT - 1810	H: 44.75.44-658	Beer Say Contain to	127 (31) (42) (5)	, AX Y.A .	10 125 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14.66Cat 1	CHARLES AS	马嘴点(90)	Carlo 2777 . 2 . 25	105755-30	
	10. 14.	(金统)	医 囊形式	The Tree and			Lowest CT	[位為國	Print Note	[1997]	2000年	1. 479 × 1/2	[素學學學學]	
	Dave Di-	1, 33	[確認]			Disinfectant	rovided	1.00	13.72.6	整洲海	2000	[福泽东	Ounce Pacidial	
4, 4,	Staffad or	1 (1233)	Net	[清本] [Lowest Kesidual	CONSCI TIME	DETOTE OF AL	1935	医心理病	17等以高级	医额阴炎	Minimum	Disinfectant	上心心,并是是主意的形态。在20 0
	Visited by		of Finished		Concentration	Meaguramant	Citetomer	1 3	[39] 医		Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Waler		Before or at First	Point During	During Peak		できる できる はなる	Minimum CT	Operating.	Required	Remote Point in	Conditions Repair of Maintenance Work that
, the :	(Place	1 (m) [2]	Producted	Peak Flow	Customer During	Peak Flow	Flow mg-	Temp of	pH of Water	Required; ma	UV Dose	mW.	Distribution .	Involves Taking Water System Components:
_		Operation	My gal se	Rate, gpd	Peak Flow, mg/L	minutes	înin/L .	Water, OC	if Applicable	Non/L	mWisec/cm	sec/cm	System, mg/L	Out of Operation C
& der		24.0	8,810											
1.62.03		24.0			1.4								0,8	
3433 B	Х	24.0			0.8								0.4	
表表,	X	24.0			2.0			<u></u>				<u></u>	1.1	
3.5	X	24.0			2.2		<u> </u>	 		···	·	 	0.8	
	X	24.0			1.3	ļ	ļ	 					0.8	
184.8		24.0	5,980 5,980		 		 							
9.5	x	24.0			1.5			+		 	 	 	0.9	
(C+10)	Ŷ	24.0			1.5	 	 	 	 	 	 	 	0.8	
爱和 奇	x	24.0			1.7	<u> </u>	 	 		 	 	1	0.8	
4 12 m		24.0			1.1			1	<u> </u>				0.5	
25 13.3	Х	24.0	4,530		1.7								0.7	
41455		24.0												
		24.0						1	<u> </u>	<u></u>	<u> </u>			
2.16	X	24.0	4,037		2.2			 	 		-	 	1.3	
多 17点	X	24.0	3,470		1.2		ļ	+				+	0.6	
± 48 €	X	24.0	5,240		1.3	 		+			 	+	0.8	
: 19 3-20-	X	24.0			1.5		 	+	 		 		0.8	
- 21 - 4		24.0			1.3		 	+	+		 	 	*****	
1.22		24.0			 	 	 	 	 	+	 		 	
7:23:3	x	24.0			1.3		 	 	 	 	 	1	0,7	
5.24	X	24.0			1.3		 	 	 	 			0.6	
£25	X	24.0	4,690		1.4								0.6	
÷-26 ≥	X	24.0	3,280		1.5					L			0.7	
₹ 27 ×	х	24.0	5,060		1.2								0,5	
7.287		24.0											-	
12.29 V		24.0											ļ	
4.30£	X	24.0	5,133		1.7			1	<u></u>	<u></u>	<u> </u>	 	1.0	<u> </u>
M STEM		24,0			J	<u></u>		1		1		ل	<u></u>	
Totali.*	A STATE OF THE STA	84°			_		_	_						
Avgeras	egist.	O Company	4,503	J										

8,810

^{*} Refer to the instructions for this report to determine which plants must provide this information.

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



See Fages 4 for Instri									
. General Information	for the Month/Yea	ur of: May, 2007							
. Public Water System	(PWS) Informatio	n							
PWS Name:	Wootens						PWS Identification Numb	ber: 2541280	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity Tr	ansient Non-Com	munity	,	Consecutive		
Number of Service Connect	tions at End of Month:	29			,		Population Served at End of	of Month: 87	
	Aqua Utilities Florida		· · · · · · · · · · · · · · · · · · ·				·		
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A		Box 490310	······································		City:	Leesburg	State: Florida	Zip Code	34749
Contact Person's Telephone		2) 787-098					ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		heath@aquaamerica.con	n			· · · · · · · · · · · · · · · · · · ·			
. Water Treatment Pla									
Plant Name:	Wootens						Plant Telephone Number:	: (352) 787-0	980
Plant Address:	Hess Road				City:	Georgetown	State: Florida	Zip Code:	32139
Type of Water Treatment by		Z Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day O	perating Capacity of Plan	it, gallons per day:		60,000					
Plant Category (per subsecti	ion 62-699.310(4), F.A.C						lass (per subsection 62-699		
Licensed Operators		Name		License Class	Lice	nse Number		ay(s) / Shift(s) Worked	King a
Lead/Chief Operator:	Paul Thompson			A		7251	Days 1st Shift		
Other Operators:	David Haring			С		14091	Days 1st Shift		
	Ralph Marriott			С		7527	Days 1st Shift	m.,	
									
					ļ				
					<u> </u>				
					<u> </u>				
									
Existing and section distribution				•			<u> </u>	·····	
. Certification by Lead	/Chief Operator								. W. Z.
		erator licensed in Florida, a	m the lead/chie	f operator of the	wate	r treatment n	lant identified in part	Lof this report Logitify	that the
information provided i	in this report is true:	and accurate to the best of m	v knowledge a	nd helief I certi	ify the	t all drinking	water treatment che	micals used at this plant.	conform to NSE
International Standard	60 or other applical	ple standards referenced in s	ubrection 62 55	(5 270/2) F A C	ray was	lee earlife the	s water deadlicht eller	inneals asca at ans plant	Complain to NSF
There proposed each de	without a licensed one	restantiands referenced in Si	.1	3.320(3), F.A.C	القال. 1-1-	iso ceruity and	at the following additi	ional operations records	tor this plant
(2) /6 line line	y mat a neensed ope	rator staffed or visited this p	plant during the	month indicated	o abov	ve: (1) recor	as of amounts of cher	micais used and chemica	i feed rates; and
(2) if applicable, appro	priate treatment pro	cess performance records. I	Furthermore, 1	agree to provide	these	additional o	perations records to t	he PWS owner so the P	VS owner can
retain them, together w	vith copies of this re-	port, at a convenient location	n for at least ter	years.					
		- 1-1-		t					
		6/3/0)	Paul Thompso	n				A7251	
Signature and DMe		· 1	Printed or Typ	ed Name				License Nu	गाber
			•	_					
****				Dogo 1					

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS k	PWS Identification Number: 2541280 Plant Name; Wootens													
III. D	III. Daily Data for the Month/Year of: May, 2007													
Means	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
ור טו	traviolet R	adiation		r (Describe):		inorute ;	Chiorine Di	oxide	Ozone	Comb	oinea Chiori	ne (Chiorar	nines)	
۳					ibution System:	₩ Free Chle	orine [Combin	ed Chlorine	(Chloramine	25)	Chlorine I	Dioxide	
<u> </u>	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*													
1	ì '	<u>'</u>	Ì	<u> </u>	A Calculations, Of		and a second							
	}					CICAL	ulations	,	·	· · · · · · · · · · · · · · · · · · ·	0.	Dose .		
] .				Lowest CT						A.	
		}	į	ļ '		Disinfectant	Provided	ļ.	<u> </u>]				
	Days Plant		ĺ "		Lowest Residual	Contact Time	Beiore or at	,	:				Lowest Residual	•
	Staffed or Visited by	1	Net Quantity	ļ	Disinfectant	· (T) at C	First	1] ,		Lowest	Minimum UV Dose	Disinfectant	
Day of	Operator	Hours plant	of Finished. Water		Concentration (C) Before or at First	Measurement	Customer	[Minimum CT	l	Required,	Concentration at Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Point During Peak Flow	During Peak Flow, mg-	Temp of	nH of Water	Required, mg		mW-	Distribution.	Involves Taking Water System Components
Month	("X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-sec/cm ²		System, mg/L	Out of Operation
131.00	х	24.0			1.3			.,,			1111		0.8	
	X	24.0	4,470		1.0			1					0,6	
3.	X	24.0	3,390		2.8								1.3	
.4	X	24,0	3,530		1.8								1.1	
5		24.0	4,453											
6 : N		24.0	4,453				 				<u> </u>			
	X	24,0 24.0	4,453		1.8		ļ <u>.</u>	ļ					1.0	
39.5	x	24.0	3,150 2,740	ļ	0.8		 		 		 	1	0.4	
:10.	x	24.0	3,660		1.1						 		0.4	
9614130	X	24.0	3,280		1.7		 				 		0.8	<u> </u>
18:42 (1)		24.0	4,703		•		 						9,0	
3:13 fiz		24.0	4,703				 	t — —					 	
10 mil 4 5 m	Х	24.0	4,703		1,6								0.7	
- 4 15 1	Х	24.0	4,270		1.5								0.7	
16.	X	24.0	3,740		0.8								0.3	
3.17. 3	X	24.0	3,640	<u>-</u>	2.5		\				<u> </u>		1.6	
-, :18:00 (-19.54	Х	24.0 24.0			2.0		 						1.3	
4. 2027		24.0		 	L		 	ļ	ļ			<u> </u>		
215.7	×	24.0	4,000	[-	1.3		 	 			 _		0.6	
./·22*	X	24.0	3,000		1.3		 	 		ļ	 		0.6	
-23	x	24.0	3,670		1.5		 	<u> </u>	 		 		0.7	<u> </u>
24	X	24.0	3,580		1,5		 	 	 				0.8	
25~	х	24.0	3,000		1.3			— —			 	 	0.6	
. `26 .		24.0	4,840	1	· · · · · · · · · · · · · · · · · · ·						 			
*e'27.8		24.0	4,840					1	<u> </u>					
-28	x	24.0	4,840		1.0	<u> </u>							0.4	
29.5	Х	24.0	4,450		1.5								0.7	
30/	X	24.0			1.7								0.8	
*31~.	X	24.0			2.1								0.8	
Total 7:	143 62	企业的基础	121,650											
Avgeras	e with the	经 产业 150 120 15	3,924											

4,840

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.					
l. General Information for the Month/Year o	June, 2007				
A. Public Water System (PWS) Information					
PWS Name: Wootens				PWS Identification Number:	2541280
PWS Type:	Non-Transient Non-Community Tr	ransient Non-Commu	unity (Consecutive	
Number of Service Connections at End of Month:	29		Total P	opulation Served at End of Month:	87
PWS Owner: Aqua Utilities Florida		•			
Contact Person: Brian Heath			Contac	t Person's Title: Area Manager	r
	× 490310	C		State: Florida	Zip Code: 34749
	787-098		Contac	t Person's Fax Number: (352) 787-633	J3
	ath@aguaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Wootens				Plant Telephone Number:	(352) 787-0980
Plant Address: Hess Road			ity: Georgetown	State: Florida	Zip Code: 32139
	Raw Ground Water Purchased Finis	shed Water			
Permitted Maximum Day Operating Capacity of Plant, g		60,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	les de la companya de		ass (per subsection 62-699.310(4), F.A.C.)	
Dicensed Operators	Name	License Class 1	+	Day(s)./Shift(s) Worked
Lead/Chief Operator: Paul Thompson		<u>A</u>		Days 1st Shift	
Other Operators David Haring		C		Days 1st Shift	
Ralph Marriott		С	7527	Days 1st Shift	
					
					
	MARKET				
		-			
		 			
1886 Broad Street Streets at all		<u> </u>			
I. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant opera	itor licensed in Florida, am the lead/chie	f operator of the w	vater treatment pl	ant identified in part I of this repo	rt. I certify that the
information provided in this report is true and					
International Standard 60 or other applicable					
were prepared each day that a licensed operate					
(2) if applicable, appropriate treatment proces					
retain them together with copies of this repor			iese additional op	oracions roomas to die 1 w 5 0 with	a so the t wa owner can
remai ment together with copies of this repor	, at a convenient rocation for at least len	ı yvais.			
71	Paul Thompso				
					A7251
Signature and Date	Printed or Typ	ed Name			License Number

PWS Id	lentification			2541280	KEPOKI FO		Wootens							
III. D	ally Data	for the 3	lonth/Year	of:		June, 2007								
			g Virus Inactiv				Chlorine Di	iozda		P ^{ar} Camb	inad Chlasi	(Chloro	-ia)	
	traviolet R			r (Describe):		morate	Chiorine Di	oxide) Ozone) Como	inea Chiori	ue (Curoren	nuics)	
Ī	CENTAL C.				. : -	▼ Free Chlo		Combin	ad Chlorina	(Chloramine	-\ F	Chlorine I)iosida	
-922 C	n Dismited	Libert Mesic	Juai (viailita)	neu in Distr	ibution System:	J♥ Free Chic	OTUIC)	Comou	Ed Chorne	CHIOLEHINE STREET	a) Necessaries	Ciliornie t	MAKE SIREN SERVI	E TO THE STATE OF
				Service Company	In Calculations, or	UV Dose to	Demostate	rour-Log	Virus Inac	tivation, if a	Applicable			
ند مدنده	1 1960 P. (1970)			11.4.5 G. 30.00	42.4. 3.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	Take CT Calc	ulations (NO UV	Jose		
170	X#47	471 Fal. 184		1.3		多數次數學	Lowest CT	11.00		172	2 2 3 3	1.1900	ilm.	
30.7(2)	S. 12.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	14 F 15 15	CONTRACT.	4 2 8 6 4 5 3	Disinfectant !	Provided	14.		Better out	1.44.13	0 44 14 6		
1575	Days Plant	13 3 3	一直 经		Lowest Residual	Contact Time	Before or at		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Miles	17.10	Lowest Residual	ATTACANA SAME THAT TO SEE
1	Stalled or	12.	Net Quantity	140763	+ Disinfectant	A (T) at Cass	First .	56. 8 m	1.4		(r)	Minimum	Disinfectant.	
27.3	Visited by		of Finished	中華官院司	Concentration (C)	Measurement	s Customer	37 Mar. 18	15 (B. 9.)	建聚工 (1)	S-Towest 5	Decoured.	Concentration at	Emergency on Abnormal Operating
Dayor	Place	1110mz biant	Producted	Part	Chatomer Divise 3	Point During	Luning Posk	Temp of	DH ACWARAS	Minimum Cl	UV Dose	mW-	Comote Point in	Conditions : Repair or Maintenance work that
Month		Operation	Pal N	- Rate god	Peac Flow mon	minutes	min/I = 42	Water OC	if Applicable	requires, mg	mW-sec/cm	seo/cm ²	System mg/La	2 Out of Operation
w. % 13 44	X	24.0	3,830	الان معط الان المداعة	1.7	a production Cult					gaaraiii	494, 611	0.7	Emergency for Abnormal Operating Conditions, Repair or Maintenance Work that Thyolves Taking Water System Components Out of Operation
2. W		24.0					 						<u> </u>	
344		24.0	3,070		_					,				
4.4	Х	24.0	3,070		1.5								0.6	
. 2 5 V	Х	24.0			.2.5								1.3	
# 6f r 5	X	24.0			0.8			<u> </u>			ļ	****	0.3	
2.41.4	X	24.0			0.5			 			<u> </u>	<u></u>	0.2	
200 B22 2	X	24.0 24.0			2.5			 			ļ		1.3	
3210±		24.0	-,				 -	 	ļ			<u></u>		-
in the	х	24.0			0.7			 			<u> </u>	···	0.4	
. 12.	X	24.0			1.0						 		0.5	,
. 7135.	x	24,0			0.8			 					0.3	
£14.2	Х	24.0	3,330		1.0			 					0.5	
15	Х	24.0			1.0								0.4	
₹616 c¥		24.0	· · · · · · · · · · · · · · · · · · ·											
v ≤1.7. ±	ļ	24.0						ļ						
18/8	X	24.0		 	1,2			 	<u> </u>				0.6	
تشر 19 يا. ن 20 يا	X	24.0 24.0			1.3 1.1		 	 	 _				0.6	
学20 /2	- <u>^</u>	24.0			1.1		 	 			 		0.5	
ci 22%	- ^-	24.0		_	1.4			 	 		<u> </u>		0.6	
23.		24.0			1.7			 	 		<u> </u>	 		
24·*		24.0					<u> </u>	 				 		
325×7	Х	24.0			1.1								0.4	
₹26	Х	24.0	5,520		1.0						<u> </u>		0.4	
29-2	х	24.0			2.0								0.9	
28	х	24.0			1.3			1					0.8	
. زوي	X	24.0	<u> </u>		1.1				<u> </u>				D.6	
#130 _{2−3}		24.0				l 		_	<u> </u>					
31 4		24.0		ļ				<u> </u>	l	<u> </u>	<u> </u>		<u> </u>	
I OUBL	18 C - 10 MARINE		143,300 4,623	}										
WASCIRE	5 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13	and the state of the												
		ale de la		•										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.					
l. General Information for the Month	/Year of: July, 2007				
A. Public Water System (PWS) Inform	nstion		<u>,, ,.,</u>		
PWS Name: Wootens			·	PWS Identification Number:	2541280
PWS Type:	Non-Transient Non-Community	Transient Non-Com		Consecutive	
Number of Service Connections at End of Mor			Total 1	Population Served at End of Month:	87
PWS Owner: Aqua Utilities Flo	rida				
Contact Person: Brian Heath				ct Person's Title: Area M	
Contact Person's Mailing Address;	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-098		Conta	ct Person's Fax Number: (352) 7	87-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Informatio	D			Inc. a mala-ta-a Manaham	(352) 787-0980
Plant Name: Wootens			lo:	Plant Telephone Number:	Zip Code: 32139
Plant Address: Hess Road			City: Georgetown	State: Florida	(Zip Code. 32139
Type of Water Treatment by Plant:		urchased Finished Water	···		
Permitted Maximum Day Operating Capacity Plant Category (per subsection 62-699.310(4),		60,000	Diago C	lass (per subsection 62-699.310(4),	F.A.C.): D
Licensed Operators	P.A.C.):	V Se Provincia de la companya de la	Plant C	lass (per subsection 62-099 510(4),	hift(s) Worked
Lead/Chief Operator Paul Thompson	wite the state of	A	7251	Days 1st Shift	Introduction of the Control of the C
Other Operators David Haring		c	14091	Days 1st Shift	
Ralph Marriott		c	7527	Days 1st Shift	
		- C			
一个大名称"特殊"的"大型"的"大型"的"大型"的"大型"的"大型"的"大型"的"大型"的"大型					
	The second secon				
100000000000000000000000000000000000000					
			·		
Il Certification by Lead/Chief Operat					
I, the undersigned water treatment pla					
information provided in this report is	true and accurate to the best of my k	nowledge and belief. I cert	ify that all drinking	g water treatment chemicals u	sed at this plant conform to NSF
International Standard 60 or other app	plicable standards referenced in subs-	ection 62-555.320(3), F.A.G	C. I also certify the	at the following additional op	erations records for this plant
were prepared each day that a license	d operator staffed or visited this plan	t during the month indicate	d above: (1) recor	ds of amounts of chemicals u	sed and chemical feed rates; and
(2) if applicable, appropriate treatment					
retain them, together with copies of the				•	
7	1 1	· · · · · · · · · · · · · · · · · · ·			
	. RIRIOT	Paul Thompson			A7251
Signature and Date	- 10101	Printed or Typed Name			License Number
Signature and Date		Linuca of Tables Listing			Procuse Lighthet

		n Number:		2541280		Plant Name:	Wootens							
III. D	aily Data	for the N	lonth/Year	of:		July, 2007								
			g Virus Inactiv		/el: ♥ Free C		Chlorina Di			<u> </u>		· · (C)-1	!	
וט דן ו	traviolet R	adiation		(Describe):			Cutorine D	SDEXO	, Ozone	1 Comb	bined Chlori	ne (Uniorar	nuies)	
F						▼ Free Chlo	vina [Combin	ed Chlorine	(Chloremine	-e)	Chlorine I)iovide	
W. T.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		\$12 TO 10 12	Canal Disa	TOURION System.	Tribe Cinc	Anic Telephone	COMBI CLICKER	A PLANTAGE	COLICE MARKET		Chilornie I	Post Paris I a Pa	Large Control of the
Y÷	A CONTRACT	asta (A. Tar.)	Str. A. A.	7 3 3 4 C	1. Carculations; of	UV Dose, to.	Demostate	rour-Log	VITUS I NAC	uvauon,≀u≀	Applicable			Energency of Ahnormal Operating Conditions, Repair of Maintenance Work that
13.7		9	70.5 de 1	7 T T T T		CI Calc	ulations	Paragraph (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	State of the same	E-WUV	Jose	100	
18.24							Lowest CT				The second			
	To de la	3 / E . 5	131 4 7			Disinfectant	Provided		11. 11. 11.					
1 2 3	Days Plant	14 CAN 12		tan,	Lowest Residual	Contact Time	Before or at	1.2	W	· 经设计算	10 m	· 33::3	Lowest Residual	
18 18	Visited by	· · · · · · · · · · · · · · · · · · ·	of Finished	12.5%	Concentration (C)) , , (1) at C	4 4 13	4 P. V. V. B.	15-111-14	海野岛	Wall Company	ITV Dass	Disinfectant	The state of the s
Dayor	Operator	Hours plant	Water		Before or at First	Point During	Dunne Peak	44.3%	是被整	Minimum CI	Operating	Required	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	建加 罗	Producted	Peak Flow	Customer During	Peak Flow,	Flowing	Temp of	pH of Water.	Required mg	LIV Dose,	mW-	Distribution	(Involves Taking Water System Components
Month.	("X")[?]	Operation.	gal	Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	minutes	min/L v	Water, OC	if Applicable	SMINU	mW-sec/cm²	sac/cm²	System, mg/L	Involves Taking Water System Components
\$1/39 \$225	- -													
\$153.5	X	24.0 24.0	6,090 6,170		1.2			<u> </u>	·				0.6	
44.	×	24.0	4,830		1.5 1.4								0.7	
18 3 5	X	. 24,0	3,250		1.1			 					0.7	<u> </u>
5 6 C	Х	24,0	3,630		1.3			 			 		0.6	
90×75**		24.0	. 6,763					<u> </u>						
14.8		24.0	6,763											
3 91 - 3 410 *	X	24.0 24.0	6,763		0.6					,			0.3	
215	Ŷ	24.0	5,070 2,760		1.0 1.5			ļ					0.6	·
012	×	24.0	3,110		1.3			 					0.7	
7513	Х	24.0	5,190		1.3							 	0.5	
143		24.0	4,167									· · · · · · · · · · · · · · · · · · ·		
3154 (24.0	4,167											
. 16".	X	24,0	4,167		1.2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						0.5	
17.2	X	24.0 24.0	2,190 2,480		1.1 1.5			 				<u>. </u>	0.5	
195	x	24.0	2,480		1.3			 	-		<u> </u>		0,8	
20 3	×	24.0	5,700		0.8			 	 	,			0.6	
1.21.		24.0	3,447					 					V. V.	
n. 22		24.0	3,447											
7 23°	X	24.0	3,447		1.0								0.5	
. 24:	X	24.0	2,880		1.8			ļ			<u></u>		1.0	
26%	X	24.0 24.0	2,760 5,100		1.6			ļ			ļ		1,0	
27 %	X	24.0	3,100		1.7			 					0.4	
28.		24.0	3,193		1.1			 					U.4	
729		24.0	3,193					 			,			
√: 30%	Х	24.0	3,193		1.5	· · · · · · · · · · · · · · · · · · ·		Ì					0.6	
अ:31	Х	24,0	2,810		1.3								0.5	
	A Proces		128,160											
Avgerage	en jak	# 8 . 12	4,134											

^{*} Refer to the instructions for this report to determine which plants must provide this information.

6,763

Page 2



See Pages 4 for Instructions.

