

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
04330 MAY 22 88
FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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: January, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: 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@aquamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D | |
| Licensed Operators | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| Name | License Class | License Number | Day(s) / Shift(s) Worked |
| Paul Thompson | A | 7251 | Days 1st Shift |
| David Haring | C | 14091 | Days 1st Shift |
| Ralph Marriott | C | 7527 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 2/7/07 DOCUMENT NUMBER: 04330 Printed or Typed Name: Paul Thompson A7251
License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: January, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Started or Ignited by Operator (Place X) | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|--|---|--|---|------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 11,026 | | 1.5 | | | | | | | | | 0.9 | |
| 2 | X | 24.0 | 10,030 | | 1.5 | | | | | | | | | 1.0 | |
| 3 | X | 24.0 | 10,010 | | 2.0 | | | | | | | | | 1.2 | |
| 4 | X | 24.0 | 16,250 | | 1.7 | | | | | | | | | 0.9 | |
| 5 | X | 24.0 | 5,780 | | 1.5 | | | | | | | | | 0.8 | |
| 6 | | 24.0 | 11,713 | | | | | | | | | | | | |
| 7 | | 24.0 | 11,713 | | | | | | | | | | | | |
| 8 | X | 24.0 | 11,713 | | 1.5 | | | | | | | | | 0.9 | |
| 9 | X | 24.0 | 10,340 | | 1.5 | | | | | | | | | 0.9 | |
| 10 | X | 24.0 | 10,080 | | 1.3 | | | | | | | | | 0.7 | |
| 11 | X | 24.0 | 10,360 | | 1.5 | | | | | | | | | 0.8 | |
| 12 | X | 24.0 | 10,920 | | 1.5 | | | | | | | | | 0.9 | |
| 13 | | 24.0 | 12,877 | | | | | | | | | | | | |
| 14 | | 24.0 | 12,877 | | | | | | | | | | | | |
| 15 | X | 24.0 | 12,877 | | 1.5 | | | | | | | | | 1.0 | |
| 16 | X | 24.0 | 11,940 | | 1.5 | | | | | | | | | 1.0 | |
| 17 | X | 24.0 | 11,110 | | 1.5 | | | | | | | | | 1.0 | |
| 18 | X | 24.0 | 13,990 | | 1.4 | | | | | | | | | 1.0 | |
| 19 | X | 24.0 | 11,460 | | 1.5 | | | | | | | | | 1.0 | |
| 20 | | 24.0 | 11,733 | | | | | | | | | | | 1.1 | |
| 21 | | 24.0 | 11,733 | | | | | | | | | | | | |
| 22 | X | 24.0 | 11,733 | | 1.5 | | | | | | | | | 1.0 | |
| 23 | X | 24.0 | 11,260 | | 1.5 | | | | | | | | | 1.0 | |
| 24 | X | 24.0 | 12,000 | | 1.5 | | | | | | | | | 1.1 | |
| 25 | X | 24.0 | 12,180 | | 1.5 | | | | | | | | | 1.0 | |
| 26 | X | 24.0 | 11,250 | | 1.3 | | | | | | | | | 0.8 | |
| 27 | | 24.0 | 12,590 | | | | | | | | | | | | |
| 28 | | 24.0 | 12,590 | | | | | | | | | | | | |
| 29 | X | 24.0 | 12,590 | | 1.0 | | | | | | | | | 0.5 | |
| 30 | X | 24.0 | 13,770 | | 1.5 | | | | | | | | | 0.8 | |
| 31 | X | 24.0 | 13,740 | | 1.5 | | | | | | | | | 0.9 | |
| | | | 364,236 | | | | | | | | | | | | |
| | | | 11,750 | | | | | | | | | | | | |
| | | | 16,250 | | | | | | | | | | | | |

* 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

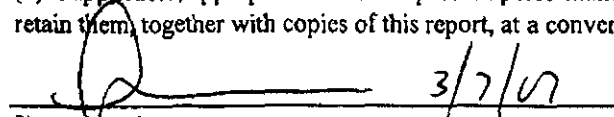
| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | PO Box 490310 | City: | Loesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Zip Code: | 34749 |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | | | Contact Person's Fax Number: | (352) 787-6333 |

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 | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | D | |
| Licensed Operators: | Name | License Class | License Number | 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 | | |
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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, together with copies of this report, at a convenient location for at least ten years.