Public Water Syst	tem (PWS) Information					
PWS Name:	Wootens				PWS Identification Number:	2541280
PWS Type:	✓ Community No	on-Translent Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Con	nections at End of Month:	29		Total :	Population Served at End of Month:	87
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Conta	ct Person's Title: Area M	ападег
Contact Person's Mailin		90310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Teleph					ct Person's Fax Number: (352) 7	87-6333
Contact Person's E-Mai		h@aquaamerica.com				
	Plant Information					
Plant Name:	Wootens				Plant Telephone Number:	(352) 787-0980
Plant Address:	Hess Road			City: Georgetown	State: Florida	Zip Code: 32139
Type of Water Treatmen		w Ground Water Purc	hased Finished Water			
Permitted Maximum Da	y Operating Capacity of Plant, gall		60,000			
	section 62-699.310(4), F.A.C.):	V			lass (per subsection 62-699.310(4), L	
		Name	License Class	License Number	Day(s) LS	hift(s).Worked
Lead/Chief Operate	Paul Thompson		A	7251	Days 1st Shift	
Other Operators 20			C	14091	Days 1st Shift	
a single casting	26V		C	7527	Days 1st Shift	
	<i>[</i>]					· · · · · · · · · · · · · · · · · · ·
为 有方应的并加						
第75章 李宝宝						
						·
	766					
	<u> </u>					
	Sit .		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Cantification by	ead/Chief Operator					
		11 - 12 - 13 - 13 - 14 - 14 - 14 - 14 - 14 - 14	1 - 1/-1 - F		1 . 13	7 20 1
					lant identified in part I of this	
					g water treatment chemicals us	
					at the following additional ope	
					ds of amounts of chemicals us	
(2) if applicable, ap	propriate treatment process	performance records. Furthe	rmore, I agree to provide	these additional o	perations records to the PWS	owner so the PWS owner ca
retain them logethe	er with copies of this report,	at a convenient location for a	it least ten years.		•	
7 9	, , , ,	1				
f I	_ J	1 _				
ر ا ما	C 17	((/)	ul Thompson			A7251

PWS I	dentification	n Number:		2541280		Plant Name:	Wootens	,						
III. D	aily Data	for the N	lonth/Year	af:		August, 2007								
1			g Virus Inacti			Chlorine [Chlorina D	iosida				(01.1		
1	traviolet R	•		च (Describe):)o.me	Citionale D.	ioxide	Ozone	t Comi	oinea Chiori	ne (Chiorai	nines)	
Ĭπ	. C D : - : C					Free Chic	orine)	Combin	ned Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
155	有种"不是" 。	V V V	479 At + 100-	Water Commence	T Calculations of	r UV Dose in	Demostate:	Four-Pos	Vinis Inac	tivation if	Applicable	*A - 2 3 - 16 - 16	Part of the Co	Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
· Kan		;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE PROPERTY OF THE PROPERTY OF	Walter Care	iletione 1	J. 15. 15.	tar seller	2007 5357	Life South	Docare	193283	
27,000				700 et 200	The Little and the College of the Co	The Laborator Care	Telescons saga	en resuesta	7 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	1.84 6 40	Superior Sections	1703Q (A 164 A 164 A	Marie Street	
	100					The same of the same	Lowest CT	7 2 Car			2.5	P. W. S.		
35.75.8	1			3.4		Disinfectant	Provided	100			4 3 3	A Profession	A. A. Carrie	
44	Days Plant	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4:0 St 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Lowest Residual	Contact Time	Before or at	4.32.27	123/3	KAD B	- 基本公司	500	Lowest Residual	
Start.	Statted or		Net Quantity:	100	Disintectant	學就到那些特	· 多数· State	Parks	建	4 m 3 1 1 1	10 m	Minimum	Disinfectant	1000 1000 1000 1000 1000 1000 1000 100
Davos	Operator	House blent	Urater:	17.2	Concentration (C)	Measurement	Customer.	Ju. 43			Onerotina		Concentration at	emergency of Automat Operating
the.	Place	3 6 in	Producted	Peak Flow	Gustomer During	Peak Flau	Flow mo-	Temp of	nH of Water	Seometri mo	UV Dose		-Distribution	Involves Talana Water System Components
Month	"X")	Operation	gal	Rate god	Peak Flow, mg/L	minutes	min/L	Water	if Applicable	min/L	mW-sec/cm	#Sec/cm²	System mg/L	Out of Operation
19 19 19 19 19 19 19 19 19 19 19 19 19 1	X	24.0	1,950		1.3	7,7,000		1	1	1		2 10222/2019 16	0.5	
2.	X	24.0			1.4		<u> </u>						0.5	
1863 in	Х	24.0			1.5								0.6	
15 AC		24.0	1,10											
\$ 5 th		24.0		 	<u> </u>				<u> </u>					
260s	X	24.0			1.5	 			<u> </u>			ļ	0.6	
*#18=54 \$4.7**	X	24.0 24.0	****		2.2		<u> </u>	· 	ļ			ļ	1.1	
45,035.	X	24.0			1.2		 		ļ		ļ		0.7	
# 924 31/10# # 11/50 1/12	x	24.0			1,2		 	}	 				0.6 0.5	
続口衛		24.0					-	 					0.3	
Y.12-		24.0						 	 			 		
72 37 3 3	Х	24.0	6,347		1.0		1	1	 	†		 	0,4	
/\$14\ 	X	24.0	4,670		1.0				1		· · · · · · · · · · · · · · · · · · ·		0.4	
2015	X	24.0			1.7								0,6	
26163 2174	X	24.0	4,370		1.5				<u> </u>				0.7	
(2) Tac	X	24.0		ļ	1,7			ļ					0.6	
18.*		24.0						·				ļ		
320.	×	24.0 24.0	7,767 7,767	 	0.8			 	<u> </u>	<u> </u>	 	ļ		
201.1	- x	24.0	10,660	 	0.9			-	 		<u> </u>		0.2	
22°	x	24.0		 	1.0			1 -	 		<u> </u>		0.4	
* 723 D	x	24.0			2.0		·	 	 				0.9	
J. 243.	X	24.0			1.5			 	 			· · · · · · · · · · · · · · · · · · ·	0.6	
. 25.		24.0	3,600	1				1	†···		i		j	
~.26		24.0	3,600											
27 /	Х	24.0	3,600		1.8								0.7	
28	Х	24.0			1.8								0.7	
29	X	24.0			2.0								0.7	
:::30	Х	24.0			1.3	ļ		1	<u> </u>	L			0,5	
31.	x	24.0			1.3	1	<u>L</u>	1	!	L	<u> </u>	<u> </u>	0.5	
	* "		148,410	-										
IA veera	.		4,787	1										

10,660

Maximum

^{*} Refer to the instructions for this report to determine which plants must provide this information.



General Information	i for the Month/	Year of: Septe	ember, 2007						
Public Water System	(PWS) Informa	ation							
PWS Name:	Wootens					PWS Identification Nun	nber:	2541280	
PWS Type:	✓ Community	Non-Translent Non-Co	ommunityT	ransient Non-Com	nunity 🔲	Consecutive			
Number of Service Connec	tions at End of Month	h: 29			Total	Population Served at End	of Month:	87	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephon		(352) 787-098			Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail A		beheath@aquaameric	a.com						
Water Treatment Pi	ant Information								
Plant Name:	Wootens					Plant Telephone Numbe	r:	(352) 787-09	980
Plant Address:	Hess Road				City: Georgetown	State: Florida		Zip Code:	32139
Type of Water Treatment b	•	✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day (60,000			· · · · · · · · · · · · · · · · · · ·		
Plant Category (per subsec			V		Plant C	lass (per subsection 62-69	99.310(4), F.A.C.):	D	
		Name		License Class	License Number	Ι	Day(s) / Shift(s)	Worked	·
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift			
Other Operators: 🕬	David Haring			С	14091	Days 1st Shift			
	Ralph Marriott			С	7527	Days 1st Shift		<u></u>	
									
ا الأولى وي حجود والمناطقين الاستأثار والساسية والمناطقين المناطقين المناطقين المناطقين المناطقين المناطقين المناطقين المناطقين المناطقين المناطقين المناطقي	,								
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				/	····	}			
Certification by Lea-									
I, the undersigned was	er treatment plant	t operator licensed in Flor	ida, am the lead/chie	f operator of the	water treatment p	lant identified in par	t I of this report.	I certify	that the
information provided	in this report is tr	ue and accurate to the bes	t of my knowledge ar	nd belief. I certi	fy that all drinking	water treatment che	micals used at t	his plant c	onform to l
International Standard	l 60 or other appli	icable standards reference	d in subsection 62-5.	55,320(3), F.A.C	L I also certify the	at the following addi-	tional operations	records f	or this plan
were prepared each da	v that a licensed	operator staffed or visited	this plant during the	month indicated	lahove: (1) recor	ds of amounts of che	micals used and	chemical	food votace
(2) if analicable, anno	onriste treatment	process performance reco	rds Furthermore I	arree to provide	these additional a	as or amounts of the	the DUIC oumon	en the DU	recu rates;
					mese adminional o	peracions records to	me rwo owner	so the PW	5 owner ca
retain them, together	with cobies of tale	s report, at a convenient lo	ication for at least ter	years.					
(_)		. 1. 1 _							
12		1019107	Paul Thompso	on				A7251	

PWSI	dentificatio	n Number:		2541280	· - · · · · · · · · · · · · · · · · · ·	Plant Name:	Wootens	***					····	
	Daily Data	for the N	lonth/Year	of.		September, 200								
			g Virus Inacti											
	Of Mollicat	ing rout-to	8 Anna mach	vation/Remov	val: [✔ Free C	Chlorine -	Chlorine Di	ioxide	C Ozone	☐ Com	bined Chlori	ne (Chlora	nines)	
			[Othe			··· ·				· · · · · · · · · · · · · · · · · · ·				
Type	of Disinfe	ctant Resid	dual Maintai	ined in Distr	ribution System:	✓ Free Chle	orine ("	Combii	ned Chlorine	(Chloramine	es) ┌	Chlorine !	Dioxide	
	$3, \sim c_{s,s}$	9-0			Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	UV Dose, to	Demostate	Four-Loc	Virus Inac	tivation, if	Applicable'	•	0.00	Emergency of Abnormal Operating
	5.48.			1 2 2 3	i i i i	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	ulations		5.37.6	Santa Contract	la≯≘∷IIV `	Dose		
. > 3	· 100 m. 18	* * * * * * * * * * * * * * * * * * *	1. 1. 1. 1. 1. 1.	Fac3 5	1	1-114 - Fe 1-22 1	1920 2840 54		To the second	1000	ear -		1/2 / 2/3/4/1	
25.5	1.774	A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	let let	6.800	Lowest CT	100		13/2 19	1,725	A 34	· 网络中华	
1	The District	35,17	1.0	加州的		Disinfectant ,	Provided					Garage	NO WELL	
1000	Days Plant	74	1.00		Lowest Residual	Contact Time	Before or at			经产业	1674 : 3	\$ 3.50 \$ 100 miles (100 miles)	Lowest Residual	
C #	Avietted by		Net Quantity.	3,350	Dismitectant	(1) at Cass	मान First	100		"特别"。 [108]	學多一	Minimum	* Disinfectant	
Day of	Operator	Hours plant	Water		Perfection (C)	Measurement	Customer	4.	A STATE OF THE STA		Operation	Degrared	Concentration at	Emergency or Abnormal Operating, Conditions: Repair or Maintenance Work that
the	Place	in	Producted	Peek Plour	Customer During	Point During	During Peak	Temp of	nii of Water	Minimum Ci	Operating of	requires,	Remote Point in	Involves Taking Water System Components
Month	*) *XC) :	Operation	gal	Rate gpd.	Peak Flow, mg/L	minutes .	rtow, ng-	Water O	if Anolicable	min/L?	mW-sec/cm²	coci/mm².	System, mg/L.	Out of Operation
W 11/2		24.0			voca mon, mass	Titindico.		77.44.5.	,ppca.c.e	12. m. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	MACHT - SCOOLING	- someth,	. Dysicit, ing L .	Out of Operation
. 2 (24.0									†			· · · · · · · · · · · · · · · · · · ·
. 3m	X	24,0	5,853		2.4	1	 		1			· · · · · · · · · · · · · · · · · · ·	0.9	
4 , 4	X	24,0			2.8				1		1		1.3	•
.5,14	Х	24.0			1.5								1.0	
6	Х	24,0			1.7								0.8	
.7.4	X	24.0			1.5								0.6	
8.7		24.0							<u> </u>					
9		24.0				ļ			ļ					
11	X	24.0			2.0	ļ	ļ		ļ				0.6	
- 12 %	X	24.0		ļ	2.0				ļ	-	<u> </u>		0.3	**************************************
13.	X	24.0			2.3	 		<u> </u>			ļ		0.2	
14 🕠	x	24.0		 	1.8				 				0.6	
15.		24.0		<u> </u>	1.0		<u> </u>	-	 -		ļ		0.6	
16		24.0					-	.	1	 	 			
• 17-	Х	24.0			1.8			 	 				0.7	
18	X	24.0			8,1				† 	!	<u> </u>		0.6	
19	Х	24.0			1.5			T					0.5	
20	Х	24.0			1.8								0.5	
21	Х	24.0			2.3								0.9	
22		24.0						L						
23	ļ	24.0												
24	X	24.0			1.3				ļ				0.5	
25	X	24.0		ļ	2.0			ļ	 				0.8	
26	×	24.0 24.0		ļ <u>.</u>	2.3			ļ	 	<u></u>			0.8	
28	X	24.0		ļ	1.8				 		ļ		0.7	
29		24.0			1.8			 	ļ		ļ		0.6	
30		24.0		<u> </u>		<u>. </u>			 	 	-		<u> </u>	
31		24.0		-				 		<u> </u>	 			
Total	لــــــــــــــــــــــــــــــــــــ	24.0	109,343		1	·		L	<u> </u>	L	L	L	L	
Avgeran			3 527	İ										

5,853

Page 2

Maximum

^{*} Refer to the instructions for this report to determine which plants must provide this information.

WS Name:	Wootens' S' W/						PWS Identification Number	2541280%	经集进备约 代
WS Type:	✓ Community	Non-Transie	nt Non-Communit		ransient Non-Comi		Consecutive	and the second s	and the same of the same
umber of Service Connec WS Owner:							Population Served at End of N		SPECIAL SECURITY SECU
mtact Person;	'Aqua Utilities Florida		1 412 (NA 14)						
ontact Person's Mailing A	Brian Heath 1900 1000		gar ga ga laktara wa . 			Cont		Area Manager	
ontact Person's Telephone							State: Florida (1997) 200 act Person's Fax Number:	(352) 787-6333	
intact Person's E-Mail A							act resons rax number		
ater Treatment P		<u> </u>	36.110.108.0011	794. 3	F 4 (73) (6 344 9.2 %	1 19 42 X 1 4T	भारतात् । वृष्युः शुक्तः द्वास्त्रहरू	Section of the Capeting of Capeting	gavern var von en
ant Name:	Wootensy	3.5	一定を使っている。	a sumalification	and the state of the state of	Salakaran da bur	Plant Telephone Number:	(352):787-	0980>::::3' = 3
ant Address:							State: Florida (3)		32139
pe of Water Treatment b	y Plant:	✓ Raw Ground	Water	Purchased Fin		1000			
mitted Maximum Day (Operating Capacity of Pl	ant, gallons per day:				THE STATE OF THE STATE OF	na haireann an an a	hat a should be	学·罗·洛· ·································
	tion 62-699.310(4), F.A		Maria V			Plant	Class (per subsection 62-699.3	10(4), F.A.C.): 片流 D.适	ZA
licensed Operators	100000000000000000000000000000000000000			建筑是建筑	License Class	License Numbe	i 共自沙勒兴和Day	(s)//Shift(s)/Worked	多品。这些品质
	Paul Thompson		21408 1177 25		A		Days 1st Shift		
horsbriet ators:	David Haring				Car Table 100		Days 1st Shift		
	Ralph Marriott				Circle steel said	7527 co	Days Ist Shift 7 7	是1947年1947年1947年1947年1947年1947年1947年1947年	海水 法收证
	一 有人,不知人的心态。					ar Saeadhar 1929	经常的特别的 。 1964	的不会问题,当时在	4. 40.44 6.45
A A CAN TANK	Section State 1					and the second	ale in the South that the first the second	"同心"。"这个优级为代数	September 18 18 18 18 18 18 18 18 18 18 18 18 18
			144.21 je 19		. ૧૯૪૦ મહેલ્લ		· \$2.50 (1) (1) (1) (1)		100
	\$ 2 mm & 17 mm 3 mm					19 16 16 16 16 16 16 16 16 16 16 16 16 16	e kar starten hategenst		210
Hart Commis	<u>,</u>							等点是是"数据	्रें दें, 'प्रेंगेच द
	Ar					W distributed to			
	1350 of 1861 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					N. N. T. Carlotte			
Mark the second second	A CONTRACTOR OF THE CONTRACTOR			16 S	1,915, 1, 1, 1, 1, 2, 1, 1, 2, 2	A STATE OF THE STATE OF	s visit of the results	The Later Contract White Min	There is the street of
ertification by Le	nd/Chief Operator	·							
A CHARGICA DAY TAX							nt plant identified in par		

Signature and Date

owner canvetain them, together with copies of this report, at a convenient location for at least ten years.

Paul Thompson Printed or Typed Name

A7251/24 Str. 19 14 2 17 19 License Number

rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS

PWS Identification	n Number:		2541280		Plant Name:	Wootens							
111. Daily Data	for the N	lonth/Year	of:		October, 2007								
Means of Achievi	ng Four-Los	Virus Inactiv	vation/Remov	al: 🔽 Free C	hlorine [Chlorine Di	ovida	C Ozone	Comb	ined Chlori	ne (Chlorer	nines)	
Ultraviolet R			x (Describe):			Cinciple D	IVAI U G	, 020116	1 00000	unon	re (oniois	····················	
Type of Disinfe					Free Chk	rine T	Combin	ed Chlorine	(Chloramine	a) [Chlorine I	Dioxide	
17 200 00 2000	US See a			T Calculations, or					· ·			Normania de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición del composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela	Local design in the second second second
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1000	10.30	學的學學			Disinfectant	Provided	1.00	法的政策		24 Wall	TO PLOY	76-53 (1975)	
Days Plant	1.00	经经济一次	196	Lowest Residual			1.36	100	900年表现			Cowert Residual	
Shaffed or.	安學之時	Net Quantity of Finished	12.15	Disinfectant	(T) at Co	The First	1 3 3 3	43.3		计学协议 的	Minimum (UV Dose)	Distriction	i Emergency ov Abithimali Operating
	Hours plant	Water		Concentration (C)	Measurement	rCustomer	1.		Minimum CT			Conocara con a	Conditions: Repair of Maintenance: Work tha
the A Place	A company of	Producted	Peak Flow	Customer During	Peak Flow	During Peak Flow, mg	Temp of	pH of Water	Required ma	UV Dose	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	& Distribution	Anyolves, Paging Water, System Components
I *** Y 'X . No. 12 "22 . "	Operation:	gal.	The business of the	Peak Flow, mg/L	i/ minutes			if Applicable	min/L	mW-sec/em	Sec/cm	System mg/L	Property Out on Operation as its
্রা ্ X	24.0	5,076	-	2.5	10" " " " " " " " " " " " " " " " " " "			31.5	wer of the s	2. 有7.70 页一位	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	st i state of the state of the Over	大学的 医神经神经 医多种性 医多种性 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
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₹23 / X	24.0	2,970		2,0,	31.	فياتحو فردم	e - \$50	وريا أحرار أفعاله	연구학 기가 🕻	الرخار الرام الوائر	43 m	<i>f</i> ₀ .* ₹7.0.6-	"我们的"我们",我们就是一个"我们",
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%,725 kV ⟨X	24.0	2,800	1,	2.3.		1.2 4 M.D.	,,,	3 + 1	may a transfer	机铁线 安特克	(1532; 174,74(15)	3 - A - C - C - O.87	
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Total deposit of		93,246			****			· · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • • • • • •	
Avenue			1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions. General Information for the Month/Year of: November, 2007 A. Public Water System (PWS) Information 2541280 PWS Name: PWS Identification Number: Wootens PWS Type: ✓ Community Non-Translent Non-Community Consecutive Translent Non-Community Total Population Served at End of Month: 87 Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Агев Маладег Zip Code: 34749 State: Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg Contact Person's Fax Number: Contact Person's Telephone Number: (352) 787-098 (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Plant Telephone Number: Wootens Zin Code: Plant Address: City: Georgetown State: Florida Hess Road Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 60,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.); ٧ Licensed Operators Name Name License Class License Number Day(s) / Shift(s) Worked 15. 4 L'ead/Chief Operator: Paul Thompson Days 1st Shift 7251 Other Operators: David Haring Days 1st Shift 14091 Ralph Marriott 7527 Days 1st Shift II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain mem, together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson Signature and Date Printed or Typed Name License Number

PWS [dentificatio	n Number:	······································	2541280		Plant Name:	Wootens							
III. D	aily Data	for the N	Iouth/Year	of:	· ·	November, 200)7							
			g Virus Inacti		val: Di Free C	Chlorine [· · · ·		
ات تا	traviolet R	adiation	Othe	r (Describe)		morne (Chlorine Di	oxide	1 Ozone) Comt	oined Chlori	ne (Chiorar	nines)	
Гт	f Distar	ataut Daa'	1 137 1 . 1			€ E Chl		Cambir	ed Chlorine	(Chloramine) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Chlorine I	Dioxide .	
7 37	The second	La Grand	Juan Iviannican	ited in Olsa	TOUCION System.	I Pres Citi	The state of	COMO	Z.'	Cinoramine		CHIOTHEL	710xIue	210 (1985) 324 (N. 1915) 1
	100		Net Quantity Of Finished Water		CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus inac	tivation, it	Applicable	1/1/		
						CT Cald	ulations	/	* 10.	1. 48.11.11.11.11.11.11.11.11.11.11.11.11.11	* 001	Jose , , ·		
			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	1 2 gran 21.	Lowest CT	[[1] 人名英德	
, , , , , , , , , , , , , , , , , , ,		2 . B.	Entra State		land and the second of the sec	Disinfectant	Provided				3.			
"And in	Days Plant		Aller	N. 37 - 1	Lowest Residual	Contact Time	Before or at			6 3 D 12.	-1		Lowest Residual	
4.50	Statted or	177	Net Quantity	1 246	Disinfectant	(T) at C	First	100		A	L	Minimum	Disinfectant	
	Visited by	1.大之为明	of Finished	** •	Concentration (C)	Measurement	Customer	1.00	2 - 127	3 3 3 3 4 4 5 2	Lowest.	UV Dose	Concentration at	Emergency or Abnormal Operating
Paylu.	The same	rious piant	to Description	Peak Flow	Before or at Fust	Point During	During Peak	Temp of	ATT ACTIVAÇÃO	Minimum Ci	TIV Dose	Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	Water Producted, gal	Rate, gpd	Peak Flow most	Peak Plow,	Liow, ing-	Water of	if Apolicable	Required, mg	10 V 20sc,	sec/cm²	Distribution	Out of Operation
Sep 199	X	24.0	2,890	. route, gpd.	1.5	manutes.	· unar	772001, 0	TI Applicatio	unia c	111 TT-3007 CTI	SECULI	0.5	55'12' Salves Secon of observation 4 44-4
2.	X	24.0			1.8		·····	· · · · · · · · · · · · · · · · · · ·	 		 		0.6	
38.6		24.0	2,770					 						
415		24,0	2,770							· · · · · · · · · · · · · · · · · · ·				
°; 5, ; ;	Х	24.0			1.5								0.4	
6	X	24.0			1.8								0.6	
703	X	24.0			2.0								0.8	
187	X	24.0			2.1								0,8	
92	Х	24.0			2.0				<u> </u>				0.8	
-10 		24.0												
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±13:	x	24.0			1.5		 	ļ	 				0.6 0.6	······································
14.	X	24.0			1.3		 	 	 				0.4	***************************************
15	X	24.0			3.1		 	 					1.9	
- 16	X	24.0		".	2.4		 	 	 	<u> </u>			1.6	
-17		24.0				-	<u> </u>						•	
18		24.0	2,987					_						
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31	_^_	24.0			<u> </u>		 	 					U. 6	
Total	l	1	88,170				·			!	Ļ		L	
Avgerag	e		2,844											

4,300

Page 2

Maximum

[•] Refer to the instructions for this report to determine which plants must provide this information,



Polymer Page 3 Due in December See Pages 4 for Instructions. General Information for the Month/Year of: December, 2007 A. Public Water System (PWS) Information PWS Name: Wootens 2541280 PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month Total Population Served at End of Month: 29 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Area Manager. Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 City: Leesburg Zip Code: 34749 State: Florida Contact Person's Telephone Number: (352) 787-098 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Wootens (352) 787-0980 Plant Telephone Number: Plant Address: Hess Road City: Georgetówn State: Florida Zip Code: 32139 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 60,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): D License Number Day(s) / Shift(s) Worked Name License Class Bead/Chief Operators Paul Thompson Days 1st Shift 7251 Other Operators: David Haring С 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251. Signature and Date Printed or Typed Name License Number

Page 1

PWS Ic	VS Identification Number: 2541280 Plant Name: Wootens													
III. D	aily Data	for the N	lonth/Year	of:		December, 200	7					·		
			g Virus Inactiv		/al: 17 Free C	hlorine [iovide	COZODE	[Comb	sined Chloris	re (Chloren	ninen)	
וט דו	traviolet R	adiation	Othe	r (Describe):	, , , , , , ,	,	CHIOTHE D	Oxide	1 Ozone	1 Come	inted Chior i	ne (Cinoral	ппезу	
						Pres Chic	rine [Combin	ned Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Ges. An	51	Markey H	#Z#480	19975 990 10	T Calculations of	LIV Documo	Demostate 1	EANELT AN	oVirus Inac	tivation if	Amblicable		Contract Contract	Denier grocy or Applomating Conditions' Repair or Maintenance Work that Involves Taking, Water System Components Out of Operation
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4				- C		Care Description	dictions in	1.00	3 4 C 3 6	4. 10.	S\$\$50.500	10.00		
11.0						12 184 825	Lowest CT	13.3	25/17/2				- 2	
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	Staffed or	12 17	Net Quantity	海流行	Disinfectant	The CZ	First	10.575	表生活動		建筑 企	Minimum	Disinfectant	The second second
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Day of	Operator.	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating.	Required,	Remote Point in	Conditions, Repair of Maintenance Work that
wine .	(Place	Y m	Producted.	Peak Flow	Customer During	Peak Flow	Flow mg	1 emp or	pH of Water	Required, mg	UV Dose,	on w	Distribution	Involves Taking Water System Components
#1.2 #26.	The America	24.0	2,940	· «reate; gpo: »;	reak rlow, mg/L ;	5 5 minutes van	<saminar 3.<="" td=""><td>water, C</td><td>11 Khouckoie</td><td>W.: morri's:</td><td>mw-sec/cm</td><td>3. Secrement</td><td>- System, mg/Lr</td><td>10-1642 Self-strate out of obetation</td></saminar>	water, C	11 Khouckoie	W.: morri's:	mw-sec/cm	3. Secrement	- System, mg/Lr	10-1642 Self-strate out of obetation
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2325.4	х	24.0			1.7	<u> </u>	· · · ·	1	1				0.8	
26€	Х	24.0	3,320		1.0			<u> </u>		***************************************			0.4	
W27.4	X	24.0			1.0								0.8	
#28 t #29 kg kg30 kg	Х	24.0		<u> </u>	1.3		L	.					0.6	
##29 k		24.0		<u> </u>	<u> </u>	ļ	ļ	<u> </u>	 					
を30% 第31つ		24.0 24.0		 	1.3	 	,	 		 			0.7	
11643 (173) 11643 (173)	X	24.0 24.25443.3741		 	[J	<u> </u>		L	L	U.1	
Avgeras	0 7 8 8 FK	· "说着文格社	3,182]										

[•] Refer to the instructions for this report to determine which plants must provide this information.

PW	'S ID:	2541280	Plant Name:	Wootens		
V.	Summary of Use of Poly	mer Containing Acrylam	ide, Polymer	Containing	Epichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: * 2005
Λ	Is any polymer containing the m	onomer acrylamide used at the w	ater treatment pl	ant?	☑ No ☐ Yes, and t	the polymer dose and the acry lamide level in the polymer are as
	Polymer Dose ppm =				Acrylamide Level, % =	
В	Is any polymer containing the molymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatme	ent plant?	☑No 「Ye	s, and the polymer dose and the epichlorohy drin level in the
	Polymer Dose ppm =				Epichlorohydrin Level, %1=	
Ç	Is any iron or manganese seque	trant used at the water treatment	plant?	√ No	Yes, and the type of se	equestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphosp	hate or sodium silicate):				
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	ıs SiO₂ =			
	If sodium silicate is used, the an	nount of added plus naturally occ	urring silicate, in	ng/L as SiO ₂ =		

[•] Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



TITO NY	stem (PWS) Inform		eraturana i saari era i saari aa	endering disputer of the Proceedings of the Comment	- configuration	A Carried March on the		0.641000
WS Name:	Wootens						PWS Identification Number:	2541280
VS Type:	✓ Community	Non-Transient Non-C		☐ Transient Non-Cor		The contract of the	Consecutive	
	nnections at End of Mon					The Ball of the Control of the Contr	Population Served at End of Month:	87
VS Owner:	Aqua Utilities Flor	ida		manufacture of the second seco		25.98.250 (4.80)	· · · · · · · · · · · · · · · · · · ·	
ntact Person:	Brian Heath					The parties of the pa	act Person's Title: Area Ma	
ntact Person's Maili		PO Box 490310.			City:	Leesburg	The state of the s	Zip Code: 34749
ntact Person's Telep		(352),787-098-			i in dise in	Conta	act Person's Fax Number: (352) 78	7-6333
ntact Person's E-Ma	ut Address: t Plant Information	beheath@actraamenc	2:00m		14年6	Talk Comments		September 1985 Septem
ant Name:	Wootens	The second secon		o Maria do Arelanda de Santo	e Contractions	and the second second	Plant Telephone Number:	(352) 787-0980
ent Address:	Hess Road	The state of the s			ATT THE SECOND	Georgetown		Zip Code: 32139
pe of Water Treatme		Raw Ground Water		sed Finished Water	· ¡City.	Georgerown	State. Florida	
	Day Operating Capacity of		Fucia	60,000	i i i i i i i i i i i i i i i i i i i			
	bsection 62-699.310(4),		West-	00,40046,7-6,566	200 300 300	Plant (Class (per subsection 62-699.310(4), F.	A.C.): D
		na Vrinte		ાં કાલ્ડાંજ હોત	N Si Ge	nga Nimba	a Day(s) aSh	ift(s).Worked
	tors Paul Thompson					7251	Days Ist Shift	
his Occamos	David Haring	And Charles and the control of the c		C. C.	X 9/4	14091	Days 1st Shift	
		A A COMPONENT CHECKS OF CASE PROPERTY AND A CONTRACT OF THE CASE O					THE WAY TO SHE WAS TO SHE	
			AME CALL		- 2			
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		the first of the second						
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			The Republic		1 (1 (1 (d)) (d) (d)	AND TO PART OF		
	The and the Various Leading					The stands		
		A CONTRACTOR OF THE PROPERTY O	the second secon	2.Thogy Sur 107 P44 (35 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	SHALL WANTED	Commence of the section of the section	The state of the second control of the state	
rtification by l	Lead/Chief Operat	or						
e undersigned	water treatment pla	nt operator licensed in Flo	rida, am the lea	d/chief operator of t	he wate	r treatment	plant identified in part I of this	report. I certify that the
ormation provid	ded in this report is t	true and accurate to the be	st of my knowl	edge and belief. I ce	rtify tha	at all drinkir	ig water treatment chemicals us	ed at this plant conform
							nat the following additional ope	
							rds of amounts of chemicals us	
n applicable, a	ippropriate treatmen	it process performance rec	ords. Furthern	iore, I agree to provid	ie these	additional	operations records to the PWS	owner so the Pw 5 own
DIN Phons Toward	ner with copies of th	is report, at a convenient l	ocation for at l	east ten years.	\$			
ram mem, logen		1 1 .						
cam alem, togen		1 1.		4				

		on Number:		2541280	1.00	Plant Name:	Wootens	د بازی ایس ف	contraction in		North Agents			
II.	Daily Data for the Month/Year of: Fanuary 2006													
lean:	of Achiev	ing Four-Lo	og Virus Inact			e Chlorine	Chlorine I)iovide	Ozone		nbined Chlor	ine (Chiene		
	ltraviolet l		Oth	er (Describe)):	: · · · · · · · · · · · · · · · · · · ·	CINOLING L		3 OZ0180	J COI	ioinea Chioi	ine (Chiora	mines)	
уре	of Disinfe	ectant Resi	dual Mainta	ined in Dist	ribution System:	Free Ch	lorine I	Combi	ned Chlorin	e (Chloramir		Chlorine	Dioxida	
												CHOTHE	Dioxide	The Control of the Co
, Y			100		<u>அட்கூற்றார்கள்</u>	Distance Doscard	Demostate	#POΠL≱ΓΟ	24V1rus/Ina					
- 1	15.5	3.3					Culations				LUV.	Dose AA		
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્યું	10.00	1	100	2000		े छोराता द्वा न	ं देतापतिहा	1 2 2 2 2	6176	10000	100			AND THE CONTRACTOR
	Days Plan Staffed or		1000	The Control	a Lowest Residua	Organisa m Contradum Spetial Victorian m	Before of						Lowest Residu	
50 d	Visited by	1	Net Quantity Cot Finished	12.	Disinfectant	FINANC.						Minimum	Disinfectant	
/ ot	1 25 35 4	1 2 2 2 2 2 2 2 2			Concentration	AC Surement Point Differ					L OVEST	ALL VaDose	Concentration	at 8532 Emergency or Abnormal Operating
ie.	(Place)	14.50	Producted	PeakFlow	Character and	30.46	enimerea S	(iconical		Yimmun C	4.4		Remote Point	n Conditions Repair of Maintenance Work
ntn		Operation	as Cgall	Rate gpd.	Beak Flow mg/I	minim	min	Vinte 17	Amiran	e as min I		Sec cm	System mg/s	Involves Taking Water System Compone Out of Operation
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	X	24.0						1900 (S. 1900)					0.3	us Messico de America de Carlos de C
	X	24.0			A. A. A.	2 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300	****	Crist Sec		Constant	S MOTOR CONTRACTOR	0.5	
		- 124.0	2,840		AND THE RESERVE	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							0.4	
4		24.0		141	144.A	1 对象是特殊的		· Paris	31		2 (A) 1		0.4	
鐵	Х	24.0			Contract CEN	The second secon		Lucy Du is	ASP TOW	gun prizery c			0.4	
	3,44	24.0 24.0			T73672-85-7583			A SECTION S		49 C 9 C	Specific		建模的用作作	
2	X	24.0		4 2			200	Year.			E. K.			
4	X	24.0					40 10 42		4375	THE LABOR.	\$ 1		0.3	
		24.0		N. off St. Co.			200	44 C. C. C.					0.3	
	X	24:0				The state of the s			Camprel 24 Calendario		Section and the section of the secti		0.3	
	X	24.0	3,610	V - 4 14	1		1.00 PM C.		Transfer	Andrew Market Co.	Andrew Control		0.3	
(3)	ger er lassgir	24.0				14. S. A. A. A. A.		40.22	ELE TOP		Part of the second	- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	4-4542 277-45-4	
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	X	24.0	2,707		. 2		""。"我不 "	通 力和	Mar ingle	be extra	· Critical	Contraction	1.2	
	X	24.0				activities (especially) and a second			强性分别。			H	1.1	
	X	24.0 24.0		attende en en en en en en en en en en en en en	2			MALTE				LA LINES	1.2	
	X	24.0	2,380 2,340		22	44 14 14 14 14 14 14 14 14 14 14 14 14 1					沙		1.2	
	•	24.0		e Million of the second	2	And the second of the second o	No. 190 AN CO.				40		1.2	
		24.0	7,7-77		3				Mileste (M					
	X.	24.0	3,027				e dalen and	Padaliai da Leadina	F 5 - 5 36		Problem Comment			
	X **	24.0		province of the	300 48 5			172 · · · · · · · · · · · · · · · · · · ·			Alak .		0.8	
	and the second second	-0000	99,200		1	and the second of the second second	Ta satasanang s	An ingramment in	est M. The Mark	· 大小海口图 位置	बर्ट कोला	<u>Fair vitae.</u>	0.7	<u> </u>
1			3,200]										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

	nstructions. ition for the Month/Year of:	February, 2006	The house of		2	•				
	stem (PWS) Information	g - 60):62/ y - 2000	<u> </u>		<u></u>	4 1.1	· · · · · · · · · · · · · · · · · · ·	<u></u>		
PWS Name:	Wootens Wootens			1. 1. 1.	w	n a lant puln and page.				
PWS Type:	·	ransient Non-Community	<u> </u>	<u> </u>	•	10a74104 a	PWS Identification Nu	mber:	2541280	
	onnections at End of Month:	29	<u> </u>	Transient Non-C	ommunity		Consecutive	1.631	87	
PWS Owner:	Aqua Utilities Florida	25	An Allegeria			1 Otal	Population Served at En	d of Month:	8/	
Contact Person:	Brian Heath		Translation of the			Cont	act Person's Title:	Area Manage	-	
Contact Person's Maili	ing Address: PO Box 4903	10	V A CONTRACTOR		City	Leesburg	State: Florida	Alea Manage	Zip Code: 3474	/40
Contact Person's Telep			Alam North				act Person's Fax Number	(352) 787-63		
Contact Person's E-Ma	ail Address: beheath@	aguaamerica.com			100 Television	100.00	act i cison s i ax i tumoci	(332) 707-33		,
Water Treatmen	t Plant Information		7 199 19 19 19 19 19 19 19 19 19 19 19 19				18.7.25.	·		
Plant Name:	Wootens			A Maria	j ishtiki:		Plant Telephone Numb	er:	(352) 787-0980	
Plant Address:	Hess Road				City:	Georgetown	State: Florida	75 To 18 19 19 1	Zip Code: 3213	39
Type of Water Treatme		round Water P	urchased Fir	nished Water		Y	*			
Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day:		60,000			k, i y r		·. ··	
Plant Category (per su	bsection 62-699.310(4), F.A.C.):	(1 - 1 - V		•		Plant (class (per subsection 62-	599.310(4), F.A.C): D	
Miscensed Operati		Name	2.	License Cla	issi Ercei	ise Number	100	Day(s)//Shift().Worked	32.44
Best de III et la Briesi	Paul Thompson	an in terranah production in di	Section .	A	10, 10	7251	Days 1st Shift			
Gille Graning	David Haring		العالم أرود	c		14091	Days 1st Shift			
			1921		. 4.3					
								the second second		
							4 (4.56) 19 (4.1)	1.00	-	
			and the second			The Art Art Art Art Art Art Art Art Art Art				
		e Bergless de la company de la company de la company de la company de la company de la company de la company d	HARRYST FIL	3 (1)	<u> </u>		Transfer of the second		1	
				E on the des					······································	
the state of the s				<mark>giner telebir</mark>						
Certification by I	Lead/Chief Operator					•				. 44.544
I, the undersigned	water treatment plant operator lied in this report is true and accur	censed in Florida, am thrate to the best of my k	ne lead/chio	ef operator of	the water	treatment p	plant identified in pa	rt I of this repo	ort. I certify that	the
International Stand	dard 60 or other applicable standa	ards referenced in subse	ection 62-5	55 320(3) F	A C I ale	o certify th	at the following add	itional operation	one records for th	hie nlan
were prepared eac	h day that a licensed operator star	ffed or visited this plan	t during the	a month indica	tod abov	or (1) monor	eds of amounts of ab	amicala yead a	nd showing food	d roton
(2) if applicable, a	poropriate treatment process per	formance records. Furt	hamman T		ileu aduv	e. (1)1ecoi	ds of amounts of ch	emicais used a	nd chemical feed	1 lates,
retain them, togeth	ppropriate treatment process perfer with copies of this report, at a	convenient location for	r at least te	n years.	ide inese	additional (perations records to	ne PWS own	er so the PWS ov	wner ca
()								and the second s		
Signature and Date	3	6 06	Paul Thomps	on ·					A7251	

PWS I	dentification	on Number:		2541280	<u> </u>	Plant Name:	Wootens							
111.	Daily Data for the Month/Year of: February, 2006													
				vation/Remov								,	· · · · · · · · · · · · · · · · · · ·	
	traviolet R			T (Describe)		niorine j	Chlorine D	ioxide	C Ozone	┌ Comb	oined Chlori	ine (Chloran	nines)	
⊢											· · ·	,		
1 ype o	of Disinfe				ibution System:	Free Chlo				(Chloramine		Chlorine I	-	
700				7. S. S. S. C.	A Calculations you	authauose ios	Demostate	iour-Log	Virusilnac	ivation; ale	Applicable	1.77.22	1.75	A THE PARTY OF THE
4.5	100	17. 20. 27. 46.31	Lucies state of the	A Translation in the	When I was the fact the same		PARTY NOT BEEN AND THE	A STATE OF SALES AND ADDRESS OF		THE WAST WITH THE PARTY OF THE	A STATE OF THE PARTY OF	- 2 'W. Marie		
	5分數學		the Military of	Comments of the second				2 W 15.5		- F045		3.77.00	1,44	
1			**************************************				LOYET CE				1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2 40		
M. J.	Days Plant			100	OWNERS									Carlot
	Staffed or		Net Quantity	44 - AME	A Talleton Company	THE WEST			*		and the	Minimum	dipisinfectant	Emergency of Abnormal Operatings: † Conditions, Repair of Maintenance Work that Involves Taking Water System Components Out of Operation
12 (12 kg)	Visited by	15	of Finished	4840 E TS	e Concentration &	We come of	(Chiching)		S 20 (10)		Lowest	DVDoses	Gortenfil ilon∤ii	Finergency or Abnormal Operating
Day of	Operator	Hours plant	Water 189		*Before of at Fusing	Politica maile	offin 201		* 17 P. T.	Minimumici	Operating	Requireds	Remote Pointin	Conditions, Repair or Maintenance Work that
the	(Place T	Operation	Producted	Beak Flow	Grejone (Dillene	in the transfer of the transf	Elow me-	Temp of	perolevinier	Required sing	UV Dose!	7. mW	i Philippion	Involves Taking Water System Components
Month'	> ("X")	Operation.	gal 🐙	Rate, gpd.	Peak Flow mg/1		min/Line	Water C	itiApplicable	建 市心(事業	m W-sec/cm	sec/cm v	System mg/La	Out of Operation
the least		21.0			1,05	Magnitude of the State of the state of the				tiga e e comi ji	10		A CONTRACT AND ACT	Maria Nation
		24.0 24.0	3,140	280178 H	12.5				- 100				0.4	\$ ".e"
		24.0	3,030 2,620		1,4								0.4	
38.54		24.0	2,620	Side Marine Control					E.,		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Professional States	
366	Х	24.0	2,620	# Sec. 10.00	1.2	No. accorded the Virtual of the Control of the Cont	Strangerand.						0.3	
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A800MR	X	24.0	2,180	Contract Contract	1.8			19.	r is the Lawfield				0.6	
域山縣	Х	24.0	4,310	SYSVE HE	2.4	Market 1882			17 g	For William			0.7	10 10 10 10
建	ar Program	24.0	11,770		W. 22		9000				47.0	1 143		######################################
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		24.0	3,100		.I.52		gas in agreement of	,		erski i seriosi			0.4	A Company of the Comp
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AND THE	Х	24.0	1,650		13	7.7		-	* (# <u>*</u>		X.	†	0.3	
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報(6)		24.0	2,723	ETAL HE			eni fati ci				i	1	y v	
総成	Х	24.0	2,723		1.5		gud et Erre		 40 (4.2) 	Part Air c			0.4	
42.0	Х	24.0	2,240	Vince and an arms	1.6		\$1, X-5-1, You						0.4	
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168		24.0	are saligh							2.0 5.	17.5			
Total	-		106,690											
Avgera	distribution in the local control	المراجعة المراجعة المراجعة	3,442	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.

LY _ ERA .. JN R .. DRI . JR F .. JS TREATING KAW GROUND WATER OR PURCHASED FINISHED WATER



Public Water Syst	ion for the Month/Y	ear of: Ma	arch, 2006			A Primer Land		
ubile Water Syst	tem (PWS) Informat	ion		•				<u>-</u>
WS Name:	Wootens					PWS Identification Nu	ımber: 2541280	
WS Type:	✓ Community	Non-Transient Non	n-Community	Transient Non-Co	mmunity	Consecutive		
lumber of Service Conr	nections at End of Month:	29		West of The State	Tota	Population Served at En	nd of Month: 87	
WS Owner:	Aqua Utilities Florida	A204						
Contact Person:	Brian Heath	17 (12 C)		STILL THE	Con	act Person's Title:	Area Manager	
ontact Person's Mailing	g Address: F	PO Box 490310	That The state of the state of		City: Leesburg	State: Florida	Zip Code	34749
ontact Person's Telepho	one Number:	352) 787-098			Cont	act Person's Fax Number	: (352) 787-6333	<u> </u>
ontact Person's E-Mail	Address:	beheath@aquaame	rica.com					: 1.
Vater Treatment	Plant Information						!	
lant Name:	Wootens			W ith the Hubble	10.15年春美海	Plant Telephone Numl		
lant Address:	Hess Road				City: Georgetown	State: Florida	Zip Code:	32139
ype of Water Treatmen		✓ Raw Ground Water	Purchased F	inished Water	· · · · · · · · · · · · · · · · · · ·		·	
ermitted Maximum Da	ay Operating Capacity of P	lant, gallons per day:		60,000				
lant Category (per subs	section 62-699.310(4), F.A	s.C.):	. (. V .) 4/34		Plant	Class (per subsection 62-	699.310(4), F.A.C.): D	THE PARTIES OF SUM
Escensed Operator	ion <mark>i dia kamanananananananananananananananananana</mark>	Namen a		License Clas	s: Eicensei Numbe		Day(s) Shift(s) Worked	Marketta il
	Paul Thompson			A	7251	Days 1st Shift		<u> </u>
ilita Conseiros	David Haring			*: C	14091	Days 1st Shift		<u> </u>
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								<u></u>
Training to the first production of the								
ortification by L	ead/Chief Operator							2004.

PWS I	identification Number: 2541280 Plant Name: Wootens													
III. D	aily Data	for the N	Ionth/Year	of:		March, 2006								
			g Virus Inacti				Chlorine Di		Ozone			(Chlanen	·>	
	traviolet R			r (Describe):		morme	Chiorine Di	oxade	Ozone	Come	ined Chlorir	ne (Chioran	illes)	
-										(Chloramine		Chlorine I		
and the second	Assemblication Co.				ibution System:	Free Chk				·				Artist Harris Control of the Control
多海				C. C.	of Calculations, or	OV Dose to	Demostated	our Log	Virus Inac	ivation and	applicable;			
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學的學	城市江	4.3	100	1.774			SHOW SERVICE					李多多		
11	***			V-62-7	100	Language Control	Lowest CI	38.8				Wine +		
	Days Plant	- C					Provided				3		rowe Remittel	
1100	Staffed or					Contract of the	DEJUIC OF AL				3000万	Minimum	A PROPERTY OF	
34	Visited by	100	Net Quantity of Finished - Water - Producted	3.00	Does Descus Disnjecting Concernation C Berger Oranics Current Disne		Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating 72
Day of	Operator	Hours plant	Water	F CT HAS I		Point Diring	DuringsPeak			vinima Za	Operating	Required	Remote Point in	Conditions Repair or Maintenance Work that
Day of the	(Place	Fain St	Producted	Peak Flow	SCustomer During	-12/1/30 nm	Now mo	Jennot	of to Whice	Required my	UV Dose	mV-1	Distribution	Involves Taking Water System Components
Month	"X")	Operation	ar cal wa	Rate, gpd it	Peac Flowing L	minutes		Water &C	ifiApplicable	annut a	mW-sec/cm	sec/cm.	System mg/Lik	TEmergency or Abnormal Operating 7 Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
经到海热	X	24.0	2,920	در د اینانجی		Burn Garage	walkan Mari	\$400 1 4 3.00					- 0.4	胸實 在几点在一个一个一个一个一个一个
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14 70 M	X	24.0			.24		44.5 (54) 1 1/3-	TAMAN CANARA					1.0	Maria (n. 2)
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22	X	24.0			13			find you					0.3	
##23 P	X	24:0			1.5	200 (4) (1) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			S				0.4	
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25		24.0				BORDS:	Attack Action				in a			(A)
4 26		24.0			gradual filter a mer A	gia de Lighter de La Pr	April Andrews	ALL V V Liber	tige of agency	Protection of			1. a.d. 303 905 261	<u> </u>
24	X	24.0			1.5							<u> </u>	0.3	ASS. Land
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機30億	X	24.0			15					Mark and Market			0.5	
Tolal	X	24.0			1.6		Kirko (Sik.)	Francisco.	A 28 70	es (The grand)	N. 97.	L	0.4	PARK TO THE PARK T
SOME	lada a pagindi di dan dan da	De Stimbling	100,640	1										

^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for I									·
General Informa	tion for the Month/	Year of: April, 200)6			di es			Nachari I
. Public Water Sv	stem (PWS) Informa	tion —							
PWS Name:	Wootens		e De Marie Barrio Learlin	erantische der eine	again the	e jirayya kwa	PWS Identification Number:	2541280	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PWS Type:	✓ Community	Non-Transient Non-Comn	nunity	Transient Non-Comn	nunity		Consecutive		
Number of Service Co	onnections at End of Month					Total	Population Served at End of Mont	th: 87 -	
PWS Owner:	Aqua Utilities Florid		ant.			-1525			n fraging is
Contact Person:	Brian Heath			Administration		Conta	ct Person's Title: Area	Manager	
Contact Person's Mail	ing Address:	PO Box 490310		42年 十年 選集 至初	City: Lee	sburg	State: Florida #	Zip Code:	34749
Contact Person's Telep	hone Number:	(352) 787-098				Conta	ct Person's Fax Number: (352) 787-6333	
Contact Person's E-Ma		beheath@aquaamerica.c	om,						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	t Plant Information								
Plant Name:	Wootens	一种"大学"。"一个"大学"		4.74 4.74			Plant Telephone Number:	(352) 787-0	980
Plant Address:	Hess Road				City: Geo	orgetown	State: Florida	Zip Code:	32139
Type of Water Treatm		✓ Raw Ground Water	Purchased Fil	nished Water					
	Day Operating Capacity of			60,000					
	bsection 62-699.310(4), F.						lass (per subsection 62-699.310(4		S. Milestone China (In Decreese at 1877)
Elicensed Operat	OISIR C. T. C.	eservice Names (1884)					Day(s)	Shift(s) Worked	#### TO 194
	ions Paul Thompson			AND THE SECOND		51	Days 1st Shift		
Office Characters	201.01100116		A	Callette.		091	Days 1st Shift		
	Ralph Marriott	The second secon		CTOPE	75	27	Days 1st Shift	<u>er y e a jako ezer</u>	Mark Land
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		The state of the s		* Partie St. 1997	The Transition	1 1 1 1 1 1 1 1			
					detic				
				segration of the second	(Africa)	1242		And the second s	- 1, 1, 1 to 2
				Section 1	900 A			<u> </u>	7.2
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tens open, activities and the work last to him.	Additional Property Control of					2,69	The second second		<u> </u>
Certification by	Lead/Chief Operato	r		•					
		operator licensed in Florida	om the landfale	Ser Linear College	krimen e		lane identified in and Tarket	hic remort Tagetif	· · · · · · · · · · · · · · · · · · ·
information and	water treatment plant	operator aceased in Florida	, am me lean/chi	er oberator of me	water tre	arment p	iant identified in part i of ti	us report. I certify	mat me
miormation provid	ded in this report is in	ue and accurate to the best of	t my knowledge	and beliet. I certi	ty that al	l drinkinį	g water treatment chemicals	s used at this plant	conform to NSI
		cable standards referenced in							
		operator staffed or visited thi							
(2) if applicable, a	appropriate treatment	process performance records	. Furthermore, I	agree to provide	these add	ditional o	perations records to the PV	VS owner so the PV	WS owner can
retain them, togeth	ner with copies of this	report, at a convenient locat	tion for at least to	en years.					
	÷ i ka ti etter i jeta i jeta i jeta i jeta i jeta i jeta i jeta i jeta i jeta i jeta i jeta i jeta i jeta i j) 1	·	- • ₹ 2772559 12555¥			and Tourishing	•	
12		- 5/4/nc	Paul Thomas	son it is	5-1 1-1-1			A7251	# 11. N. 1
Signature and Date		-1 1/10/20	Printed or Ty	1	Action Control		 a month of partial of the control of t	License Nu	mber
	•	• .	rinned of 13	Aber Manie				Piccine Mr	most