3/7/07
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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

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 Other (Describe):

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

| Day of the Month | Days Plant Stepped or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|--|--|---|-------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm | Minimum UV Dose Required, mW-sec/cm | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 12,010 | | 1.5 | | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 12,130 | | 1.5 | | | | | | | | | 1.0 | |
| 3 | | 24.0 | 13,913 | | | | | | | | | | | | |
| 4 | | 24.0 | 13,913 | | | | | | | | | | | | |
| 5 | X | 24.0 | 13,913 | | 1.3 | | | | | | | | | 0.9 | |
| 6 | X | 24.0 | 12,430 | | 1.4 | | | | | | | | | 0.9 | |
| 7 | X | 24.0 | 13,530 | | 1.5 | | | | | | | | | 1.1 | |
| 8 | X | 24.0 | 16,080 | | 1.3 | | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 9,010 | | 1.5 | | | | | | | | | 1.1 | |
| 10 | | 24.0 | 13,990 | | | | | | | | | | | | |
| 11 | | 24.0 | 13,990 | | | | | | | | | | | | |
| 12 | X | 24.0 | 13,990 | | 1.5 | | | | | | | | | 1.1 | |
| 13 | X | 24.0 | 13,440 | | 1.5 | | | | | | | | | 1.1 | |
| 14 | X | 24.0 | 13,070 | | 1.5 | | | | | | | | | 1.1 | |
| 15 | X | 24.0 | 12,870 | | 1.5 | | | | | | | | | 1.0 | |
| 16 | X | 24.0 | 13,920 | | 1.5 | | | | | | | | | 1.1 | |
| 17 | | 24.0 | 14,837 | | | | | | | | | | | | |
| 18 | | 24.0 | 14,837 | | | | | | | | | | | | |
| 19 | X | 24.0 | 14,837 | | 1.3 | | | | | | | | | 0.9 | |
| 20 | X | 24.0 | 15,060 | | 1.5 | | | | | | | | | 1.1 | |
| 21 | X | 24.0 | 14,740 | | 1.7 | | | | | | | | | 1.2 | |
| 22 | X | 24.0 | 14,400 | | 1.6 | | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 14,680 | | 1.5 | | | | | | | | | 1.1 | |
| 24 | | 24.0 | 14,733 | | | | | | | | | | | | |
| 25 | | 24.0 | 14,733 | | | | | | | | | | | | |
| 26 | X | 24.0 | 14,733 | | 1.5 | | | | | | | | | 1.1 | |
| 27 | X | 24.0 | 15,810 | | 2.0 | | | | | | | | | 1.5 | |
| 28 | X | 24.0 | 15,320 | | 1.1 | | | | | | | | | 0.9 | |
| 29 | | 24.0 | | | | | | | | | | | | | |
| 30 | | 24.0 | | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 390,920 | | | | | | | | | | | | |
| Average | | | 12,610 | | | | | | | | | | | | |
| Maximum | | | 16,080 | | | | | | | | | | | | |

* 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: March, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|---|-----------------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: 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@aquaaamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D | |
| Licensed Operators | Name | License Class | License Number |
| Lead/Chief Operator: | Paul Thompson | A | 7251 |
| Other Operators: | David Haring | C | 14091 |
| | Ralph Marriott | C | 7527 |
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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, together with copies of this report, at a convenient location for at least ten years.