. Daily Data					April, 20	006							
ans of Achievi	ng Four-Log	Virus Inacti	vation/Remo	oval: Fre	e Chlorine					- <u>(11)</u>	·		·
Ultraviolet R	adiation		T (Describe		CINOI MIC	Chlorine I)ioxide	☐ Ozone	Г Сол	nbined Ch	lorine (Chlora	amines)	
				ribution System:			=			¥			
						e Chlorine	Combi	ined Chlorin	e (Chloramii	nes)	Chlorine	Dioxide	
				Cit calculations	OF TAVEDO	se, to Demostate	Four Lo	gavirusilna	ctivation, i	Applical	bleti		
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Visited by		of Finished		Concentration (Vizitin	mene Gistomer				Loves	d ZUV Dose	Concentrations	Emergency or Abnormal Operating
of Operator	Hours plant	Water		Before or at Fur	Pojne P	inio Diffia Pei			Minimum	тесреви	nes Required	Remote Point i	if Emergency of Abnormal Operating Conditions Repair of Maintenance Work
(Place	Operation	Producted gal	Rate and	*1***CTIZBIUGE**/111111	Company Colors	OWAY Ablowang-	(Lemp o	pi-toreyare	क्ष्मान्त्री सू	g WV:Dos	e si samV-	Distribution	Mater System Compon
	24.0	4,913	AKBIC/gpa				Water	if.Applicabl	e ace min/iss	mW-sec/	cmi sec/cm	System mg/L	Out of Operation
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X	24.0	3,800		7 / Se 1		1.00	14-14-1			40%	图 另作 编版	0.3	
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₩ : X	24.0	1,800	a serana.	7 July 191			A Marie Company	# 5차 ===+이 1 1 5 + +4월 2 11 12 12 13 14 14 14		Section 1		0.3	
X	24.0	3,860		4-6		2017 2017 2017 1 1017	t Classic cur-		de de la company	4 50751 A 70751	te A	0.4	
enar d	24.0	3,073	基本键点	图 50 产品 百分線		1	e e la la la la la la la la la la la la la		4	in the second		0.3	(1 (2011)
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X	24.0	3,520		71		The state of the s	Bergelling		BASSETATION STRUMENTS	7 415	Virginiana is		
	24:0	4,467	4/10/6			the second of th	e S STEED FRANK SE				i ka di Tangan di Kacamatan di K Kacamatan di Kacamatan di Kacama	2- 2- 0.3	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MOILLILY U. ERALIJN RLEDRI FJR FINJS TREATING HAW GROUND WALER OR FJRCHASED FINISHED WALER



See Pages 4 for Instructions.				
1. General Information for the Mo	onth/Year of: May, 2006			
A. Public Water System (PWS) Inf	ormation			
PWS Name: Wootens			PWS Identification N	umber: 2541280
PWS Type:	alty Non-Transient Non-Community	☐ Transient Non-Community	Consecutive	
Number of Service Connections at End of		a company the second	Total Population Served at E	nd of Month: 87
PWS Owner: Aqua Utilities	Plorida			
Contact Person: Brian Heath		Control Section (Control Section)	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-098		Contact Person's Fax Number	r: (352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		ETA PARTIE	
B. Water Treatment Plant Informa	tion			
Plant Name: Wootens			Plant Telephone Num	
Plant Address: Hess Road		City:	Georgetown State: Florida	Zip Code: 32139
Type of Water Treatment by Plant:		chased Finished Water		
Permitted Maximum Day Operating Capac		60,000		
Plant Category (per subsection 62-699.310			Plant Class (per subsection 62	
Licensed Ciperations 24-2-24	Name 15			Day(s) / Shift(s) Worked
Highwall the control Paul Mompso			7251 Days 1st Shift	
where Courses are Bayles faring		C C C C C C C C C C C C C C C C C C C	14091 Days 1st Shift	
La ple Marriot			7527 Days 1st Shift	
	and the date.	A Company of the Comp		
II Certification by Lead/Chief Ope	rator	·		and the second s
	plant operator licensed in Florida, am the	load/ahiaf angentan af the susta	treatment plant identified in p	
			<u>-</u>	
				hemicals used at this plant conform to NSF
	applicable standards referenced in subsect			
				hemicals used and chemical feed rates; and
	nent process performance records. Furthe		additional operations records t	o the PWS owner so the PWS owner can
retain them, together with copies of	f this report, at a convenient location for a	t least ten years.		
()	1.1			
, \ d	- C/6/06 Pa	ul Thompson		A7251
Signature and Date		nted or Typed Name		License Number
· · · · · · · · · · · · · · · · · · ·	•	· · ·		

PW5	dentificati	on Number:		2541280	. ,	Plant Name:	Wootens							
III. I	Daily Dat	a for the N	lonth/Year	of:		May, 2006								
J				tivation/Remov			Chlorine Di			F- C		ine (Chlora		
		Radiation		ner (Describe):		,	Citiotate Di	ioxide 1	Ozone	i Com	oinea Chior	ine (Chiora	mines)	
Tyne (of Disinf	ectant Resid				₩ Free Ch	lorino C	Combine	d Chlorine	(Chloramine	e/	Chlorine l	Diovide	
4 4		Barrana A	duai Mainta		outlon system.	W FIECH	orme ·	Comons	u Chiornie	(Cinoralinic	a) i	Chorne	Dioxide 1	
					iscarchiaeansaon	ta velvose, to	Demostate I	our-rog-	VILUSATISE	HIVETTON HE	Applicable			
		le side		110		CANCEL CA	enlations -	- 1	- And Address of			Dose:	10.2	
7 - X	A	19932		100000		建筑等 2.00	Tower CT			CONTRACT		130		
			1012				Provided	2 3 3 4			4.7.7		A Comment	
37. 新疆	Days Plan	2.7		1000		Silling Lime	Before ocat						Lowest Residual	
	Staffed or		Net Quantity		A TELEPICATION	Za ergale,≥	- 100					Minimum	i Disinfectant	
***	Visited by		and Emished		e. € 117 € (117 11(117 (164))	A Jack Streinen	Customer,			7	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hoursplan	Water			Sont During	During Peak			Audining #1	Operating	Required.	Remote Point in	Conditions, Repair or Maintenance Work tha
ule	(Place		Producted	Partows		Pak Flow	How, mg	Lempor	on of Alle	Required ang	UV Lose	Amy.	Distribution	Involves Taking Water System Components
Mount	Y Y	24.0	3 634 THE PARTY 21	Kars gpds	bution System: Calculations of	, with the s	a min/b-	water, C1	CAPPICADIE	Saffun 13- is	mW-sec/cm	sec/cm	System, mg/L	Out of Operation
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e <u>dia</u> mendula Pagai	$-\hat{\mathbf{x}}$	24.0				7 · · · · · · · · · · · · · · · · · · ·	1						0.3 0.5	· · · · · · · · · · · · · · · · · · ·
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		24,0	3,850			Part de	}						0.3	
⊋ir i	· .	24.0	3,850				 	-	20-18	# 90/ 				
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Allegar and a second and a second a sec		24.0	3,470			Gerkeren i ge	 		30 Å DÅ				<u> </u>	
ASSESSED TO A STATE OF	X	24.0 24.0	3,470 2,940		150		<u> </u>				; 		0.4	
integration and con-	x	24.0	4,320		168) • 683	koden kom							0.5	
and the second	X	24.0	3,870		1.51	adu (A.Ph.) Angas (A.)	 		V-9076	Be well and		 	0.5	
	X	24.0	3,600	27.89	130	J-hC ₂			o santana	A Constant			0.3	
		24.0	7,243			enter	 						- 	
MI	i i	24.0	7,243	8.	***	**			T TOTAL					
	Х	24.0	7,243	F 17 4673 5	46	virus II				2 - 400			0.3	
	X	24.0	5,180		965								0.3	
ACT TO SERVE THE	X	24.0	3,510		2:0	ali s			3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0,6	
	Zi y Xinaliy	And the second second	129,607	1										,

7,243

^{*} Refer to the instructions for this report to determine which plants must provide this information.

MON. LY CE LEATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.				
I. General Information for the Month/Year of: June, 2006				
A. Public Water System (PWS) Information				
PWS Name: Wootens	· · · · · · · · · · · · · · · · · · ·		PWS Identification Number:	2541280
PWS Type:	ransient Non-Commu		Consecutive	
Number of Service Connections at End of Month: 29			opulation Served at End of Month:	87
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contac	t Person's Title: Area M	fanager
Contact Person's Mailing Address: PO Box 490310	Ci	ty: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-098		Contac	t Person's Fax Number: (352) 7	787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				
B. Water Treatment Plant Information				
Plant Name: Wootens			Plant Telephone Number:	(352) 787-0980
Plant Address: Hess Road		ty: Georgetown	State: Florida	Zip Code: 32139
Type of Water Treatment by Plant:	ished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	60,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):			ass (per subsection 62-699.310(4),	
Licensed Operators Name	License Class L	icense Number	Day(s) / S	Shift(s) Worked
Lead/Chief Operator: Paul Thompson	Δ		Days 1st Shift	
Other Operators: David Haring	c		Days 1st Shift	
Ralph Marriott	lc	7527	Days 1st Shift	
Ralph Marriott				
	<u> </u>			
	 			
	<u> </u>			
		<u>_</u> _		
II. Certification by Lead/Chief Operator				and the second s
	C + C41			to a relative seed
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chie	t operator of the wa	ater treatment pi	ant 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 a	nd belief. I certify	that all drinking	water treatment chemicals u	sed at this plant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 62-53	55.320(3), F.A.C.	I also certify that	t the following additional op	erations records for this plant
were prepared each day that a licensed operator staffed or visited this plant during the	month indicated al	bove: (1) record	is of amounts of chemicals u	sed and chemical feed rates; and
(2) if applicable, appropriate treatment process performance records. Furthermore, I	agree to provide the	ese additional op	erations records to the PWS	owner so the PWS owner can
retain them together with copies of this report, at a convenient location for at least ter	n years.	_		
	•			
7/6/06 Paul Thompso	on.		•	A7251
Signatule and Date Printed or Typ				License Number
Transco of Typ	10000		•	MANAGEN TANGERME

PWS	Identification Number: 2541280 Plant Name: Wootens													
III. D	aily Data	for the M	lonth/Year	of:		June, 2006								
			g Virus Inactiv				Chlorine Die	oxide	Ozone	Comb	ined Chlorir	e (Chloran	nines)	
	raviolet R	-		r (Describe):	•	,	CHOI HE DR	Muc	OZONE	Como	nica Cinoin	ic (Cilorai	15105)	
 Type o	f Disinfer	tant Resid			ibution System:	▼ Free Chlo	rine [Combine	d Chlorine	(Chloramine	s) [Chlorine D	Dioxide	
1 Jpc o		74 TO 5	3020.2		T. Calculations, or									
*				4 8 6		CT Calc	Committee Standard Committee	Strain Mar 2	Selection of the select	Maria de la Companya	UVI			
	100 Sept. 100 Se	LENDY OF		A CONTRACTOR			Lowest CT Provided 3 Before or at First Customer During Peak	二、不是 是是一种	The state of the state of	State Control	distribution	036		
				100			Lowest CT			2.00				
1.5		35 2 3	رياليون المراجعة (1944) (1945) المراجعة (1945)			Disinfectant	Provided 4	1		-		177		
	Days Plant			14.00	Lowest Residual	Contact Time	Before or at	alm a			1485 A. C. 1884	Minimum	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	A WAR NO			Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	Visited by	Hours plant	of Finished Water	* * * * * * * * * * * * * * * * * * *	Concentration (C) Before or at First	Measurement Point During	Customer &			Minimum CT	A 10 10 10 10 10 10 10 10 10 10 10 10 10	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in Sin	Producted	Peak Flow	Customer During	Peak Flow,	Flow mg-	Temp of	pH of Water.	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.		Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
(M. 1 , 1, 1	Х	24.0	4,400		1.5								0.8	
/:2#s	X	24.0	3,830		1.5								0.6	
∕3 % /		24.0												
4 ک		24.0											0.8	
5 ·	X	24.0 24.0			1.8								0.8	
.7	- ^ x	24.0			2.5	<u> </u>							0.8	
8	X	24.0			1.3								0.3	
×.^ 9	Х	24.0			1.8								0.7	
* 10 *		24.0												
%al1 %		24.0	4,320											
12.5	X	24.0			1.5								0.4	
4, 13	Х	24.0			1.5						·		0.4	
14	X	24.0 24.0			1.5						 		1.0	
16 **	$\frac{\hat{x}}{x}$	24.0		 	1,6								0.8	
17.∉≀		24.0												
18%		24.0	3,687											
19 *	X	24.0			1.3								0.5	
20	Х	24.0			1.7								0.6	
21	X	24.0			1.7								0.5	
22 23 ·	X	24.0 24.0	1,920 3,950		1.5 2.5			<u> </u>			 	 	0.4	
24 5	- ^ -	24.0			4.3					 			1.5	
25		24.0	3,623	 	·						 			
26 -	x	24.0		 	0.7					 			0.3	
27	X	24.0			1.5								0.5	
28 -	X	24.0			1.3	-							0.4	
29	X	24.0			2.1								0.5	
* 30 →	Х	24.0			1.0								0.3	
, 31÷	67.20	24.0										<u></u>	L	
Total 🔅	A CONTRACTOR	建新物理	108,370	1										

4,910

Page 2

^{*} Refer to the instructions for this report to determine which plants must provide this information.

MOISTING RAW GROUND WATER OR PURCHASED FINISHED WATER



	ystem (PWS) Inform	ation							_
WS Name:	Wootens	A Company of the Comp				PWS Identification Num	ber:	2541280	
WS Type:	✓ Community	■ Non-Transient Non-Comm	unity Transie	nt Non-Communii	y	Consecutive			
umber of Service C	connections at End of Mon	th: 29		er (a. axea e e e e e e e e e e e e e e e e e		Population Served at End	of Month:	87	
VS Owner:	Aqua Utilities Flori	da			-	and the second			
ontact Person;	Brian Heath				Cont	act Person's Title:	Area Manage	er	
ntact Person's Mai		PO Box 490310		City	Leesburg	State: Florida		Zip Code:	34749
ontact Person's Tele		(352) 787-098				act Person's Fax Number:	(352) 787-63	33	
ontact Person's E-M		beheath@aquaamerica.co	om.				*		
	nt Plant Information					e e			
ant Name:	Wootens					Plant Telephone Number		(352) 787-0	980
ant Address:	Hess Road			City:	Georgetown	State: Florida	#*************************************	Zip Code:	32139
pe of Water Treatn		Raw Ground Water	Purchased Finished	Water					
mitted Maximum	Day Operating Capacity o	f Plant, gallons per day:	60,00	0 🔻	44.5				
nt Category (per si	ubsection 62-699.310(4), 1	F.A.C.): V.			Plant (Class (per subsection 62-699	9.310(4), F.A.C	.): D	
ncensed Opera	iors Herein	No. A Company of the second	Lice	nse Class Lic	ense Number	D	ay(s) & Shift(s) Worked	Carlo III
adument per	Atam Paul Thompson	<u> </u>	A		7251	Days 1st Shift			
म्बर्ग (जिल्लाकार)			C		14091	Days 1st Shift			
P	Ralph Marriott		e		7527	Days 1st Shift	.I. (1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 -		
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							Wall they were		
						· 人名英格兰			
				AND THE RESERVE TO A SECOND SE			TATA A SALES OF THE SALES OF TH		
				经基础的经验			The state of the s		
									1 1
in and a single second as an arm								<u> </u>	
rtification by	Lead/Chief Operate								
ne miderzianec	i water treatment plar	nt operator licensed in Florida,	am the lead/chief oper	rator of the wat	er treatment p	plant identified in part	I of this repo	ort. I certify	that the
ormation provi	ided in this report is t	rue and accurate to the best of	my knowledge and be	lief. I certify th	at all drinkin	g water treatment cher	nicals used a	it this plant	conform to
ernational Star	idard 60 or other app	licable standards referenced in	subsection 62-555.32	0(3), F.A.C. I a	also certify th	at the following addit	onal operation	ons records	for this pla
ere prepared eac	ch day that a licensed	operator staffed or visited this	plant during the mon	th indicated abo	ve (1) reco	rds of amounts of cher	nicals used a	nd chemica!	feed rate
) if applicable.	appropriate treatment	process performance records.	Furthermore I some	to provide thee	a additional		ha DIVC aum	on so the DY	UC aumar
tain there toget	her with conies of thi	s report, at a convenient locati	ruruicimole, i agree	to provide mes	e additional (perations records to t	ne Pws own	er so me Pv	72 OMHEL
	ater with copies of the	a report, at a pointement locati	on for at least ten year	S.		1 1 1 m			
		- 2/1/01	en der sterren in de	e e e e e e e e e e e e e e e e e e e					
<u> </u>		0/0/06	Paul Thompson	ústír ede	- 14년 · 14년		_	A7251	
gnature and Date	•	1 .	Printed or Typed Na					License Nur	

	I. Daily Data for the Month/Year of: July, 2006													
	Daily Data	for the N	/Ionth/Year	of:		July, 2006		,						
Means	of Achievi	ng Four-Lo	g Virus Inact	ivation/Remov	val: ▼ Free C	hlorine C	Chlorine Di	a salala	<u></u>					
1 - U	ltraviolet R	adiation		er (Describe):		1	Cittorine Di	OXIGE) Ozone) Com	bined Chlori	ine (Uniorar	ninės)	
_					ibution System:	Free Chlo		. C bi-	-1001	· · ·				
1 J PC	harasana	laussanana								(Chloramin		Chlorine I	Dioxide	
				**************************************	H Calculations of	LIVEDose, to	Demostate I	our Log	Virus Inac	tivation, if	Applicable	料化指定	26.2	
				A Control		CI Calc		AM2		建	据 LUV	Dose 🖓		
		4 305 3	7 3	1900 3 P	20 A A A	AND BUILDING	Zwez G	400		2000	A 44.7	200		F. 200 (1944)
		N. 354	3	1883	1,25	Disinfectant				20 B 20	1	9 2 2 3	19	
4 4	Days Plant	1.50	4 7	1000	The state of the s	Contact Time	Before							
7 mg/2	Staffed or		Net Quantity		Dismission 8	Tile	First					Minimum	Cosinfectant	
1 6	Visited by		of Finished		Concentration (C)	Measurement.	Customet 7				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Орегатог	Hours plant	Water	L\$ 80.00 L	September 19	Point During	During Peak			Variation (S)	Cperating.	Required	Remote Point in	Conditions, Repair or Maintenance Work that
the.	(Place	一种种	Producted	2 Peakingwe	e Customere Duringer	Peak Flow	Flow, mg-/	Temp of	pito (voice	Required in	LUV Dose,	-mW-	¿ Distribution :	Involves Taking-Water System Components
Month 11.5	"X")	24.0	E 202	**Katevgpd_i	Prenkt low, mg La	assminutes D	* Emin/L se	Water C	ifApplicable	a mini Line	mW-sec/cm	sec/cm	System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
2.2		24.0			3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				1998				<u> </u>	
3 173 (20)	х	24.0			1.5	A-12			i valaja. Astronija			 		
WA S	х	24,0			1.5			2 9	2 Amily 1/2	X.	Park H		0.6 0.4	
和约60	Х	24.0	7-7-		1.3							 	0.4	
14 6.4F	X	24.0	3,850	Constitution	1.4		·						0.5	
3577	X	24.0			1.5								0.6	
1 8 2 2		24.0												
9.5		24.0					<u> </u>	2.25	14000		e in			
3410.00 M1188	X	24.0			1,5			te s	, exert		7		0.3	
712	X	24.0			1:3	.a <u>.</u> 1		18		art dig e	See 1		0.4	
	X	24.0 24.0			2.0		2 9		- Trace (27)		30.00 m		1.2	
3414	x	24.0			1.0			Amerika k					0.4	
345		24.0		Profession	1.5	nadjagni Amerika					2000年		0.5	
W16		24.0									65000 N			
10/10	Х	24.0							and the second s		28 TO		0.4	<u> </u>
M 88	X	24.0	1,590		1.3					er er er er er er er er er er er er er e			0.4	
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£20	Х	24.0			2.0				Lagrandia				0.4	
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#213 #24	· ·	24.0		\$ #4.5 .							A (14)		44 F	
#25#	X	24.0 24.0	4;323 4,410	to desire equal.	1.5			C. D. Shake			124 F		0.4	
26	x	24.0		Radional A. Princer Services	15					Will be the second			0.5	
27	X	24.0			25 15					have:			1.5	
1128	X	24.0			1.5								0.4	
29基		24.0											0.4	
\$230		24.0		S. Laufest		san san san san san san san san san san					AND THE STATE OF		<u> </u>	
數條	X	24.0			13				e superior construction				0.4	
Totals		Maria da por a mario de	117,930							<u> </u>	pressure in the state of the st		0.4	<u></u>
7 To 1		1. Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3.804	1										

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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MUI LLY _ LRA ... N F... DR. . JR F .. JS T. LATING NAW GROUND WATER OR FJRCHASED FINISHED WATER



See Pages 4 for Instruc	otione									
I. General Information f	or the Month/	Year of: August, 20	36					<u> </u>		
		· · · · · · · · · · · · · · · · · · ·								
A. Public Water System (tion								
	Vootens						PWS Identification Number	2541280		
	✓ Community	Non-Transient Non-Commu	nityT	ransient Non-Com	munity		Consecutive			
Number of Service Connection				#		Total	Population Served at End of I	Month: 87		
PWS Owner: A	qua Utilities Florid	a		<u></u> -						
	rian Heath			Tati u		Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing Add		PO Box 490310			City:	Leesburg	State: Florida	Zip Code:	34749	
Contact Person's Telephone N		(352) 787-098				Conta	ct Person's Fax Number: ((352) 787-6333		
Contact Person's E-Mail Addr		beheath@aguaamerica.co	99				<u> </u>			
B. Water Treatment Plan										
	Vootens	<u></u>				<u> </u>	Plant Telephone Number:	(352) 787-0		
	less Road			·	City:	Georgetown	State: Florida	Zip Code:	32139	
Type of Water Treatment by P		Raw Ground Water	Purchased Fini	shed Water			······			
Permitted Maximum Day Ope				60,000			·			
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D										
Licensed Operators: Day(s) / Shift(s) Worked										
Le M/Ohien all scaro es Pe (Clima Charavore es So D	auf Inompson		1.2	A	<u> </u>	7251	Days 1st Shift			
				<u>c</u>		14091	Days 1st Shift			
R	alph Marriott			C		7527	Days 1st Shift			
_					 					
, in the second										
- 5 - 7 - 12 - 12 - 12 - 1	<u> </u>				ļ					
		<u> </u>								
	·		<u></u>	*.						
						<u> </u>	<u> </u>		<u> </u>	
All the state of t										
Commence of the manufacture of the first of									j	
H Certification by Lead/C	Chief Operator							and the second of the second of		
		operator licensed in Florida, a	m the land/ship	fanovotov of the	· · · · · · · ·		lant identified in nort I			
information provided in	this report is two	operator neelised in Florida, a	m me leawenie	i operator of the	water	treatment p	iant identified in part i c	of this report. I certify	mat me	
Intermediated Countries Co	uns report is itu	e and accurate to the best of n	iy knowledge al	nd belief. I cert	ity that	all drinking	g water treatment chemic	cals used at this plant	conform to NSF	
illeriational Standard 60	or other applic	cable standards referenced in s	ubsection 62-55	55.320(3), F.A.C	C. I als	so certify that	at the following addition	nal operations records	for this plant	
were prepared each day i	that a licensed o	perator staffed or visited this	plant during the	month indicated	d above	e: (1) record	ds of amounts of chemic	cals used and chemical	l feed rates; and	
(2) if applicable, appropri	riate treatment p	process performance records.	Furthermore, I a	agree to provide	these a	additional o	perations records to the	PWS owner so the PV	VS owner can	
retain them, together with	h copies of this	report, at a convenient locatio	n for at least ten	years.		·	•			
()		1 1		•						
		9 6 06	Paul Thompso	n.				A7251		
Signature and Date			Printed or Typ					License Nu	mher	
- -		•	от тур	THE STREET				Elocite Itul		

PWS	dentification	on Number:		2541280		Plant Name:	Wootens							
III.	Daily Data	a for the N	Ionth/Year	of:		August, 2006								
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
	traviolet R	_	_	er (Describe):	• • • • • •	morate	Chiorine Di	loxide	(Ozone	1 Com	ibined Chlor	me (Chlorai	nines)	
) -					ibution System:	▽ Free Ch	lorine	Combi	ned Chlorine	(Chloramin	nes) 「	Chlorine I	Dioxide	
	22252	F S	Variation.		Tr Calculations on						_		The state of the s	
	100 NO 120			THE WAR STORES	THE RESERVE AND ADDRESS OF THE PERSON OF THE	al Brangarous a section 2	公公司的基本的	SALES WELL TO A	the state of the state of	CONTROL 14 14 14 14 14 14 14 14 14 14 14 14 14	A SECTION AND THE PERSON			
				Sales and the second	Lowest Residual Disinferdant Concentration (OF) Before of all Lings Customer, Durings Peak Flowing L		CHARLES AND	SOUTH CARE		1900 - 1000 - 1		Istanta a	r carrier in the	
7.43		177,022,000	A 40	1. TO 10 PC			Lowerken.	8 8 X	4.0		and the same	Latin		
3	140		40.00			Disinfectant	Provided a	100	il de la company	3.3.3.3	1000	10.00 m		
	Days Plant	2.00	Trans.	ALTERNATION OF	Lowest Residuals	Contact/Time	Before or at						Lowest Residual	
1	Statted of		Net Unantity		Disinfectant	March	S Elize	15.7			V Towers	TIVIDAGA	Disinfectant Concentration at	Emergency or Abnormal Operating
Dayof	Operator	Homeolan		1 30	Concentration (04)	Measuremon	CUSIOMER			Minimum	Onerating	*Required	Demote Point in	Conditions; Repair or Maintenance Work that
the	"(Place)	and the	Producted	Peak Flow	e di malamini	Peak Flow	Flowmon	Vempo	nH of Water	Required m	UV Dose	mw-	Distribution	Involves Taking Water System Components
Month	fe ^r XC) ⁽ A	Operations	yal.	Rate gpd	Peak Flow mg/E	minutes	*Smin/Life	Water	if Applicable	min/L	mW-sec/cm	sec/cm ²	System, mg/L	Out of Operation
		24.0	T,V.10		- Second	Part - 1 5 PP - 1 PP - 1		1111111					0.6	
	х	24.0			230	ka ereri							0.7	
	X	24:0			4:0-	43.2							0.3	
	X	24.0				CE . ME						<u> </u>	0.8	
		24:0 24:0				grip tigle <u>art.</u> Gest att state i			ļ		<u> </u>			
V. 100	X	24.0			1.5								0.6	
	x	24.0			181						<u> </u>	 	0.8	
	х	24.0			2.0	e de la companya de l		1 1 1 1 1					1.0	
200	X	24:0	3,790		- 1.L								0.4	
	Х	24.0			1.7				3				0.5	
		24.0			. 171. (146) - 1	E 7 74 ·		shur r	100 JAN					
		24.0				Service Services					1 1 1	<u>}</u>		
	X X	24.0			\$ 157°	200							0.6	
	X	24.0 24.0	2,560 5,610			Salare Sagn	1 23 - 2		<u> </u>				0.6	
	x	24.0	3,560		153	e de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la compos					 		0.6	
*3) 4	x	24.0	2,870	 	1.5		 		 		 		0.5	
#1,09b		24.0	2,923		·						 			
1120		24.0	2,923			3 July 281 -								
(42 B)	X	24.0	2,923		24.5	The State			##4.5 % L				0.6	
822.8	X	24.0	4,680		13	进 學科	1.14		ing started				0,5	
223	Х	24.0	2,200	1	1.77	27 142							1.0	
2.0	X	24.0	2,770			that the					<u> </u>		0.7	
962 (SE 852 (SE	X	24.0	3,150			The state of			Maria de la composición della				0.7	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

Contact Person's Telephone Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Wootens Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980	General Informati	em (PWS) Inforn	nation	mber, 2006		1.		
Number of Service Connections at End of Month: 29 Total Population Served at End of Month: 87 PWS Owner: Aqua Utilities Florida Contact Person's Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO-Box 490340 City: Leesburg State: Florida Zip Code: 34 Contact Person's Telephone Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaammerica.com Water Treatment Plant Information Plant Name: Wootens Plant Address: Hess Road City: Georgefown State: Florida Zip Code: 32 Type of Water Treatment by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant								2541280
PWS Owner: Aqua Utilities Florida Contact Person's Brian Heath Contact Person's Mailing Address: PO-Box 490330				mmunity ran	isient Non-Community			97
Contact Person's Mailing Address: Po					 District WAF 6.3 Section 2.1 Section 6. District WAF 6.3 Section 2.1 Section 6.3 Section 3.3 Section	1 Total Po	pulation Served at End of Month.	6/
Contact Person's Mailing Address: PO-Box 496349 City: Leesburg State: Florida Zip Code: 34						Controct	Perconic Title: Area M.	anager
Contact Person's Telephone Number: (352) 787-6933 Contact Person's E-Mail Address: beheath@aguaamerica.com Water Treatment Plant Information Plant Name: Wootens Plant Telephone Number: (352) 787-0980 Plant Address: Hess Road City: Georgetown State: Florida Zip Code: 321 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 60,000 Plant Category (per subsection 62-699 310(4), F.A.C.): V. Plant Class (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Class (per				The state of the s	City Fa			
Contact Person's E-Mail Address: beheath@aquainverica.com Water Treatment Plant Information Plant Name: Wootens Plant Name: Hess Road City: Georgetown State: Florida Zip Code: 32 Type of Water Treatment by Plant: Y Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): C Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): C 14094 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift				and the state of t				
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Plant Address: Hess Road City: Georgetown State: Florida Zip Code: 321 Type of Water Treatment by Plant:						P	lant Telephone Number:	(352) 787-0980
Type of Water Treatment by Plant: Purchased Finished Water Purchased F	lant Address:				City: Ge			
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				i den a jed r i d.				
ertification by Lead/Chief Operator		1/61: 643	0.8					and the state of t
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that	ertification by Le	ad/Chief Operat	Ul					

Page 1

DEP Form 62-555..900(3)Alternate

PWS Identif	icatio	n Number:		2541280	·		Plant Name:	Wootens							
III. Daily	Data	for the N	lonth/Year	of:	' <u>'</u>		September, 20	06							
			g Virus Inacti		val:	Free C		Chlorine D		☐ Ozone			(6).1		
┌ Ultravio				er (Describe)			, increase	Cinorine D	loxide	i Ozone	Com	bined Chlori	ne (Chlorar	nines)	
•			dual Maintai			tem:	Free Chk	orine [Combin	ed Chlorine	(Chloramin	es)	Chlorine I	Dioxide	
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							ent isinteenma	Provided		And a			Table 1 State 14	Extension 1	
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Visite Day of 10 per the services			of intred		Concentrati	OD (CV)	Measurement	e (en pomer	490	4.0	- Carlot	Lowest	UV Dose	Concentration at	
Day of Open	19.4	.0. 67.71.10			STEED (OLEVO) FIL		a solue surne	Thin strak	Temp of		Minimum CI	FIT Does	Required.	Remote Point in	Conditions, Repair or Maintenance Work that
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30 V 17 (0.1)			2 660												

^{*} Refer to the instructions for this report to determine which plants must provide this information.

(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Paul I nompson:	in the second	and the same of th
Printed or Typed Name		

A7251	*
License	Number

PWS Identification Number:	2541280	Plant Name: Wootens		V 1	
III. Daily Data for the Month/Year	r of:	October, 2006			
Means of Achieving Four-Log Virus Inact	tivation/Removal: Free	Chlorine C	Dioxide Dzone D	Combined Chlorine (Chlora	min and
	ner (Describe):	Chorage L	ploxide Czolie	Compined Chierine (Chiera	mines)
Type of Disinfectant Residual Mainta		▼ Free Chlorine 「	Combined Chlorine (Chlora	mines)	Dioxide
	en Grandina de la companya de la co	FelBAVio)ovépányo grifoválnic	/Lour-Log Virus Inactivation	i if Applicable	
	3 · · · · · · · · · · · · · · · · · · ·				
	and the second	Explainication Provided			
		Scolor tine 11 Score		Minimum	Lowest Residual
Standard Committee	elf flice in			Lowest UV Dose	Consinfectant
David School or near mile way	Concentration seri			m C1 Operating Required.	Concentration at Emergency or Abnormal Operating Remote Pointing Conditions, Repair or Maintenance Work tha
alle sche van barnen			Tembol Startow - In mis-	Time ELVi Dose mW-1	
Month (SEXY) (Separation (Separation	Reception Real Property	o aminues es es estudes	Water, Cif Applicable Within	m W-sec/cm - sec/cm	System, mg/LS Out of Operation
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

November, 2006



See Pages 4 for Instructions.

1. General Information for the Month/Year of:

A. Public Water System (PWS) Information				
PWS Name: Wootens			PWS Identification Number:	2541280
PWS Type:	Transient Non-Com	munity	Consecutive	23 1 2 2 0 0
Number of Service Connections at End of Month: 29			Population Served at End of Month:	87
PWS Owner: Aqua Utilities Florida		factorial (Control Control	na cae an an an an an an an an an an an an an	
Contact Person: Brian Heath		Conta	ct Person's Title: Area M	anager
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-098		Conta	ct Person's Fax Number: (352) 78	
Contact Person's E-Mail Address: beheath@aquaamerica.com			1 () () () () () () ()	
B. Water Treatment Plant Information				
Plant Name: Wootens			Plant Telephone Number:	(352) 787-0980
Plant Address: Hess Road		City: Georgetown	State: Florida	Zip Code: 32139
Type of Water Treatment by Plant:	nished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	60,000		The Control of the Co	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant C	lass (per subsection 62-699.310(4), F	.A.C.): D
Licensed Operators Name	License Class	License Number	Day(s) / Si	nift(s) Worked
Lead-Chief Operator: Paul Thompson Other Operators: David Haring	A	7251	Days 1st Shift	
	С	14091	Days 1st Shift	
Ralph Marriott	C	7527	Days 1st Shift	
			<u> </u>	·
A STATE OF SAME AND A STAT				
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	- 10 mg			
		<u>r jako fukt</u>		
L Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chie	of anarotar of the	water tracks and	land idametrical in many Yacabia	
information provided in this report is true and accurate to the heat of my long and all the	er operator of the	water treatment p	iant 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 a	ind benef. I certi	ty that all drinking	water treatment chemicals us	sed at this plant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 62-5	33.320(3), F.A.C	. I also certify tha	it the following additional ope	rations records for this plant
were prepared each day that a licensed operator staffed or visited this plant during the	e month indicated	l above: (1) record	ds of amounts of chemicals us	ed and chemical feed rates; and
(2) If applicable, appropriate treatment process performance records. Furthermore, I	agree to provide	these additional of	perations records to the PWS	owner so the PWS owner can
retain them, together with copies of this report, at a convenient location for at least te	n years.			
12/6/06 Paul Thomps	on .			A7251
Signature and Date Printed or Ty	ped Name			License Number
DEP Form 62-555900(3)Alternate	Page I			

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS	Identification	n Number:		2541280		Plant Name:	Wootens							
Ш	Daily Data	a for the N	Month/Year	of:		November, 200)6							
			g Virus Inacti		val: 🔽 Free C		Chlorine Di	ionido	Ozone					
1	Itraviolet R	_	-	T (Describe):	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chiorne Di	ioxide	Ozone	(Com	bined Chlori	ne (Chiorai	nines)	
F.				•	ribution System:	₩ Free Chlo	r	Combi	Chl.	(Chloramine	> [Chlorine I	D'1-11-	
1700		Cuint Resi	duai iviailitai											I management to the
27.7%	10000				CT Calculations, or								Section 1	The Control of the Co
				 		- CT Calc			5-79-1-2		⇒ UV.	Dose 🚁 🗎		
							Lowest CT						i di	
1000	VANCE OF			l again á		Disinfectant a	Provided.		Garage 1			146 SZ		
1.7	Days Plant	144.8	V660000		Lowest Residual	Contact Time					3.0 mg 3.	1. 主义数	Lowest Residual	
	Staffed or	Aure	Net Quantity		Disinfectant	(T) at Q	First	200			10 mg 1	Minimum	Disinfectant	
	Visited by	All the sales of the	of Finished		Concentration (C)		Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Cperator	Hours plant	Water Producted		Before or at First		During Peak		A18/62/3 (2)	Minimum CT	Operating	Required:	Remote Point in	Conditions, Repair or Maintenance Work that
Month	" "X")	Operation		Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg-	Comp of	pH of Water, if Applicable	Required, mg	UV Dose	mW- sec/cm ²		Involves Taking Water System Components Out of Operation
##19#	Х	24.0		Katt, gpt.	1.7		- mives:	Malei 🚊 C	II Applicable	min/L	mW-sec/cm ²	sec/cm ::	System, mg/L 0.8	Cour or Operation
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*18 %	Х	24.0			1.5			22,00					0.7	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MONI HLY OFERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



Polymer Page 3 Due in December

See Pages 4 for Inst	ructions.	o., mor rage o Dat in Determ					•
General Informatio		ear of: December, 20	06			The second second second second second	_
. Public Water Syster	n (PWS) Informati	on					
PWS Name:	Wootens		Y TOTAL SE	· · · · · · · · · · · · · · · · · · ·		PWS Identification Number:	2541280
PWS Type:	✓ Community	Non-Transient Non-Community	v 11-	Transient Non-Com	munity	Consecutive	
Number of Service Conne	ctions at End of Month:	29				Population Served at End of Month:	87
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath				Conta	ct Person's Title: Area Man	ager
Contact Person's Mailing	Address: PO	O Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon		52) 787-098				ct Person's Fax Number: (352) 787-	6333
Contact Person's E-Mail A		eheath@aguaamerica.com			and the second of		
. Water Treatment P	ant Information						
Plant Name:	Wootens	The second of th				Plant Telephone Number:	(352) 787-0980
Plant Address:	Hess Road				City: Georgetown	State: Florida	Zip Code: 32139
Type of Water Treatment I		✓ Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day				60,000			
Plant Category (per subsec	tion 62-699.310(4), F.A.	C.):	, at			lass (per subsection 62-699.310(4), F.A	
Eicensed Operators		Name -		License Class	License Number	(Shirting Langer Langer) // Shirting langer	ft(s) Worked
Lead Chie 20 perator	Paul Thompson		Alberta .	A	7251	Days: 1st Shift:	
Olitor enderto se	David Haring		Taraya ya k	C	14091	Days 1st Shift	
	Ralph Marriott	<u> </u>	ang pelakan pelakan	C	7527	Days 1st Shift	
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		Long the arthur than a property	Jude Committee	A SATE A		greifelige in die eine Green von	
		y and a state of the state of t	La Santa La La Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria	You very exemple.	Stranger Wilder		er, er titte je il <u>11 jan</u>
Certification by Lea							
I, the undersigned wa	ter treatment plant o	perator licensed in Florida, am	the lead/chi	ef operator of the	water treatment p	lant identified in part I of this re	port. I certify that the
information provided	in this report is true	and accurate to the best of my	knowledge a	and belief. I cert	ify that all drinkin	g water treatment chemicals use	d at this plant conform to NSF
						at the following additional opera	
						ds of amounts of chemicals used	
						perations records to the PWS or	
					mesé additional c	pperations records to the F w 5 of	wher so the F w 3 owner can
rotatifuteni, ipgemer	mini cobies of nits to	eport, at a convenient location	iof at ieast te	m years.			
		1210					
		10111	Paul Thomps				A7251
Signature and Date		i i	Printed or Ty	ped Name			License Number
1							

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS I	dentificatio	n Number:		2541280		Plant Name:	Wootens								
III. I	Daily Data	for the N	lonth/Year	of:		December, 20	06					····			
Means	of Achievi	ing Four-Lo	g Virus Inacti	vation/Remo	val: ▶ Free (Chlorine Di	ioxide	Ozone	r Comi	nined Chlo	rine (Chloran	nines)		
וט דן	traviolet R	ladiation	∫ Othe	r (Describe)			Olifor Bio D	.0,040	, 020	, 001110	JIIOG CINO	inio (Oinoim			
Type (of Disinfe	ctant Resid	lual Maintai	ned in Distr	ribution System:	Free Ch	lorine	Combin	ed Chlorine	(Chloramine	:s) [Chlorine I	Dioxide		
	VOVE S	1 20 5 4 1			T Calculations to					<u> </u>			TO THE TAX PORT OF THE		
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OK.							2 132	21667 (51697) 1275			et de la company	H See	17 (19)		
			2 (2)				Lowest CT								
and the second					46.5	V Disinfectant	Provided	4.6.0	- 1 mail			1522			
45	Days Plant Staffed or		Net Quantity	77.7	Lowest Residual	Contact Time	Before or at First		1300	14.13		Minimum	Lowest Residual Disinfectant	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	Visited by		of Finished	. **99501	Concentration (C)	Measurement	Customer	3.44.00		52.540	Lowest		Concentration at	Emergency or Ab	normal Operating
Day of	0.00	Hours plant	Water		Before on attrust	6 Point During	During Peak			Minimum CI	Dowest Operating	Required.	Remote Point in	Conditions, Repair of I	Maintenance Worksthat
the	(Place	in	Producted,	Peak Flow	 Customer During 	Peak Flow.	Flow, mg-		pH of Water		IJV Dose	ali imw	Distribution	Involves Taking Wate	System Components
Month'	("X")	Operation	gal	Rate, gpd.		minutes	min/C	Water, C	if Applicable		mW-sec/cn		System, mg/L	Out of O	peration :
at Day Shek	X	24.0 24.0	3,270 2,797		2.5	VETT STORY		100 eg.	All Assets	ing some	Mark 7		1.3		
		24.0		Williams On		e efective e				Emperimental Section (Sec.)	Maria.				
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of all			111,052		<u> </u>	<u> </u>		•		<u> </u>		·	/		

6,920

DEP Form 62-555-900(3)Alternate Page 2

^{*} Refer to the instructions for this report to determine which plants must provide this information.

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

WS ID:	2541280	Plant Name:	Wootens		
V. Summary of U	se of Polymer Containing	Acrylamide, Polyme	r Containing	Epichlorohydrin, and Iron	or Manganese Sequestrant for the Year: * 2006
A. Is any polymer cont follows:	taining the monomer acrylamide u	sed at the water treatment p	plant?	✓ No	he polymer dose and the acry lamide level in the polymer are as
Polymer Dose ppm	=			Acrylamide Level, %1=	
B. Is any polymer cont polymer are as folio	taining the monomer <u>epichlorohyd</u> ows:	rin used at the water treatm	ent plant?	☑ No ☐ Yes	s, and the polymer dose and the epichlorohydrin level in the
Polymer Dose ppm	=			Epichlorohydrin Level, %'=	
C. Is any iron or mang	anese sequestrant used at the wate	r treatment plant?	☑ No	Yes, and the type of se	questrant, sequestrant dose, ect., are as follows:
Type of Sequestrant	t (polyphosphate or sodium silicate	e):			
Sequestrant Dose, n	ng/L of phosphate as PO4 or mg/L	of silicate as SiO ₂ =			
If sodium silicate is	used, the amount of added plus na	aturally occurring silicate, i	n mg/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

5600 U Fort Plent FDOH BEL Ra nalysk Colite	AND LAE S 1 North ce, FL 34946 I # E96080 eport Number: Method Rec	Sanford, FL 32771 FDOH # E83509 213009	307 Coolidge Ave. ehigh Acres, FL 3363 FDOH # E85370 Sub-Contract WS I.D. 2 5	t Lab ID:	B331 Cortez Bi cocksylle, FL 3 DOH # E844	180	END U. Phone: 6 Lab Rec Receive Analysi Sample Sample Disinfect	ceipt Data ad for Labo a Data and Acceptance Preservation tant Check	ATO Fort Place 2400, ext. and Time: oratory By: d Time: a Criteria:	PRICE TO THE PRICE	TAL S. INC. 1845 FEEL (772) 467-584 707 / 230 2/5/07 / 705 Not On los	
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Ave	erage of disinfe nmunity and ix	ctant residuals for routine and intransient noncommunity syst 0. Do not include raw or plant	repeat samples. (Co ams serving population samples in the avera	mplete for ons up to ige.)	0.6		TNIC-T	op Numerou Vasance of g	es to Count T/ as or acid	A-Turbid	Analyst: 1054	
Die	Infortant Resk	tel Analysis Method:	PPO Colorimetric	Other		_	Report aut	thorized by	r _y	Technica	d Director or Designee	
Pe	rson performin	operator (#.75.2) <u>, p</u>	Imployed	by a certified is		Date: _/	<u>2/9/</u>	out most at a	- Marila	otherwise noted, all test results Method, Laboratory and NELAC suld be directed to the report	;
	Supervise []	d by a certified operator (#			by DEP or DO		- side bres	Conditions in	igarding this i number above	report are	ould be directed to the report	
_	Name and	Mailing Address of Person/Fi	H.		of to he ACCOMO	ek.	Satists				Repeat Samples Required	
	Sana Lana	Utilities +	,	3			Incom	plete Collect	ion Informatik		Replacement Samples Requir	be
-	LOOK	490310 burg Fl. 31	254 B	Pa	ige /of	1	1	viewed by ! XH Reviewit	DEP/DOH: _ ng Official: _			
		r: D-Distribution (Routine Compilance)	T/L()	1 -	ry to Distribution; P	=Plant T				Delined in I	Floride Administrative Code Pule 62- Perk Form - CLIENT	160
	DEP Sample Type: p Fans - ORIGINAL	FORM # 1975 - PRINTING BY H	EARN		Midde Form - LABO	YNDEN		•				

Public Water System Information	(to be completed by sampler)	
System Name: 10010		vs 10 # 25411285
System reams.		
System Type (check one): Com	munity Nontransient Noncommunity	☐ Transient Noncommunity
Address HO Produ	7	
city: GEPROPHOU	State: £1	ZIP Code: 32.130
Phone #:352-767-0	9990 Fex #: 35	57-787-6333
E-Mail Address:	Na	
Sample Information (to be comple	ted by sampler)	
Sample Number: 481,220W1		nown): 131 Sunset
Sample Date:	Sample Time:	3.45 AM (PM)circle one)
Sample Location (be specific):	131 SUNSOX	
	n reporting trihalomethanes and haloacetic a	ecids): 0.0 mg/L Field pH: 0.5
Digitiocidite (todicus: (todicus viii)		
Sample Type (check only one)	Sample Reason(s)	(check all that apply)
Destribution	Routine Compliance (with 62-550)	Quarterly (which quarter?)
Entry Point (for Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
_ '	2-550) Composite of Multiple Sites **	Violation Resolution
Raw (at well or inteke)	Clearance (permitting)	Replacement (of Invalidated sample)
Max Residence Time	Other:	
Avg Residence Time	Sempling Procedure Used or Other Comm	nents:
Near First Customer		
* See 62-550.500(6) for requiren	nants and restrictions. ** See 62-550	0.550(2) for requirements and
NOTE: See 62-550.512(3) for ad-		s page for each site.
for nitrate or nitrate MCL exceeds		
IOI HIDER OF FACILITY OF CACEBOOK		
Sampler's Name:	~ Marrialt	
Sampler's Phone #552-78	7~ 09 80 Sampler's Fax # 5	352-787-(1233
·	NO	
Sampler's E-Mail Address:		
Certification (to be complete	d by eemplar!	
Certification (to be complete	The balls of	_
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do MERERY CERTIEV Met the char	re public water system and collection inform	ation is complete and correct.
SO DENED! CENTIFY that the above	A bridge is from a habite free a consister in a con-	1 1
Signature:		Date: 10/09/07
a.R. sarato		

Laboratory Certification Infe	ormation (to be complete	ed by lab)		
Lab Name: Flowers Chemic	al Laboratories, inc.	Florida Certific	ation #: E83	3018
Address: P. O. Box 15059	7	Certification E	kpiration Da	te:6/30/2008
Altamonte Spring	s, FL 32715-0597	Phone #: 407-	339-5984	
Analysis Information (to	be completed by lab)	Report Numbe	r: 48122	
Sample Number: 48122DW	1 1	Date Sample R	leceived:	09/12/07
Group(s) analyzed and resu	Its attached for compliance v	with Chapter 62-550, F.A.C. (c	heck all tha	t apply)
Inorganica	Volatila Organics	<u> Badionuclidas</u>	Disinfa	ction Ryproducts
□All 17	☐All 21 ☐Partial	Single Sample	∏Triha	lomethenes
☐ Partiel		Otrly Composite**	☐Halo	acetic Acids
□Nitrate		,	Bron	nate
Nitrite	Synthetic Organics	Secondaries	☐ Chio	rite
Asbestos	☐ All 30 ☐ Partial	All 14 Pertial		
Were any analyses subcon	tracted?	(If yes, please provide subcontification number with ea		
	(Certification		
noted meet all requiremen		CERTIFY that all attached anal- intal Laboratory Accreditation C	onference (
Signature:	$H \sim 1$	Date: 10/03/0)7	
analysis results will result in	•	h lab ID number and a current Anal sible enforcement against the publi for each quarter.	-	
Compliance Determination	(to be complet	ted by DEP or DOH)		
Sample Collection Info Sat Resample Requested (ci Reason(s): Incomplete	rcle or highlight groups above	Semple Analysis Info Seti e) Revised Report Request ecation Unsatisfactory	ted (circle o	☐Yes ☐No or highlight groups above) is Unsatisfactory
Person Notified:		D	ate Notified	:
Comments:				
Data Saviewed	DEP/DOH Reviewin	no Official:		