4/5/07
 Signature and Date

 Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: March, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 14,930 | | 1.1 | | | | | | | | | | 0.9 |
| 2 | X | 24.0 | 14,380 | | 1.2 | | | | | | | | | | 0.9 |
| 3 | | 24.0 | 15,597 | | | | | | | | | | | | |
| 4 | | 24.0 | 15,597 | | | | | | | | | | | | |
| 5 | X | 24.0 | 15,597 | | 0.8 | | | | | | | | | | 0.4 |
| 6 | X | 24.0 | 16,570 | | 1.8 | | | | | | | | | | 1.0 |
| 7 | X | 24.0 | 16,760 | | 0.8 | | | | | | | | | | 0.4 |
| 8 | X | 24.0 | 22,050 | | 1.9 | | | | | | | | | | 0.9 |
| 9 | X | 24.0 | 14,500 | | 1.4 | | | | | | | | | | 0.7 |
| 10 | | 24.0 | 16,333 | | | | | | | | | | | | |
| 11 | | 24.0 | 16,333 | | | | | | | | | | | | |
| 12 | X | 24.0 | 16,333 | | 1.7 | | | | | | | | | | 1.1 |
| 13 | X | 24.0 | 18,550 | | 1.3 | | | | | | | | | | 0.9 |
| 14 | X | 24.0 | 18,880 | | 2.8 | | | | | | | | | | 1.5 |
| 15 | X | 24.0 | 19,140 | | 1.5 | | | | | | | | | | 1.0 |
| 16 | X | 24.0 | 19,480 | | 2.0 | | | | | | | | | | 1.3 |
| 17 | | 24.0 | 25,850 | | | | | | | | | | | | |
| 18 | | 24.0 | 25,850 | | | | | | | | | | | | |
| 19 | X | 24.0 | 25,850 | | 1.3 | | | | | | | | | | 0.9 |
| 20 | X | 24.0 | 17,250 | | 1.5 | | | | | | | | | | 1.0 |
| 21 | X | 24.0 | 29,250 | | 1.5 | | | | | | | | | | 1.0 |
| 22 | X | 24.0 | 27,850 | | 2.0 | | | | | | | | | | 1.3 |
| 23 | X | 24.0 | 29,600 | | 1.3 | | | | | | | | | | 0.8 |
| 24 | | 24.0 | 32,510 | | | | | | | | | | | | |
| 25 | | 24.0 | 32,510 | | | | | | | | | | | | |
| 26 | X | 24.0 | 32,510 | | 1.0 | | | | | | | | | | 0.6 |
| 27 | X | 24.0 | 32,240 | | 1.0 | | | | | | | | | | 0.7 |
| 28 | X | 24.0 | 32,660 | | 1.0 | | | | | | | | | | 0.7 |
| 29 | X | 24.0 | 32,230 | | 1.1 | | | | | | | | | | 0.7 |
| 30 | X | 24.0 | 32,430 | | 1.0 | | | | | | | | | | 0.6 |
| 31 | | 24.0 | 34,806 | | | | | | | | | | | | |
| Total | | | 714,426 | | | | | | | | | | | | |
| Average | | | 23,046 | | | | | | | | | | | | |
| Maximum | | | 34,806 | | | | | | | | | | | | |

* 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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: 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@aquamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D | | | |
| Licensed Operators: | | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 5/3/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: April, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm | Minimum UV Dose Required, mW-sec/cm | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | 24.0 | 57,210 | | | | | | | | | | | | |
| 2 | X | 24.0 | 57,210 | | 1.0 | | | | | | | | | 0.5 | |
| 3 | X | 24.0 | 34,910 | | 1.0 | | | | | | | | | 0.4 | |
| 4 | X | 24.0 | 36,290 | | 1.0 | | | | | | | | | 0.5 | |
| 5 | X | 24.0 | 34,980 | | 1.0 | | | | | | | | | 0.5 | |
| 6 | X | 24.0 | 34,110 | | 1.1 | | | | | | | | | 0.5 | |
| 7 | | 24.0 | 23,107 | | | | | | | | | | | | |
| 8 | | 24.0 | 23,107 | | | | | | | | | | | | |
| 9 | X | 24.0 | 23,107 | | 0.8 | | | | | | | | | 0.3 | |
| 10 | X | 24.0 | 7,260 | | 1.5 | | | | | | | | | 0.7 | |
| 11 | X | 24.0 | 8,240 | | 1.5 | | | | | | | | | 0.8 | |
| 12 | X | 24.0 | 8,850 | | 1.7 | | | | | | | | | 1.0 | |
| 13 | X | 24.0 | 8,990 | | 1.5 | | | | | | | | | 1.0 | |
| 14 | | 24.0 | 10,500 | | | | | | | | | | | | |
| 15 | | 24.0 | 10,500 | | | | | | | | | | | | |
| 16 | X | 24.0 | 10,500 | | 1.4 | | | | | | | | | 1.0 | |
| 17 | X | 24.0 | 9,420 | | 1.5 | | | | | | | | | 1.0 | |
| 18 | X | 24.0 | 11,650 | | 1.6 | | | | | | | | | 1.1 | |
| 19 | X | 24.0 | 8,410 | | 1.7 | | | | | | | | | 1.2 | |
| 20 | X | 24.0 | 7,860 | | 1.5 | | | | | | | | | 0.9 | |
| 21 | | 24.0 | 9,067 | | | | | | | | | | | | |
| 22 | | 24.0 | 9,067 | | | | | | | | | | | | |
| 23 | X | 24.0 | 9,067 | | 1.3 | | | | | | | | | 0.8 | |
| 24 | X | 24.0 | 10,010 | | 1.3 | | | | | | | | | 0.8 | |
| 25 | X | 24.0 | 10,180 | | 1.5 | | | | | | | | | 0.9 | |
| 26 | X | 24.0 | 10,310 | | 1.4 | | | | | | | | | 1.0 | |
| 27 | X | 24.0 | 8,980 | | 1.3 | | | | | | | | | 0.8 | |
| 28 | | 24.0 | 10,713 | | | | | | | | | | | | |
| 29 | | 24.0 | 10,713 | | | | | | | | | | | | |
| 30 | X | 24.0 | 10,713 | | 0.6 | | | | | | | | | 0.3 | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 525,030 | | | | | | | | | | | | |
| Average | | | 16,936 | | | | | | | | | | | | |
| Maximum | | | 57,210 | | | | | | | | | | | | |