Secondary Conteminants: 62-550,320 Lab ID: 48122DW1 PWS ID: _____ Sample ID: 131 Sunset

Contan	n			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1016	Calcium	N/A	mg/L	0.100	_ U	EPA200.7	0.100	09/18/07		E83018
1055	Sulfate	250	mg/L	10.1		EPA300.0	1.00	10/02/07		E83018
1930	Total Dissolved Solids	500	mg/L	506		SM2540C	2.50	09/13/07		E83018

OTHER CONTAMINANTS

Report Number / Job ID:

48122DW1

PWS ID (From Page 1

Wootens

Contam ID	Contam Name	MCL	Units	Analysi s Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
N/A	Alkalinity as CaCO3	N/A	mg/L	228		SM2320B	0.100	09/13/07		E83018
N/A	Conductivity	N/A	umhos/cm	875		EPA120.1	1.00	09/14/07		E83018
			 		<u> </u>			 		
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					<u> </u>		<u>[</u>	<u> </u>		

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page

[&]quot;Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-150, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ", are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Elicovers Chemical
Laboratories, Inc.
481 Newburyport Ave.
Altamorte Springs, FL 32701
Bus: 407-339-5964
Fax: 407-260-6110

Elevers Chemical
Labs-South
8263 South US Hwy. 1
Port St. Lucie, FL 34962
Bus: 772-343-8006
Fax: 772-343-8089

Elicwers Enemical
Labs-North
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878



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YELLOW - Duplicate

Par 10-03

Public Water System Information (to be	completed by sampler)	
System Name: WOLLO	PW	086114BB: 01 av
System Type (check one): Communis Address:	y Nontransient Noncommunity	Transient Noncommunity
City: SCOY OUT OUT OF THE Phone #: 352-781-09 ND E-Mail Address:	State: £1 Fex #: 35	zip code: 32139 2-797-6233
Sample Information (to be completed by Sample Number: 47612DW1 Sample Date: Sample Location (be specific): 13: Disinfectant Residual (required when repo	Location Code (if kr Sample Time: 2 3 Survey + Pol.	AM PM (circle one)
Sample Type (check only one) Distribution Entry Point (for Distribution) Plant Tap (not for compliance with 82-550)	☐ Routine Compliance (with 62-550) ☐ Confirmation of MCL Exceedance *	Chack all that apply) Cuarterly (which quarter?) Special (not for compliance with 62-550) Violation Resolution
Rew (at well or intake)	Clearance (permitting)	Replacement (of invalidated sample)
Avg Residence Time Near First Customer	Sampling Procedure Used or Other Comm	ants:
See 62-550.500(6) for requirements a NOTE: See 62-550.512(3) for additional for nitrate or nitrate MCL exceedances. Sampler's Name: 100 100 100 100 100 100 100 100 100 10		550(2) for requirements and page for each site.
Certification (to be completed by s	empier) Signature of the signature of t	Coscienato (Print Title)
do HEREBY CERTIFY that the above publications:	ic water system and collection informa	ntion is complete and correct. Date: 9 19 07

	Information (to be complet	ed by lab)	
Lab Name: Flowers Ch	emical Laboratories, inc.	Florida Certific	cation #: E83018
Address: P. O. Box 150	0597	Certification E	xpiration Date: 6/30/2008
Altamonta Sp	orings, FL 32715-0597	Phone #: 407	-339-5984
Analysis information	(to be completed by lab)	Report Numbe	er: 47612
Sample Number: 4761;	2DW1	Date Sample I	Received: 09/05/07
Group(s) snelyzed and	results attached for compliance v	with Chapter 62-550, F.A.C. (c	theck all that apply)
Inorganics	Volatile Organics	Badionuclidas	Disinfection Byproducts
□All 17	All 21 Pertiel	Single Sample	Trihalomethanes
Partial		Qtrly Composite**	Haloscetic Acids
□Nitrate			Bromate
Nitrite	Synthetic Organics	Secondaries	Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐All 14 ☐Partial	
Were any analyses sub	contracted?		contractor's Florida drinking water ach result provided by that lab).
I, Jefferson S. Flowers		Certification CERTIFY that all attached analy	vtical data are correct and unless
		CERTIFY that all attached anal	
noted meet all requirer Signature:	, Technical Director, do HEREBY	CERTIFY that all attached anal ntal Laboratory Accreditation C Date: 09/13/0	conference (NELAC).
Signature: * Failure to provide a vel analysis results will rea	, Technical Director, do HEREBY ments of the National Environme	CERTIFY that all attached anal ntel Laboratory Accreditation C Date: 09/13/0 h lab ID number and a current Ana sible enforcement against the publi	conference (NELAC).
Signature: * Failure to provide a vel analysis results will rea	, Technical Director, do HEREBY ments of the National Environme lid and current Florida Dept. of Healt uit in rejection of the report and posterical sample dates and locations for the sections.	CERTIFY that all attached anal ntel Laboratory Accreditation C Date: 09/13/0 h lab ID number and a current Ana sible enforcement against the publi	onference (NELAC).
Signature: * Failure to provide a vel analysis results will rea ** Please provide radioch	Technical Director, do HEREBY ments of the National Environme of the National Environme of the National Environme of the American current Florida Dept. of Health out in rejection of the report and position of the report and position of the complete of the Complete of the National Semple dates and locations of the Complete of the Com	CERTIFY that all attached analytic intel Laboratory Accreditation Control Date: 09/13/6 hab ID number and a current Analytic enforcement against the public or each quarter.	ionference (NELAC). 17 1yte Sheet for the attached ic water system for fallure to sample.
Signature: * Fallure to provide a valuativals results will reached to provide radioched to p	Technical Director, do HEREBY ments of the National Environme and and current Florida Dept. of Health uit in rejection of the report and postermical sample dates and locations for the top top the Complete Satisfactory	CERTIFY that all attached analysis info Sample Analysis info Sat	inference (NELAC).
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Signature: * Failure to provide a vel analysis results will rea ** Please provide radioch Compliance Determina Sample Collection Info Resample Requested Reason(s):	Technical Director, do HEREBY ments of the National Environme Id and current Florida Dept, of Health uit in rejection of the report and position Ito be completed Satisfactory Yes No I (circle or highlight groups above the Report Door	CERTIFY that all attached analysis Info Satistical Deport Requestion CD Date: 09/13/6 Date: 09/	isfactory Yes No ted (circle or highlight groups above
Signature: * Failure to provide a vel analysis results will rea ** Please provide radioch Compliance Determina Sample Collection Info Resample Requested Reason(s): Incomple	Technical Director, do HEREBY ments of the National Environme of the National Environme of the National Environme of the National Complete of the report and posterioral sample dates and locations of the report and posterioral sample dates and locations of the National Setisfactory Yes Not (circle or highlight groups above the Report Local Analyte Sheet(s)	CERTIFY that all attached analysis Info Set Carport Request Carport Request Carport Request Carport Request Carport Request Carport Request Carport Carport Request Carport Carport Request Carport Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Request Carport Carport Carport Request Carport Ca	lyte Sheet for the attached ic water system for fallure to sample. Isfactory Yes No ted {circle or highlight groups above Analysis Unsatisfactory
Signature: * Failure to provide a vel analysis results will rea ** Please provide radioch Compliance Determina Sample Collection Info Resample Requested Reason(s): Incomple Missing Person Notified:	Technical Director, do HEREBY ments of the National Environme Id and current Florida Dept, of Health uit in rejection of the report and position Ito be completed Satisfactory Yes No I (circle or highlight groups above the Report Door	Date: 09/13/0 h lab ID number and a current Analelbe enforcement against the publior each quarter. Sample Analysis Info Set Carlot Revised Report Requestation Unsatisfactory her	isfactory Yes No ted (circle or highlight groups above

Disinfection Byproducts: 62-550.310(3) Lab ID: 47612DW1 PWS ID: 2541280 Sample ID: 133 Sunset Rd.

Contar	n			Analysis		Analytical	Lab	Anelysis	Analysis	DOH Lab
10	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07	· -	E83018
2451	Dichloroacetic Acid	N/A	ug/L	16.9		EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	9.41		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoscetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	13,3		EPA552.2	0.500	09/12/07		E83018
2456	HAA5	60	ug/L	39.6		EPA552,2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	11.5		EPA502.2	0.500	09/06/07		E83018
2942	Bromoform	N/A	ug/L	6.08		EPA502.2	0.500	09/06/07		E83018
2943	Bromodichloromethane	N/A	ug/L	18.7		EPA502.2	0.500	09/06/07	•	E83018
2944	Dibromochloromethane	N/A	ug/L	21.1		EPA502.2	0.500	09/06/07		E83018
2950	Total Trihalomethanes	80	ug/L	57.3		EPA502.2	0.500	09/08/07		E83018

☐ Flowers Chemical Laboratories, inc.

481 Newburyport Ave. Attamonte Springs, FL 32701 Bus: 407-339-5984 Fax: 407-260-6110

☐ Flowers Chemical Labs-South

8253 South US Hwy. 1 Port St. Lucie, FL 34952 Bus: 772-343-8006 Fax: 772-343-8089 Labs North 812 S.W. Harvey Greene Dr. Madison, FL 32340

☐ Flowers Chemical

Bus: 850-973-6878 Fax: 850-973-6878



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www.flowerslabs.com

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Public Water System Information (to I	pe completed by sampler)	
System Name: Woolens	P\	vs 1D # 1280
System Type (check one): Commun	ity Nontranslant Noncommunity	☐ Fransient Noncommunity
City: CPPYOGHOLEN Phone #:357-031-00 E-Mail Address:	State: EL 80 Fax #: 35	ZIP Code: 32139 52-787-6353
Sample Information (to be completed to Sample Number: 47219PW1 Sample Date:	Location Code (if k Sample Time:	10:05 AM PM (circle one)
Sample Type (check only one) Distribution Entry Point (for Distribution) Plant Tap (not for compliance with 62-55)	Defoutine Compliance (with 62-550) Confirmation of MCL Exceedance * Composite of Multiple Sites **	Check all that apply). Quarterly (which quarter?) Special (not for compliance with 62-550) Violation Resolution
☐ Raw (at well or intake) ☐ Max Residence Time ☐ Avg Residence Time	Clearance (permitting) Other: Sempling Procedure Used or Other Comm	Replacement (of invelidated sample)
Near First Customer See 62-550.500(6) for requirements NOTE: See 62-550.512(3) for addition for nitrate or nitrate MCL exceedances Sampler's Name: Sampler's Phone #: 25000000000000000000000000000000000000	al requirements attach a results	352-781-6333
Certification (to be completed by (Print Name) do HEREBY CERTIFY that the apove put	poon field	(Print Title) ation is complete and correct.
Signature:	and water appears and democrati month	Date: 9 18 07

Laboratory Certification I	nformation (to be o	completed b	y lab)		
Lab Name: Flowers Cher	nical Laboratories, Inc.		Florida Cel	rtification #: E83	O1B
Address: P. O. Box 150	i 9 7		Certification	on Expiration Dat	e:6/30/2008
Altamonte Spri	ngs, FL 32715-0597		Phone #: 4	1 07-339-5984	
Analysis Information (to be completed by lab))	Report Nui	mber: 47219	
Sample Number: 472190	DW1		Date Sami	ple Received:	08/29/07
Group(s) analyzed and re	sults attached for comp	ilance with	Chapter 62-550, F.A.(C. (check all that	apply)
Inorganics.	Volatila Organica		Radionuclides.	Disinfer	tion Ryproducts
□ All 17	☐ All 21 ☐ Partia	Bi	Single Sample		omethanes
Partial			Qtrly Composite**	☐ Haloa	cetic Acids
Nitrate				Broma	
Nitrite	Synthetic Organic	Q.	Secondaries_	Chlori	
Asbestos	All 30 Pertin	-	☐ All 14 ☐ Partial		
i, Jefferson S. Flowers, noted meet all requirem				•	
Signature: • Failure to provide a valid	and current Florida Dept.	of Health lab	Date: 09/0		the attached
	in rejection of the report a				
** Please provide radiocher			_		
Compliance Determination	on (to be o	completed b	y DEP or DOH)		
Sample Collection Info S	atisfactory DYes (□No	Sample Analysis Info	Satisfactory	☐Yes ☐No
Resample Requested (circle or highlight group:	s above)	☐ Revised Report Reg	uested (circle or	highlight groups above)
Reason(s): Dincomplet		Locatio	n Unsatisfactory		Unsatisfactory
☐Missing A	nalyte Sheet(s)	Other		,	
Person Notified:				Date Notified:	
Comments:			· · · · · · · · · · · · · · · · · · ·		
Date Reviewed:	DEP/DOH Re	10 gniweive	ficiel		

Inorganic Contaminants: 62-550.310(1) Lab ID: 47219DW1 PWS ID: 2541280 Sample ID: POE

Contam	1			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Data	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	Ū	EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	υ	EPA300.0	0.0500	08/30/07	03:00 PM	F83018

☐ Flowers Chemical Laboratories, Inc. 481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984

Fax: 407-260-6110

☐ Iftowers Chemical Labs-South

8253 South US Hwy. 1 Port St. Lucie, FL 34952 Bus: 772-343-8006 Fax: 772-343-8089

□ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340 Bus: 850-973-6878 Fax: 850-973-6878



			www.	flower	siabs.0	com															•				
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HA'RBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: June 8, 2007

To:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens WTP Odor/TDS DE

[2128812]

Received:

6/06/07 11:30

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Yechnical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946

FDOH # E96080

4155 St. Johns Pkwy, Suite 1300

Sanford, FL 32771 FDOH # E83509

FDOH # E85370

307 Coolidge Avenue

16331 Cortez Blvd. Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E84418

Printed: 6/8/07

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens WTP Odor/TDS DE

Received:

6/06/07 11:30

[2128812]

MS=Method Blank LCS=Laboratory Control Sample LCSD*Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2128812]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens WTP Odor/TDS DE

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analysi	Lab ID
	128812001 OE Grab				Sampled: 06/05/07 Matrix: Water		Received reported on	06/06/07 Wet Weight I		
Odor - Dechlorinated Total Dissolved Solids	•	1.4 510	T.O.N. mg/L	1.0 5.0		WCDE16168 WCDE16175		06/6/07 13:08 06/6/07 15:13		E83509 E83509

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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4	
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HARBOR BRANCH **ENVIRONMENTAL**

5600 US I North, Fort Plerce, FL 34946 Phone: (772) 465-2400, Evt. 295 Fax: (772) 467-584

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Laboratory not responsible for omitted information

FDOH # E96080 5600 U.S. 1 North

__FDOH # E85370 . 307 Coolidge Avenue Lehigh Acres, FL 33936

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LAB ID	COLLEC	CTION	Sample Type	MATRIX-	Containers	Í	LE DESCRIPTION Il Appear On Report	Cdor	SE							СОМ	MENTS
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CHAIN DAGE



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

SYSTEM NAME: Wootens

SYSTEM PWS ID #: 2541280

REPORT DATE: 3/22/07

SUBMISSION #: 072705 Dear Customer, Revised Report JUS 3/22/07 Please read the instructions following the checked box(es). Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Central District. Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Southwest District. Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Northeast District. Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the Marion County DOH: (or other______). Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP: We have also reported the results of these analyses to: Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency. All results satisfactory. Consult your governing agency or project engineer for interpretation,

This page does not constitute a portion of the NELAC report.
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you!

We appreciate your business!



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Page 1 of 3; including Chain of Custody

		Sewage Service, Inc. Florida Ce E. State Road 40 Silver Springs FL	• • •	Date: 6/30/;
PWS Sample Da Labora	te: 2/28/07 Sample fory Assigned Submission Nur		Sample Number Location: Point of Entry Date Sample(s) Receive	
Olouş	Secondaries, Pa		300, F.M.O.,	
Subo	ontracted Laboratory DOH Ce	rtification Number(s): E83079 EL	Anaiyte Shee	stiel Attact
			Analyte once	nia) Mileo
	•.			
			r, do HEREBY CERTIFY that all attached analy onmental Laboratory Accreditation Conference (
		Revised Repo	ort	
Cer	tainty & unlidity of the capacitast state	to are based man method specific cells	ration and QA / QC acceptance criteria (available upor	.
				r (ecuesti.
		and prompting a promiting of the latter day	stions regarding this report please call Lisa Saupp at (
	Signature:	Sin Haup	stions regarding this report please call Lise Saupp at (Date: March 22, 2007	
	Signature:	Susa Haup be completed by DEP or DOH)		
Sample Coll	Signature: NCE DETERMINATION (to lection Info Satisfactory:	Ses Haup be completed by DEP or DOH) os ONo	Date: March 22, 2007 Sample Analysis Info Satisfactory:	(352) 625-26
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10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

System Name: Wootens PWS ID: 2541280 Submission Number: 072705

SECONDARY CONTAMINANTS 62-550.320

						· — ——-	<u></u>		·	
Contam	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	tab MDL	Analysis Date	Analysis Time	DOH Lab
1920	Odor	3	TON	2.0		SM2150B	1.0	3/1/07	14:15	
1930	Yotal Dissolved Solids	500	mg/L	490		SM2540C	10	3/6/07	14:10	E83079
										L03203

AUUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40

#072705



10865 East State Road 40 Silver Springs, Florida 34488 (352) 625-2822 • FAX (352) 625-6638

Major

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED B	Y THE CHOTOLER
information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files, it is essential that you complete ALL applicable blanks in order for us to generate an	PARAMETERS REQUESTED (check box):
accurate report.	Radiochemicals:
Client Name: Aqua LHilities Flo	Gross Alpha Others:
	Group i Unregulateds:
Mailing Address: 030, S. S. 19 Suite# 3	All 13 Partial:
Palatka Fla. 22177	
	Group If Unregulateds:
Telephone: 386-329-1122	☐ All 23 ☐ Partial:
PUBLIC WATER SYSTEM INFORMATION:	Group III Unregulateds:
	. 🗆 All 11 🖾 Partial:
	inorganics:
	□ All 17 □ Partial:
Fruitland	Pesticides and PCBs:
Type (check box): Community Nontransient Noncommunity Private	All 30 Paniai:
□ Noncommunity □ HRS 10 D-4	() -
SAMPLE INFORMATION:	Secondaries:
Date and Hour Sampled: 2-28-07 2 27	Secondaries: TDS odo- ML
	Trihaiomethanes:
Sample Location (be specific): Taint of entry	□ All 4 □ Partial:
Sampler Name and Phone (please print): No. ph. Marriott	T-THM Potential
Signature: Makel Married Title Operator	☐ Volatile Organics:
Type (check box): Distribution THM Mex Res. Time	All 21 Partial:
☐ Recheck of MCL ☐ Composite of Multiple Sites	Ter Miscellaneous: TDS DOLDT
Resample Lab Invalidated Lat Distribution Entry Point	
☐ Clearance ☐ Raw ☐ Plant Tap	FIELD TEST RESULTS (# applicable):
SAMPLE CUSTODY: A Signature (// Date Time Condition	Chlorine Residual: O.S. Ma. (L pH: 7. /
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3.
	Dissolved Oxygen: Temperature:
Transporter Refinquished: Quint Starting 34-07 0930 OK	Performed By: K. Marriott Date: 2-28-07
FOR LABORATORY USE	ONLY
	Subcontracted To:
Received By: 9:35 1 1 1	Date Out:
Lab Number: 072705	Parameters:
Comments:	Preservative:
Temp: J	
· · · · · · · · · · · · · · · · · · ·	

PUBLIC WATER S	YSTEM INFORMAT	ION (to be completed by sampler Please type or print legibly)
System Name:	Wooters	PWS I.D. #: 254128c
System Type (check		Z C C C C C C C C C C C C C C C C C C C
Address: 1.50	o Point T	leasant
	R19 Suite#	2 PIIV . Show IT TO SHOW
Phone #: 386	• • • • • • • • • • • • • • • • • • • •	3 Talatka State: Fla ZIP Code: 32177
E-Mail Address:		Fax#: 386-329-9977
	ATION (to be completed	d by sampler)
Sample Number:	2	Location Code (# tnown):
Sample Date: 2 -	28-07	Sample Time: 23 Fac AM PM (Circle On
Sample Location (be	specific): Paint	steatry
Disinfectant Residua	il (Required when reportin	ng results for inhalomethanes and haloacetic acids): ① St mg/L Field pH: 7,
		·
Sample Type (Check	Only One)	Reason(s) for Sample (Check all that apply)
☐ Distribution		Routine Compliance (with 62-550)
MÉntry Point (to Distr	•	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
☐Plant Tap (not for co	empliance with 62-550)	☐Composite of Multiple Sites ☐Violation
Raw (at well or intake		Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Ti	me	Dother: TIDS & Ordor
☐Ave Residence Tir		Sampling Procedure Used or Other Comments:
Near First Custom	·· ·	
. NOTE: S	.550.500(6) for requirem See 62-550.512(3) for a for nitrate or nitrite MCL	difficient requirements attach a results nace for each site
Sampler's Name: 🔟	Kalph Mari	iptt
Sampler's Phone #:_	Sauc	Sampler's Fax #: Sauce
Sampler's E-Mail Add	Iress:	
CERTIEICATION		
CERTIFICATION	(to be completed by	r sampler)
	Marill	- Operator
- Dalph	(Print Name)	(Print Title)
HEREBY CER	(Print Name)	Ve public water system and sample collection information in
to HEREBY CER's	(Print Name) TIFY that the above	V (Print Title) ve public water system and sample collection information is
io HEREBY CER	(Print Name) TIFY that the aborect.	ve public water system and sample collection information is



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-28*2*2 FAX (352) 625-6638

SYSTEM NAME: Wootens #6453

SYSTEM PWS ID #: 2541280

REPORT DATE: 12/6/06

	Dear Customer,	
,	Please read the instructions following the checked box(es).	
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Central District.	
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Southwest District.	
V	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Northeast District.	
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the Marion County DOH: (or other	
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP:	
П	We have also reported the results of these analyses to:	
	Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy analytical report to your governing DEP agency.	of th
		of th
	All results satisfactory.	of th
	analytical report to your governing DEP agency.	of th
	analytical report to your governing DEP agency. All results satisfactory. Consult your governing agency or project engineer for interpretation.	of th
	analytical report to your governing DEP agency. All results satisfactory. Consult your governing agency or project engineer for interpretation.	of th
	All results satisfactory. Consult your governing agency or project engineer for interpretation.	of th
	analytical report to your governing DEP agency. All results satisfactory. Consult your governing agency or project engineer for interpretation.	of th
	All results satisfactory. Consult your governing agency or project engineer for interpretation.	
 T	All results satisfactory. Consult your governing agency or project engineer for interpretation.	

Thank you!

We appreciate your business!



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Page 1 of 3; including Chain of Custody

	ory Name: Aqua Pure Water & Sev Address: 10865 E. S	tate Road 40 Silver Springs FL 3	•
ANALYSIS	INFORMATION		
	ID: 2541280 System tory Assigned Submission Number	m Name: Wootens #6453 r 0614629	Sample Number: 601 Date Sample(s) Received: 11/29/0
			•
Group	(s) Analyzed & Results attached for Secondaries, Partial	•	50, F.A.C.:
Subc	ontracted Laboratory DOH Certific	ation Number(s): E83079 EL	Analyte Sheet(s) Attach
	•	••	
			, do HEREBY CERTIFY that all attached analytical data a
Cer The <i>r</i> esu	tainty & validity of the reported data and its presented herein relate only to the s Signature:	e based upon method specific callon samples submitted. If you have ques Luca Vlaupp	nmental Laboratory Accreditation Conference (NELAC). ation and QA / QC acceptance criteria (available upon request). tions regarding this report please call Lisa Saupp at (352) 625-28 Date: December 6, 2006
Cer The resu	tainty & validity of the reported data end its presented herein relate only to the s Signature:	e based upon method specific calibn samples submitted. If you have ques which was a submitted to be a submitted to the calibration of the calibrat	ation and QA / QC acceptance criteria (available upon request). tions regarding this report please call Lisa Saupp at (352) 625-28
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10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

System Name: Wootens #6453 PWS ID: 2541280 Submission Number: 0614629

> SECONDARY CONTAMINANTS 62-550,320

		1		•			i			!
Contam	1		,	Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab .
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1920	iOdor	3	TON	2.0		SM2150B	1.0	11/29/06	15:21	E83079



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40

10865 East State Road 40 Silver Springs, Florida 34488 (352) 625-2822 • FAX (352) 625-6638 # 0614629

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED BY THE CUSTOMER						
Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.	PARAMETERS REQUESTED (check box):					
Client Name: AQUA Utilities	☐ Gross Alpha ☐ Others:					
Mailing Address: 930 SOITH SR 19 Suite 3	Group I Unregulateds: All 13 Partial:					
Telephone: 386-329-1/22	Group II Unregulateds:					
PUBLIC WATER SYSTEM INFORMATION:	Group III Unregulateds:					
System Name: W007E15#6453 PWS ID No. 254/280 Physical Address: #655 Ro Phone No. 386-329-1/28	☐ Inorganics:					
Type (check box): Decrimunity Nontransient Noncommunity Private	☐ All 17 ☐ Partial:					
Type (check box):	All 30 Partial:					
SAMPLE INFORMATION: Date and Hour Sampled: 29 Nov 06 / 0710	All 14 GFanial: COO					
Sample Location (be specific): P.D.E.	☐ Trihalomethanes:					
Sampler Name and Phone (please print): JAVID HANIA						
Signature: David David Title Seria Facility Operator	☐ Volatile Organics:					
Type (check box):	All 21 Partial:					
☐ Recheck of MCL ☐ Composite of Multiple Sites	Miscellaneous:					
☐ Resample — Lab Invalidated ☐ Clearance ☐ Raw ☐ Plant Tap	FIELD TEST RESULTS (if applicable):					
SAMPLE CUSTODY: Signature Date Time Condition	Chlorine Residual: pH:					
Sampler Relinquished: DAVE January 29Nov 06 0942 OK	Dissolved Oxygen: Temperature:					
Transporter Relinquished:	Performed By: Date:					
FOR LABORATORY USE	ONLY					
Received By: 1129-06 9.45a. Good 1-50. Lab Number: 06/4629 Comments: Let p = 5	Subcontracted To: Date Out: Parameters: Preservative:					

06 146 29 PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly). PWS I.D. #: System Name: Transient Noncommunity Community Nontransient Noncommunity System Type (check one): Address: State: ZIP Code: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Time: 07/0 Sample Date: 29NOV 06 Sample Location (be specific): Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids); rng/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (check all that apply) ☐ Distribution Routine Compliance (with 62-550) Quarterly (Which Quarter? ___ MEntry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** ■Violation Resolution Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sample) Max Residence Time Other: ☐Ave Residence Time Sampling Procedure Used or Other Comments: ■Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and NOTE: See 62-550.512(3) for additional requirements attach a results page for each site. for nitrate or nitrite MCL exceedances. Sampler's Name: Sampler's Phone #: _ 🎉 Sampler's Fax #: 386-329-9977 Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct. Date: 29Nov 06 Reporting Format 62-550,730

Page 1 of [insert number of pages]

Effective January 1995. Revised January 2004

HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 5600 U.S. I North, Fort Pierce Rt. 34946 Phone (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: January 5, 2007

To:

Brian Heath

Agua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Agua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

[2127519]

Received:

12/13/06 11:40

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

16331 Cortez Blvd FDOH # E84418

Printed: 1/5/07

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. SECO U.S. I North Fort Plance II. 34945 From: (772) 468-2400. Ext. 228-34945 From: (772) 467-584

Quality Control Summary

Client:

Agua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

Received:

12/13/06 11:40

[2127519]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Method Blank LCS=Laboratory Control Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number

Analytical Method Sample ID

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 5600 U.S. I North, Fort Plence FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2127519]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

Parameter_	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127519001 Sample ID: 137 Sunset Grab					Sampled: 12/12/06 Matrix: Water		Received reported on			
Bromodichlorometh	ane	19	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 15:13	WR	E96080
Bromoform		3.8	u g/L	0.41	EPA 524.2	VOC2741		12/24/06 15:13	WR	E96080
Chloroform		9.5	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 15:13	WR	E96080
Dibromochlorometh	ane	19	vg/L	0.30	EPA 524.2	VOC2741		12/24/06 15:13	WR	E96080
Total THMs		52	ug/L	0.50	EPA 524.2	VOC2741		12/24/08 15:13	WR	E96080

¹Result Qualifiers: U = Not Detected J = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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4	Ξ	_	<u> </u>
4			7

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

Chain-of-Custody

COMPLETELY FILL OUT 307 Coolidge Avende 5600 U.S. 1 North Advenment to Perform Services ALL NON GREYED AREAS Fort Pierce FL 34946 Lahioh Acres, FL 33936 Phone (772) 465-2400. Ext 285 Fax: (772) 467-584 PRINT FOR Y Method(s) of **1** €DOH # E83509 FDOH # E84418 Сотралу: Shloment: 4155 St. Johns Pkwy. 16331 Codez Blvd Brooksville, FL 34601 Suite 1300 Sanford, FL 32771 Chor Labi Lag Cr CUITA e-mail: Standard Laboratory Turn Around Time PRESERVATIVE Client Contact: Preservation Key Or H.J-Netrochlaric Acid P-Phosphoric Add Project Name: ANALYSES REQUESTED Name and \$7-Sedtum **Business Days** Rush in Thiospilete S-Suiturio Acid Sampled By: Requires Laboratory Approval SH-Sadkm Hydroxide List increserved SAMPLE DESCRIPTION COLLECTION LAB ID COMMENTS DATE TIME As Will Appear On Report 17.3 375WSE RELINQUISHED BY RELINQUISHED BY RELINQUISHED BY DATE/TIME · 101 DATE/TIME 12 DATE/TIME RECEIVED BY RECEIVED BY HELENETHON MEDICINICATION OF THE PROPERTY OF T DATE/TIME

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE ____ of __

USE BALL POINT PEN Laboratory not responsible for omitted information

FDOH # F98080

FDOH # E85370

PRESS HARD

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be complete	ed by sampler - Please type or pri	nt legibly)
System Name: WOOTENS	PWS I.D. #:	2541280
		Transient Noncommunity
Here O.A		
Address. 11233 Porto		
City: GEORGETOWN	State: FL	ZIP Code:
Phone #: 386 - 937 - 1143	Fax#: 386 - 32	9-9977
E-Mail Address:		
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number:	Location Code of known	
		1:20 PM
Sample Date: 12/12/06	- Sample rano.	7-6V / III
Sample Location (be specific): 137 Sunset Grab		
Disinfectant Residual (Required when reporting results for triba	lomethenes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (C	
	Compliance (with 62-550)	Squarterly (which on: 415
Entry Point (to Distribution)	ation of MCL Exceedence*	Special (not for compliance with 62-550)
•	ite of Multiple Sites**	Violation Resolution
	≫ (permitting)	Replacement (of Invalidated Sample)
Max Residence TimeOther:		
	rocedure Used or Other Cor	nments:
Near First Customer *See 62-550.500(6) for requirements and restrictions.		50(4) for requirements and
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.	attach a resi	ults page for each site.
Sampler's Name: PAL Thompson		
Sampler's Phone #: 386-937 - //43	Sampler's Fax #:	386-329-9977
Sampler's E-Mail Address:	Campia Stax#.	
Campier 3 Cawaii Address.		
CERTIFICATION (to be completed by sampler)		
1, PAUL THOMPSON	, ALLA CUO	RDINATUL
Print Name do HEREBY CERTIFY that the above public water syste	m and sample collection info	Print Title Armation is
completed and correct.	and barripro bollottol) nito	. I
Signature:	Date:	47/07
Reporting Format 62-550.730 Effective Jan	nuary 1995, Revised January 2004	-, -

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICA	ATION INFORMATION (to b	e completed by lab - Please type or print	legibly)
ATTACH A CURRENT DOH ANA	LYTE SHEET		
Lab Name: Harbor Bran	nch Environmental Laborate	ories, Inc Florida Certification	n#: E96080
Address: 5600 US 11	North	Certification Expiration Da	ate: <u>06/30/2007</u>
Fort Pierce	, FL 34946	Phone #:(772	2) 465-2400 Ext. 285
ANALYSIS INFORMATION	(to be completed by lab)	Date Sample(s) Received::	12/13/06
PWS ID (From Page 1):		Sample Number (From Page 1):	
Lab Assigned Report Numb	er or Job ID:		
Group(s) Analyzed and Res	sults attached for complian	ce with Chapter 62-550, F.A.C. (C	heck all that apply):
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17	□Ali 30	□All 21	
Partial	All Except Dioxin	Partial	Haloacetic Acids
Nitrate	Partial		Bromate
Nitrite	Dioxin Only	Radionuclides	Chlorite
Asbestos Only	•	Single Sample	Canadasias
,		Qtrly Composite**	Secondaries
Were any analyses subcon	tracted? Yes X	(No	∏All 14
If yes, please provide DOH	contification numbers		Partial
ATTACH DOH ANALYTE SHEET		DLAB	
	CERT	TFICATION	
I, Cindy Cron		Laboratory	Director
(Print Name)		(Print	
National Environmental Lab	all attached analytical date	a are correct and unless noted mee	et all requirements of the
		•	
		Date: 05-Jai	
* Failure to provide a valid and co	irrent Florida DOH lab certification	on number and a current Analyte Sheet for water system for failure to sample, and m	r the attached analysis results will result
Bureau of Laboratory Services.			ay result in notification of the DOH
** Please provide radiological sar			
COMPLIANCE DETERMIN		•	
Sample Collection Info Satis	sfactory: []Yes []No	Sample Analysis Info	Satisfactory: Yes No
Replacement Sample(s)	Requested (circle or highlight g	proup(s) above) Revised Report Re	quested (circle or highlight group(s) above)
Additional Monitoring Re	equired (circle or highlight group(s) above)	
Reason(s): []MCL(s) E	xceeded	Detection(s)	Incomplete Report
	nalyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory
		Data 31, 99	
Person Notified: Comments:			g:
	DEP	DOH Reviewing Official:	
Date Reviewed:		Effective January 1995, Revised January 2004	
	reporting Format 02-000./ 3t	с насите записку 1999, комвес записку 2004	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Contar	n Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MD	Analysis L Date	Analysis Time	Lab ID
Date Re	eceived:	12/13/06 11:40								
Samplin	ng Date:	12/12/06 13:20								
Sample	Number:	2127519001					PWS ID			
Sample	Location:	137 Sunset Gra	b		Disir	fectant Resi	dual (mg/L			
Client:		Aqua Utilities Fk	orida, li	nc.	Repo	ort Number/	Job ID W	ootens 6453 i	I HM	

2941	Chloreform	[NA]	ug/L	9.5	EPA 524.2	0.25	12/24/08	3:13 PM	E96080
2942	Bromoform	[N/A]	ug/L	3.8	EPA 524.2	0.41	12/24/06	3:13 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	19	EPA 524.2	0.25	12/24/06	3:13 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	19	EPA 524.2	0.30	12/24/06	3:13 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L						

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550,730 Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 82-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

1600 US 1 North Fort Pierce, FL 34946 DOH # E96080 4155 St. Johns Play Suite 1300 Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

'rinted: 1/5/07



Date issued: October 20, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens TDS DE

Received:

10/11/06 12:15

[2127056]

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Ciady Cromer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 4155 St. Johns Pkwy, Suite 1300

Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

16331 Cortez Blvd. FDOH # E84418

FDOH # E96080 Printed: 10/20/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. | North, Fort Pierce Fl. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens TDS DE

[2127056]

Received:

10/11/06 12:15

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID

Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. \$600 U.S. I North, Fort Playor Pt. 34946 Phone: (772) 466-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2127056]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens TDS DE

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analyst	Leb ID
Laboratory ID: Sample ID:	2127056001 POE Grab	•			Sampled: 10/10/06 Matrix: Water		Received.	10/11/06 Vet Weight I		
Total Dissolved Sol	ildş	710	mg/L	5.0	EPA 160.1	WCDE15256		10/12/06 15:40	RM	E83509

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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<u>a</u>
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HARBOR BRANCH ENVIRONMENTAL

ibution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

Chain-of-Custody

USE BALL POINT PEN

Laboratory not responsible for omitted information

CHAIN PAGE _____ of ___

ompan ddress:	5600 Phone	US North (772) 465 (A	AT		RIC REST	ES INC.	Agreement to Pe	đ	Tempe	90C	OMPLETE NON GF PRINT For L	REYED A LEGIBLY	REAS	5600 Fort 255 E Deltor	U.S. 1 N Pierce, F DOH # Interprise na, FL 3	E83509 Rd., Suite 1 2725	307 Coolid Lehigh Ad FD 2514 Ost Spring H	OH # E85370 dge Avenue tres, FL 33936 OH # E84418 awaw Blvd. till, FL 34607
hone: j lient Ca roject N	ntact:	19-112 - Pa	2 4	Fax	7	16-324-4977 mpson		d Laboratory und Time	7	cked N	PRE	NA- SERVAT		Checks	d N	H=Hydrochloric	servation	
ampled AB ID	COLLE	<u> </u>	2 octy7 edg	MATRIX"	Maksors	SAMPI	Requires Laborato	PTION	> >		ANALYS	ES REQU	JESTEL			NeNitric Acid S=Sutfuric Acid SH=Sodium Hyc	MME	ST=Sodium Thiosultate U=Unpreserved
50]	DATE	TIME 3 Pm	G	DX;	3 1	As Wil	PoF	Report	F									
	Sample Type	e: G=Grab	C=Cor	mposite	9		" Matrix: S=Solid S	:L=Sludge DW=(Drinking \	Nater 0	SW=Groun	d Water S	W=Surfe	nce Wat	er WW=	Wastewater	M=Marin.	
pon Pa	RELINQUISH DATE/TIME RECEIVED B DATE/TIME	10-11-0 Y 44		105	1	RE O	ELINQUISHED BY ATE/TIME () () () () () () () () () () () () ()	10 10 10 10 10 10 10 10 10 10 10 10 10 1	~~		REL DAT REC	INQUISHE ETIME EIVED FOI	D BY	COTZU		Jus		

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S. I North, Fort Plence Ft. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: October 9, 2006

Brian Heath To:

> Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Agua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

[2126799]

Received:

9/13/06 12:45

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Printed: 10/9/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I North, Fort Pierce Ft. 34945 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

Received:

9/13/06 12:45

[2126799]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

<u>Number</u>

Sample ID Analytical Method Description

Quality Control Summary

Method HBEL Batch Analyte Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. 1 North, Fort Plance Pl. 34946 Phone (772) 465-2400, Ext 285 Fast (772) 457-584

CERTIFICATE OF ANALYSIS [2126799]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2126799001 137 Sunset			100	Sampled: 09/12/06 Matrix: Water		Received:			
Bromodichlorometh	ane	19	пд/£	0.25	EPA 524.2	VOC2697		09/26/06 13:31	WR	E96080
Bromotorm		7.2	ug/L	0.41	EPA 524.2	VOC2697		09/26/06 13:31	WR	E96080
Chloroform		8.9	υg/L	0.25	EPA 524.2	VOC2697		09/26/06 13:31	WR	E96080
Dibromochlorometh	nane	26	ug/L	0.30	EPA 524.2	VOC2697		09/26/06 13:31	WR	E96080
Total THMs		61	ug/L	0.50	EPA 524.2	VOC2697		09/26/06 13:31	WR	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

<u> </u>
Ā

Company:

HARBOR BRANCH

5600 US | North, Fort Pierce FL 34946 Phone (772) 465-2400, Ext 285 Fax: (772) 467-1584

Chain-of-Custody

and

Agreement to Perform Services

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Laboratory not responsible for omitted information

FDOH # E96080

5600 U.S. 1 North

Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

FDOH # E83509

FDOH # E84418 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.

Shipment

Method(s) of

Address:	<u>730</u>	SWIT	ِ ل	R.	19	SUTES		•				Deston	ia, FL 3	32725 Spring H	III, FL 34607
<u>P</u>	ALAT	-112	<u>た</u>	_Fax:	Zip:	32177 ,-319-597	e-mail: Standard Laboratory Tum Around Time	1	9°C exeture ecked N	Custody inta		pH Checke Y	d N	LAB# <i>2/2/</i>	299
Client Conta	ict:	PA	<u>ر</u>	D	<u> </u>	Arw			1	FRES	T		<u> </u>	Preservation	Key
Project Nam	ne:					6453	Or			ANALYSE:	REQUES	TED	<u> </u>	H=Hydrochlonc Acid I	P=Phosphoric Acid ST≖Sodium
Sampled By	·	PAR	سا	77/	m	PSW	Rush in Business Days Requires Laboratory Approval	4	1600 h			-		S=Sulfuric Acid SH=Sodium Hydroxide L	Thiosuifate U≕Linpreserved
LABID		CTION	ole Type*	MATRIX"	Containers		LE DESCRIPTION	开	1					COMME	NTS
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** Mainty S=Solid SL*Sledge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine Semple Type: G=Grab/ C=Composite RELINQUISHED BY RELINQUISHED BY RELINQUISHED BY ·W DATE/TIME DATE/TIME DATE/TIME RECEIVED BY-RECEIVED BY RECEIVED FOR HBEL CUSTODY BY DATE/TIME DATE/TIME 9-12-16 1245 DATE/TIME

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S.) North, Fort Pierce R. 34946 Phone: 072) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: October 12, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens DW Scan

[2126751]

Received:

9/12/06 11:50

Dear Brian Heath:

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID (Number).

Respectfully submitted,

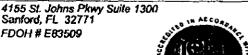
Cindy Cromer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Printed: 10/12/06

Page 1 of 6

HARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. 5600 U.S. 1 North, Fort Plance Ft. 34946 Phone (772) 465-2400, Ext. 285 Fee: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens DW Scan

Received:

9/12/06 11:50

[2126751]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID

Description

2126751001

P.O.E. Grab

EPA 548.1

Analytical Method

No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

EPA 504.1

PEST4792

2126751001 1,2,3-Trichloropropane

Surrogate - Outside acceptance Limits.

EPA 505

PEST4791

2126751001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

The above due to matrix effects.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2126751]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	126751001	•			Sampled: 09/11/0	6 14:15	Received	: 09/12/06	11:50	
Sample ID: P.	.O.E. Grab				Matrix: Water	Results	reported on	Wet Weight t	3asis	
Odor - Dechlorinated		2.4	T.O.N.	1.0	EPA 140.1	WCDE15123		09/12/06 13:45	PA	E83509
p H	Q	7.61	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20) PA	E83509
Total Dissolved Solids		550	mg/L	5.0	EPA 160.1	WCDE15143		09/15/06 15:30	PA	E83509
Aluminum		0.010 IJ	mg/L	0.010	EPA 200.7	METAB148		09/28/06 13:19) DM	E96080
Barium		0.012	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:19	DM G	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/08 13:19) DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 13:19) DM	E96080
Chromium		D.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:19	DM.	E96080
Copper		0.0060	mg/L	0.0014	EPA 200.7	META8148		09/28/06 13:19	DM (E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8146		09/28/06 13:19	DM (E96080
Manganese		0.0048	mg/L	0.0037	EPA 200.7	META8148		09/28/06 13:19	DM.	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/05 13:19	DM (E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 13:19	DM	E96080
Sodium		84	mg/L	0.50	EPA 200.7	METAB148		09/28/06 13:19	DM	E96080
Zinc		0.056	mg/L	0.010	EPA 200.7	METAB148		09/28/06 13:19) DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:21	DM	E96080
Lead		0.00070	mg/L	0.00061	EPA 200.9	META8155		10/2/06 18:06	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thalllum		0.0010 U	mg/L	0.0010	EPA 200.9	META8150		09/28/06 18:33	DM	E96080
Mercury		0.000060 U	-	0.000060	EPA 245.1	META8126	09/13/06 13:45	09/14/06 12:59	DM	E96080
Chloride		150	mg/L	5.0	EPA 300.0	106946		09/14/06 21:20		E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC6940		D9/13/08 12:46		E96080
Nitrate as N		0.083	mg/L	0.0030	EPA 300.0	IC6940		09/13/06 12:46		E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6940		09/13/06 12:46		E96080
Sulfate		9.8	mg/L	1.4	EPA 300.0	106946		09/14/06 21:20		E96080
Surfactants as LAS.		0.042 U	mg/L	0.042	EPA 425,1		09/13/06 11:30			E83509
Mol.wt.340		0.542 0	my's		EFA 323.1			00/10/00 10:40		E03003
1,2-Dibromo-3-		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 23:58	JL.	E96080
chloropropane										
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1		09/20/06 14:09			E96080
Chlordane		0.14 U	ug/L	0.14	EPA 505		09/19/06 14:54		JL,	E96080
Endrin		0.11 U	ug/t.	0.11	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	. JL	E96080
gamma-BHC (Lindane)	}	0.021 U	ugA.	0.021	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	JL.	E96080
Heptachlor		0.038 U	ug/L	0.038	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	JL	E96080
Heptachlor epoxide		0.029 U	ug/L	0.029	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	JL	E96080
Methoxychlor		0.046 U	ug/L	0.046	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	JL	E96080
PCB .		0.15 U	ug/L	0.15	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	JL	E96080
Toxaphene		0.63 U	ug/L	0.63	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:01	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:27	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:27	JL	E96080
Datapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:27	J.L	E96080
Dinoseb		0.23 ป	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:27	JL	E96080

5600 US 1 North Fort Pierce, FL 34946 FDOH # **E96080** 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

E TO THE

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Printed: 10/12/06

Page 3 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Fort Plane Ft. 34946 Phone (772) 465-2400, Ext. 295 Fac. (772) 467-584

CERTIFICATE OF ANALYSIS [2126751]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens DW Scan

Parameter	Qualifier Resu	1 It	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol	0.38		ug/L	0.39	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:27	, 1r	E96080
Pictoram	0.23		ug/L	0.23	EPA 515.1	PEST4793	09/20/05 14:05	09/20/06 21:27	JŁ.	E96080
1,1,1-Trichloroethane	0.21	ľV	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
1,1,2-Trichloroethane	0.44		ng/L	0.44	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
1,1-Dichloroethene	0.23	_	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
1,2,4-Trichiorobenzene	0,41	_	ugiL	0.41	EPA 524.2	AOC5683		09/25/06 0:07	WR	E96080
1,2-Dichlorobenzene	0.21		ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
1,2-Dichloroethane	0,29		ug/L	0.29	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
1,2-Dictiloropropane	0.40	-	ug/L .	0.40	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
1,4-Dichlorobenzene	0.23		ug/L	0.23	EPA 524.2	VOC2683		09/25/06 0:07	WR	E96080
Benzene	0.20	-	ug/L	0.20	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Carbon tetrachloride	0.24	-	ug/L	0.24	EPA 524.2	VOC2693	•	09/25/06 0:07	WR	E96080
Chlorobenzene	0.30		ug/L	0.30	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
cis-1,2-Dichloroethene	0.21		ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Ethylbenzene	0.21		ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Methylene chlorida	0.23		ug/L	0.23	EPA 524.2	VOC2693	. •	09/25/06 0:07	WR	E96080
Styrene	0.21	_	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Tetrachioroethene	0.24		ug/L	0.24	EPA 524.2	VOC2693	;	09/25/06 0:07	WR	E96080
Toluene	0.22		ug/L	0.22	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Total Xylenes	0.48	-	ug/L	0.46	EPA 524.2	VOC2693		09/25/06 0:07	WR	£96080
trans-1,2-Dichloroethene			vg/L	0.35	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Trichloroethene	0.36		ug/L	0.36	EPA 524.2	VOC2693		09/25/06 0:07	WR	E96080
Vinyl chloride	0.32		ug/L	0.32	EPA 524.2	VOC2693	AAMAAA DAE	09/25/06 0:07	WR	E96080
Alachior	0.61		ug/L	0.61	EPA 525.2	SV0C2441	09/22/06 9:05	10/3/06 1:45	WR	E96080
Atrazine	0.48		ug/L	0.48	EPA 525.2	SV0C2441	09/22/06 9:05	10/3/06 1:45	WR	E96080
Benzo(a)pyrene	0.07		ug/L	0.070	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:45	WR	E96080
bis(2-ethythexyf)phthalat			ug/L	0.85 0.68	EPA 525.2	5VOC2441	09/22/06 9:05	10/3/06 1:45 10/3/06 1:45	WR WR	E96080
Di(2-ethylhexyl)adipate	0.68	-	ug/L		EPA 525.2	5V0C2441 5V0C2441		10/3/06 1:45	WR	E96080
Hexachlorobenzene	0.31		ug/L	0.31 0.24	EPA 525.2	SVOC2441	09/22/06 9:05 09/22/06 9:05	10/3/06 1:45	WR	E96080
Hexachlorocyclopentadia Simazine	ne 0.24 0.63		ug/L	0.24	EPA 525.2	SVOC2441			WR	E96080 E96080
Carboturan	0.03		ug/L	0.03	EPA 525.2 EPA 531.1	HPLC2333	V3122200 3.03	09/18/06 15:54	JJM	
		-	ug/L	0.15		=		09/18/06 15:54		E96080
Oxamyl Glyphosate	0.41		ug/L	26	EPA 531.1 EPA 547	HPLC2333 HPLC2335		09/20/06 13:58		E96080
Endothall	26 L		ug/L	20 2.8	- • • • •	SVOC2439	09/15/06 11:06		WR	E96080
	2.8 4.8		ug/L	2.0 4.8	EPA 548.1	HPLC2334				E96080
Diquat Gross Alpha		υ V +/-	ug/L	4.0	EPA 549.2	KNL1360	09/15/06 11:10	10/13/06 8:00		E96080
GIGS MINO			pCi/L		EPA 900.0	PART 1200		10/15/06 0.00	UJAL	E84025
Radium 226			pCi/L		EPA 903.1	KNL1360		10/4/06 15:00		E84025
Radium 228	1.0 I 0.7	Ų +/-	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL.	E84025
Arsenic		10 U	mg/L	0.0010	SM 3113 B	SAL1031		09/26/06 9:48	SAL	E84129
Color	4.0		CN	1.8	SM2120 B	WCGE26264		09/13/06 16:15		E96080
Cyanide			mg/L	0.0047	SM4500CN E.		09/18/06 12:45			E96080

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

Printed: 10/12/06



FDOH # E85370

307 Coolidge Avenue 16331 Cortez Blvd Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E84418

Page 4 of 8

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2126751]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens DW Scan

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2126751002				Sampled:		Received	09/12/06	11:50	
Sample ID:	TRIP BLAN	K			Matrix: Water	Results	reported on	Wet Weight I	Basis	1
1,1,1-Trichloroethan	e	0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
1,1,2-Trichloroethan	8	0.44 U	ug/L	0.44	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
1,2,4-Trichlorobenze	ine	0.41 U	ug/L	0.41	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
1,2-Dichlorobenzene)	0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2693		09/25/08 0:41	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2693		09/25/06 0:41	WR	£96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Benzene		9.20 ป	υg/L	0.20	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2693	•	09/25/06 0:41	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
cis-1,2-Dichloroether	ne	0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Ethylibenzena		0.21 U	ug/ī.	0.21	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2693	•	09/25/06 0:41	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2693	* '	09/25/06 D:41	WR	E96080
Toluene		·0.22 U	ug/t.	0.22	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
trans-1,2-Dichloroett	nene	0.35 U	ug/L	0.35	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080
Vinyl chloride		0.32 ป	₽ 9/ L	0.32	EPA 524.2	VOC2693		09/25/06 0:41	WR	E96080

Q Sample held beyond the accepted holding time.

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HARBOR BRANCH

\$600 US I North, Fort Plance, Ft. 34946

Phone: (772) 465-2400, Ext. 285 Fex: (772) 467-584

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GRESTEL SHEAS Fort Pierce, FL 34948

Laboratory not responsible for omitted information

PRESS DARKS

FDOH # E96060 FDOH # E85370

FDOH # E96060 5600 U.S. 1 North

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

Company	: Agin	a Uti		نوح	ع	1	Method(s) of Shipment:	_		ASSEL DE	ACCO TO	Sec.		4155	St. John		FDOH # E84418 331 Cortez Blvd.
Address:	930	نک،ک	R.	4	Su	ite 3				§		Ę		Suite Sanfo	1300 rd, FL 3		rocksville, FL 34601
	Palat	ka Fl			Zip:	32177	e-mail:			17 Mars	ir		11.73				
Phone: 3	386-3	29-112	2	Fax:	384	<u></u>	T-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		L.		RESER	VATI					
Client Cor	ntact:	Toul		04	ps	00	Or									Prese Hullydrochloric Adi	rvation Key P-Phosphoric Acid
Project Na	ame:	Wo	de	115	· 				l	ANAL	YSES F	REQU	ESTEC)	·	N-Nitrio Acid	ST-Sodium
Sampled	Ву:	Rix	N.	عدت	at	<u>t </u>	Rush in Business Days Requires Laboratory Approval		_	12	7		d.	さる	2	8=9uturio Acid SH=Sodium Hydrax	Thiosulfate ide U-Unpreserved
LAB ID	COLLE	<u> </u>	Type.	WATTRIX-	Itainers		LE DESCRIPTION	10 x 2	Cy/N108	CORES CORES	17 SON 18	AS .	25	722 047	ell vi	СОМ	MENTS
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002					.3	Top	Blanks								X		
• 5	Sample Typ	e: G=Grab	C#C	ompos	te		** Matrix: S-Solid SL-Sludge D	W⊸Drinkling	Water	GW-G	ound M	ater S	W-Sur	ace.Wa	ter WW	/-Wastewater, M	-Marine
5 €	RELINQUISH	/		ha	20-		ELINQUISHED BY	1	Edy		RELING		BY				
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HARBOR BRANCH ENVIRONMENTAL

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	S600 1	US I North,	Fort P	Herce, I	FL 349	13. IIVC. 946 9x: (772) 467-584		Palkuiil Sarvica							5600 Fort	U.S. 1 N Pierce, F			dge Avenue ires, FL 3393(
Company:	14	ua L	11:	نلخا	ھے۔	Fla.	Method(s) of Shipment:		•	ic iceso	S. T.	ACCO	Sea Car		4155 : Suite	DOH#	9 Pkwy.	16331 Co	OH # E84418 ortez Blvd.
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Phone: 38	6-33	<u> 19- 11</u>	2	2 Fax	35/	379-997	e-mail: Stand	dard Laboratory Around Time	100			RESE			ê k				
Client Contac	et:	-Pau	بله	Th	DM	pson_	0					HESE	TVAII	YE_	<u> </u>		Pres Heltydrochlorio	ervation	•
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/CAB:ID∮	OLLE ATE	TIME	ect() actual	WATRIX**	# Containers		LE DESCF		38	518.	525.2	53[.]	547	5.48	243	505	COI	MME	NTS
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• Samp	ole Type	: G-Grab	C-C	ompos	ite		** Matrix: S-Soil	d SL-Sludge DW-	-Drinking	Water	GW-G	round y	ater S	W-Surf	sos Wa	ter_WW	-Wastewater	M-Marin	ie .
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HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S. | North, Fort Pierce Pt. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: June 8, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

[2125742]

Received:

5/17/06 14:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer

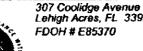
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771

FDOH # E83509



16331 Cortez Blvd Lehigh Acres, FL 33936 Brooksville, FL 3460 FDOH # E84418

Printed: 6/8/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S. I North, Fort Pierce Fl. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

Received:

5/17/06 14:00

[2125742]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS-Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID **Analytical Method** Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plane I. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2125742]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2125742001 137 Sunset				Sampled: 05/16/06 Matrix: Water		Received reported on	: 05/17/06 Wet Weight E		
Bromodichlorometh	nane	20	ug/L	0.25	EPA 524.2	VOC2639		05/30/06 16:34	WR	E96080
Bromoform		9.4	ug/L	0.41	EPA 524.2	VOC2639		05/30/06 16:34	WR	E96080
Chloroform		9.0	ug/L	0.25	EPA 524.2	VQC2639		05/30/06 16:34	WR	E96080
Dibromochlorometh	nane	28	ug/L	0.30	EPA 524.2	VOC2639		05/30/06 16:34	WR	E96080
Total THMs		66	ug/L	0.50	EPA 524.2	VOC2639		05/30/06 16:34	WR	E96080

¹Result Qualifiers: U = Not Detected i = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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HARBOR BRANCH ENVIRONMENTAL

5600 US I North, Fort Pierce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain-of-Custody	Cr	naii	1- 0	f-C	us	tod	٧
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and

Agreement to Perform Services

**	FRINTLEGI
Method(s) of Shipment:	
-	ALC: A

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information FDOH # E96080

5600 U.S. 1 North Fort Pierce, FL 34946

____FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

	1 <u>y: 1701</u>						Method(s) ofShipment:		The state of the s					FDOH # E83509 FDOH # E84418 255 Enterprise Rd., Suite 1 2514 Osawaw Bhd.			
Address					19	SVIR3	- · · · · · · · · · · · · · · · · · · ·	-	;	MER	CAL			a, FL		34607	
	MLA	TKA,	Pl		_Zip:	32177		Temp	erature	For La		Only	pН				
Phone:	386 - 3	19-11	22	Fax	. 376	0-329-99	7 - e-mail:	_ 04	Checked		Intact		Checked		LAB # 21257/2		
				-			Standard Laboratory Turn Around Time		N		Y N PRESERVATIVE			N	7		
Client C	ontact:	PAU	<u></u>]]]	ДM	1950W			المرابع المرابع			``	T	Π.	Preservation Key		
Project I	Name:	1000	752)	S	#	6453	Or	Itch	<u> </u>	ANALYSE	ALYSES REQUESTED			<u> </u>	H#Hydrochloric Acid P=Phosphoric Acid		
Sample	l Bre	PAU	Α	7		Psw	Rush in Business Days			ANALISE	KEUL	ESTEL	, 		N=Nitric Acid ST=Sodiu S=Sulfuric Acid Thirs	m sulfate	
Campie	7 Oy.		T .		Juv	17300	Requires Laboratory Approval	<u> </u>							SH=Sodium Hydroxide U=Unpres		
LAB ID	COLLE	CTION	Type	ŧ	Ter.	SAMF	PLE DESCRIPTION	1 3									
	8 2 4						/ill Appear On Report	IF							COMMENTS		
001	0 ≥ 1 ±					17 77	SUNSET ROM	12		-	-		ļ		,		
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	Sample Typ		<u>C=Co</u>	mposit	.0		" Matrix: S=Solid SL=Sludge DV	/=Drinking	Water (GW=Ground	Water S	W=Surf	age Wat	er WW	=Wastewater M=Marine		
10	RELINQUISI DATE/TIME		116				RELINQUISHED BY DATE/TIME			RELIN DATE	QUISHE	D BY	404	spe	to France		
1 Pag	RECEIVED E						RECEIVED BY Qualific	 				R HREL 4	POTRIL	-	77 7 CK 1.46 -]	
	DATE/TIME	57	Ź·c:				DATE/TIME 5-17-06	1400			RECEIVED FOR HBEL CUSTODY BY DATE/TIME 5-19-06 10:05						
Distribution:	WHITE will	REPORT:	YELL	OW for	r FILE;	PINK to CLIEN	T; GOLD for SAMPLER								I PAGE		

CHAIN PAGE _______ of _____

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type or pr	rint legibly)
System Name: With the System Name: With the	> PWS l.D. #:	13/54/11/2/8/5
System Type (check one) Leommunit	y Nontransient Noncommunity	'Transient Noncommunity
Address: HES REGEL		
civGeorgtown	State: FL	ZIP Code: 321351
Phone #: 35) - 187-080	Fax#: <u>352-78</u>	87-6333
E-Mail Address:		
SAMPLE INFORMATION (to be completed by	sampler)	
Sample Number:	Leaster Code w	Makaning and a second of the s
Sample Date: 05/16/06	Sample Time:	
Sample Location (be specific): 137 Sunset	t Road Grab	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	O, 2 mg/L Field pH: 1,5
Sample Type (Check Only One)	Reason(s) for Sample (0	
Distribution	Routine Compliance (with 62-550)	Quarterly (Which On?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Wax Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Cor	nments:
Near First Customer	·	
*See 62-550.500(6) for requirements a Note: See 62-550.512(3) for additional for Nitrate or Nitrite MCL exceed	requirements attach a res	50(4) for requirements and ults page for each site.
Sampler's Name: PNL Thu	·	
Sampler's Phone #: 386 319 - 11	Sampler's Fax #:	336.369.9977
Sampler's E-Mail Address:	Ma	
CERTIFICATION (to be completed by sampler)		
N_{A} $\sim 1 N_{\odot}$, <u>fill</u>	Print Title
Print Name		
do HEREBY CERTIFY that the above public	c water system and sample collection info	ormation is
completed and correct.	M-1-	6/14/06
Signature:	730 Efforthe (south) 1906 David Invest 2004	שטורון
vehrund unust 65-300	2.730 Effective January 1995, Revised January 2004	

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATOR	RY CERTIFIC	ATION INFORMATION (Id	be completed by lab - Please type or	print legibly)
	RENT DOH ANA			
Lab Name:	Harbor Brai	nch Environmental Labora	atories, Inc. Florida Certific	eation #: E96080
Address:	5600 US 1	North	Certification Expiration	n Date: 06/30/2006
	Fort Pierce	FL 34946	Phone #:	(772) 465-2400 Ext. 285
ANALYSIS II	NFORMATION	(to be completed by lab)	Date Sample(s) Received::	5/17/06
PWS ID (From	m Page 1):		Sample Number (From Page	1):
Lab Assigned	d Report Numb	per or Job ID:		
Group(s) Ana	alyzed and Re	sults attached for complia	nce with Chapter 62-550, F.A.C	- (Check all that apply):
Inorg	anics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
[]Al	1 17	[_]All 30	All 21	Trihalomethanes
[jPa	artial	[]]All Except Dioxin	[Partial	Haloacetic Acids
[_]Ni	trate	Partial		,Bromate
N	trite	Dioxin Only	Radionuclides	Chlorite
As	sbestos Only		Single Sample	Secondaries
			Qtrly Composit	e** All 14
Were any an	alyses subcon	tracted? Yes	X No	Partial
If yes, please	provide DOH	certification numbers:		
		T FOR EACH SUBCONTRACT		The second secon
		CER	TIFICATION	
l,				atory Director
do HEREBY	(Print Name) CERTIFY that		l) ta are correct and unless noted	Print Title) meet all requirements of the
		boratory Accreditation Cor		· ·
Signature		-	Date:0	8-Jun-06
* Failure to prov				eel for the attached analysis results will result
in rejection of th	ne report, possibl			and may result in notification of the DOH
Bureau of Labor	•	mple dates locations for each	nister	
		IATION (to be completed by I	·	
		isfactory: Yes	• •	Info Satisfactory: []Yes []No
[]]Replacen	nent Sample(s) Requested (circle or highligh	t group(s) above) Revised Repor	t Requested (circle or highlight group(s) above)
Additiona	l Monitoring R	equired (circle or highlight group	x(s) above)	
Reason(s):	MCL(s) E	xceeded	Detection(s)	Incomplete Report
		Analyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory
Damon Mode	i Other: ed:		Data II	atifiad:
				otified:
Commente:				
Comments:	ed:	DE	P/DOH Reviewing Official:	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plence, Ft. 34946 Phoma: (772) 465-2400 Ext. 286 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:	Aqua Utilities Flo	orida, li	nc.	Rep	Report Number/ Job ID Wootens 6453 TTH					
Sample Location:	137 Sunset Roa	id Grab	•	Disinfectant Residual (mg/L						
Sample Number:	2125742001					PWS ID				
Sampling Date:	5/16/06 14:50									
Date Received:	5/17/06 14:00			٠						
Contam ID Contam Name	MCL.	Units	Analysis Result	Qualifier	Analytical Method	Lab M	Analysis IDL Dale	Analysis Time	Lab ID	

2941	Chloroform	[N/A]	ug/L	9.0	•	EPA 524.2	0.25	5/30/06	4:34 PM	E96080
2942	Bromoform	[N/A]	ug/L	9.4		EPA 524.2	0.41	5/30/06	4:34 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	20		EPA 524.2	0.25	5/30/06	4:34 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	28		EPA 524.2	0.30	5/30/06	4:34 PM	£96080
2950	Total Trihalomethanes	[80]	ua/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Formal 62-550.730 Effective January 1995, Revised January 2004

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanlord, FL 32771

FDOH # E83509

inem:

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 3460 FDOH # E84418

Printed: 6/8/06

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A. F. H. N. O. T. Z. ? , are unacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring periods.

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 0 U.S. | North, Fort Pierce FL | 34946 |16: (772) 465-2400, Ext. 285 | Fax: (772) 467-(584

Date issued: March 14, 2006

To: Brian Heath

> Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

[2124849]

Received:

2/22/06 12:40

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted.

Cindy Crómer

Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North Fort Pierce, FL 34946

4155 St. John's Pkwy, Suite 1300 Sanford, FL 32771 FDOH # E83509

307 Coolidge Avenue Lehigh Acres, FL 3393 FDOH # E85370

2514 Osawaw Boulevard Spring Hill, FL 3460 FDOH # E84418

FDOH # E96080 Printed: 3/14/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL

5600 U.S. I North, Fort Pierce Fl. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

Received:

2/22/06 12:40

[2124849]

M8=Method Blank LCSxLaboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

Printed: 3/14/06

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I NOCK. 5600 U.S. I NOCK. 5

CERTIFICATE OF ANALYSIS [2124849]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2124849001 137 Sweet R	ld Grab			Sampled: 02/21/08 Matrix: Water		Received on	l: 02/22/06 Wet Weight B	-	
Bromodichlorometh	nane	15	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 22:16	WR	E96080
Bromoform		6.9	υ g/ L	0.41	EPA 524.2	VOC2604		02/28/06 22:16	WR	E96080
Chloroform		8.3	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 22:16	WR	E96080
Dibromochlorometh	nane	21	ug/L	0.30	EPA 524.2	VOC2604		02/28/06 22:16	WR	E96080
Total THMs		51	ug/L	0.50	EPA 524.2	VOC2604		02/28/06 22:16	WR	E96080
Dibromoacetic Acid	t	5.5	ug/L	0.18	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 10:24	RS	E96080
Dichtoroacetic Acid	1	7.0	ug/L	0.66	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 10:24	RS	E96080
Monobromoacetic /	Acid	0.64	ug/L	0.28	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 10:24	R\$	E96080
Monochloroacetic /	Acid	U 88.0	ug/L	0.88	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 10:24	RS	E96080
Total HAAs		15	ug/L	0.18	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 10:24	RS	E96080
Trichloroacetlc acid	i	2.3	ug/L	0.20	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 10:24	RS	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined belo Statement of Estimated Uncertainty available upon request.

<u> </u>	HARBO
	ENVIR
	LABOR
	5600 US North,

DR BRANCH

Phone (772) 465-2400. Ext. 285 Fax: (772) 467-584

Chain-of-Custody

Method(s) of

and

Agreement to Perform Services

USE BALL POINT PEN PRESS HARD COMPLETELY FILL OUT ALL NON GREYED AREAS PRINT LEGIBLY

Laboratory not responsible for omitted information

FDOH # E96080 5600 U.S. 1 North

Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

FDOH # E83509 FDOH # E84418

Compar	Company: AQUA UTLITES						Method(s) ofShipment:				FDOH # E83509FDOH # E84418 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.						
Address	9.30	WINJ J.	2	15 5	SVI	TE.)				Ş	n.	H		Deltona			ig Hill, FL 34607
	Aren	set 1	ر		Zin:	32177			Tomo	.catura			Use Only	-1./			······································
Phone:				Fax:		329.997	e-mail: Standard Laboratory			Temperature Ohecked Y N		Custody Seals Intact YN		pH Checked Y N		LAB#	124849
Client Co		PAL				bw.	Tun	n Around Time			P		RVÁTIVE			Proces	utos Kall
Project I	Name:	wor	دلة			645-3		Ог			ANAL'	YSES F	REQUEST	EO		Preserve H=Hydrochloric Acid N=Nitric Add	P=Phosphoric Acid ST=Sodkum
Sampled By: PAL MonAsia						Asw		Business Days aboratory Approvel	A	8						S=Sulfuric Acid SH=Sadium Hydroxide	Thiosultate U=Unpreserved
LAB ID	COLLE	CTION	Type.	; ≅ X	ainers	SAMPI	E DESC	CRIPTION	THE	TANK						0014	ENTO
	DATE TIME SAME SAME						l Appear (On Report	1	£		İ				COMM	ENIS
001	2/4/06	1300-	6	Du	4	13.7	SWILT	RS.	×	X						d	0.3
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	Sample Type		C=00	omposi	le			Solid SL=Sjudge DW=	Drinking	Water (urface Wate	er WW	/=Wastewater M=N	farine
Report	RELINQUISH DATE/TIME			4			ELINQUISHED (BY		·		_	UISHED BY	Ken	DD.	2 to t	del
<u>1</u> <u>21</u>	RECEIVED B		11	<u> </u>			ECEIVED BY	Charles 12				DATE/TI		L CUSTOD)	7 <u>2</u> -	Ch. 166	2
Page 9	DATE/TIME	200	15.0	6	/		ATE/TIME /	2-20-06	12.5	10		DATE/T			25	5010	150
Distribution	WHITE with				rFILE	; PINK to CLIENT;	GOLD for SA	MPLER		<u> </u>					CHAIN	N PAGE	

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type or pri	nt legibly)
System Name: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PW\$ I.D, #;	2541280
System Type (check one)Community		
Address: MAM POOR		, , , , , , , , , , , , , , , , , , ,
Address: (1 1907) 1 100(01)		
	State: F L	
Phone #: 3502 1187-098	S Fax #: 302 []	571-6335
E-Mail Address:	AND AND ADMINISTRATION OF A STATE OF THE STA	an en en son son anno en en en en en en en en en en en en en
SAMPLE INFORMATION (to be completed by	sampler)	
Sample Number:	Location Code (if known):	
Sample Date: 02/21/06	Sample Time:	1:50 PM
Sample Location (be specific): 137 Sweet	Rd Grab	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	0.3 mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (ci	heck all that apply)
V Oistribution	Routine Compliance (with 62-550)	Quarterly (Which Qir? 15t
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Com	nments:
Near First Customer *See 62-550.500(6) for requirements ar Note: See 62-550.512(3) for additiona for Nitrate or Nitrite MCL exceeds	l requirements attach a resu	60(4) for requirements and alls page for each site.
Sampler's Name: Phi The	Now	
Sampler's Phone #: 386 329- 113	Sampler's Fax #:	386-315-9577
Sampler's E-Mail Address:	<u>) </u>	
CERTIFICATION (to be completed by sampler)		
1. Proc. TromPsu	, ALLS (over. And
Print Name		Print Title
do HEREBY CERTIFY that the above public completed and correct:	water system and sample collection info	ormation is
Signature:	Date:	7 h i husa
	.730 Effective January 1995, Revised January 2004	3/2/100
· · · · · · · · · · · · · · · · · · ·	•	

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATOR	RY CERTIFICA	ITION INFORMATION (10)	be completed by tab - Please type or	print legibly)							
	RENT DOH ANA										
Lab Name:	Harbor Bran	ch Environmental Laboral	tories, Inc. Florida Certific	cation #: E96080							
Address:	5600 US 1 N	Vorth	Certification Expiration	on Date: 06/30/2006							
<u></u> .	Fort Pierce	, FL 34946	Phone #:	(772) 465-2400 Ext. 285							
ANALYSIS I	NFORMATION	(to be completed by lab)	Date Sample(s) Received::	2/22/06							
PWS ID (Froi	m Page 1):		Sample Number (From Page 1):								
Lab Assigned			2124849001								
			ce with Chapter 62-550, F.A.C	Check all that apply):							
Inorg	anics	Synthetic Organics	Volatile Organics	Disinfection Byproducts							
[]All	l 17	[_]All 30	[]All 21	E Trihalomethanes							
1		All Except Dioxin	Partial								
Ni	trate	Partial		Bromate							
Ni	trite	Dioxin Only	Radionuclides	Chlorite							
	sbestos Only	,	Single Sample	Secondaries							
			Ctrly Composi	te** ,							
Were any and	alyses subcont	racted? Yes	K. No	Partial							
		certification numbers: FOR EACH SUBCONTRACTS									
ATTACH DOIL	WALLE SHEET		TIFICATION								
ı	Cindy Crow			aton Director							
.	(Print Name)	161	Labor	Print Title)							
	CERTIFY that		a are correct and unless noted ference (NELAC).	meet all requirements of the							
Signature	Cin	13 Come	Date: <u>1</u>	4-Mar-06							
	ide a valld and cu	irrent Florida DOH lab certificat	ion number and a current Analyte Sh	eet for the attached analysis results will result							
in rejection of the Bureau of Labor		enforcement against the public	water system for failure to sample,	and may result in notification of the DOH							
		mple dates locations for each q	uarter.								
COMPLIANC	E DETERMIN	ATION (to be completed by D	EP or DOH)								
Sample Colle	ection Info Sati	sfactory: Yes N	lo Sample Analysis	Info Satisfactory: []Yes []No							
Replacem	nent Sample(s)	Requested (circle or highlight	group(s) above) Revised Repo	rt Requested (circle or highlight group(s) above)							
Additiona	l Monitoring Re	equired (circle or highlight group	(s) above)								
Reason(s):	MCL(s) E	xceeded	Detection(s)	Incomplete Report							
	= -	nalyte Sheet(s)	Location Unsatisfactor	Analysis Unsatisfactory							
Person Notifi	ed:		Date N	lotified:							
Date Review	ed:	DEF	2/DOH Reviewing Official:								
			30 Effective January 1995, Revised January								

HARBOR BRANCH ENVIRONMENTAL - LABORATORIES, INC. 5600 U.S.I North-Fort Pierce Bl. 34946 (772) 467-684

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Analysis

Units Result

Client:

Agua Utilities Florida, Inc.

Report Number/ Job ID

Analytical

Qualifier Method

Wootens 6453 THMHAA5

Analysis Analysis

Time

Lab ID

Date

Sample Location:

137 Sweet Rd Grab

MCL

Disinfectant Residual (mg/L)

Sample Number:

2124849001

PWSID

Lab MDL

Sampling Date:

2/21/06 13:50

Date Received:

Contam Name

Contam

ID

2/22/06 12:40

	2450	Monochloroacetic Acid	[NVA]	ug/L	0.88 U	EPA 552.1	0.88	3/04/06	10:24 AM	E96080
-	2451	Dichloroacetic Acid	[N/A]	ug/L	7.0	EPA 552.1	0.66	3/04/06	10:24 AM	E96080
	2452	Trichloroacetic acid	[N/A]	ug/L	2.3	EPA 552.1	0.20	3/04/06	10:24 AM	E96080
	2453	Monobromoacetic Acid	[N/A]	ug/L	0.64	EPA 552.1	0.28	3/04/06	10:24 AM	E96080
	2454	Dibromoacetic Acid	[N/A]	ug/L	5.5	EPA 552.1	0.18	3/04/06	10:24 AM	E96080
	2456	Total Haloacetic Acids (HAA5)	[60]	ug/L						
	2941	Chloroform	[N/A]	ug/L	8.3	EPA 524.2	0.25	2/28/06	10:16 PM	E96080
	2942	Bromoform	[N/A]	ug/L	6.9	EPA 524.2	0.41	2/28/06	10:16 PM	E96080
-	2943	Bromodichloromethane	(NA)	ug/L	15	EPA 524.2	0.25	2/28/06	10:16 PM	E96080
	2944	Dibromochloromethane	[N/A]	ug/L	21	EPA 524.2	0.30	2/28/06	10:16 PM	E96080
	2950	Total Trihalomethanes	[80]	ug/L						

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. John's Pkwy, Suite 1300 Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 2514 Osawaw Boulevard Spring Hill, FL 34607 FDOH # E84418

Printed: 3/14/06

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rufe 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. T avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.