* 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: May, 2007

A. Public Water System (PWS) Information

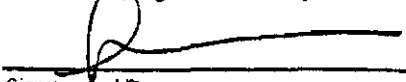
| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | PO Box 490310 | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Zip Code: | 34749 |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | | | | |
| Contact Person's Fax Number: | (352) 787-6333 | | | | |

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: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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.): | |
| | | | | D | |
| Licensed Operators | Name | License Class | License Number | 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 | |
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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, together with copies of this report, at a convenient location for at least ten years.


6/5/07
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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

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):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | |
| 1 | X | 24.0 | 13,100 | | 1.8 | | | | | | | | | | 1.1 | |
| 2 | X | 24.0 | 10,320 | | 1.1 | | | | | | | | | | 0.7 | |
| 3 | X | 24.0 | 14,740 | | 0.8 | | | | | | | | | | 0.4 | |
| 4 | X | 24.0 | 10,550 | | 0.8 | | | | | | | | | | 0.4 | |
| 5 | | 24.0 | 9,817 | | | | | | | | | | | | | |
| 6 | | 24.0 | 9,817 | | | | | | | | | | | | | |
| 7 | X | 24.0 | 9,817 | | 2.8 | | | | | | | | | | 1.5 | |
| 8 | X | 24.0 | 5,130 | | 1.4 | | | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 8,290 | | 1.8 | | | | | | | | | | 1.2 | |
| 10 | X | 24.0 | 9,300 | | 1.1 | | | | | | | | | | 0.7 | |
| 11 | X | 24.0 | 9,210 | | 1.0 | | | | | | | | | | 0.7 | |
| 12 | | 24.0 | 12,877 | | | | | | | | | | | | | |
| 13 | | 24.0 | 12,877 | | | | | | | | | | | | | |
| 14 | X | 24.0 | 12,877 | | 0.9 | | | | | | | | | | 0.4 | |
| 15 | X | 24.0 | 12,120 | | 1.5 | | | | | | | | | | 1.0 | |
| 16 | X | 24.0 | 12,800 | | 1.5 | | | | | | | | | | 1.0 | |
| 17 | X | 24.0 | 10,910 | | 1.5 | | | | | | | | | | 1.0 | |
| 18 | X | 24.0 | 9,420 | | 1.6 | | | | | | | | | | 1.0 | |
| 19 | | 24.0 | 10,243 | | | | | | | | | | | | | |
| 20 | | 24.0 | 10,243 | | | | | | | | | | | | | |
| 21 | X | 24.0 | 10,243 | | 1.5 | | | | | | | | | | 1.0 | |
| 22 | X | 24.0 | 15,910 | | 1.5 | | | | | | | | | | 1.1 | |
| 23 | X | 24.0 | 8,670 | | 1.5 | | | | | | | | | | 1.0 | |
| 24 | X | 24.0 | 10,750 | | 1.7 | | | | | | | | | | 1.1 | |
| 25 | X | 24.0 | 8,270 | | 1.0 | | | | | | | | | | 1.0 | |
| 26 | | 24.0 | 8,757 | | | | | | | | | | | | | |
| 27 | | 24.0 | 8,757 | | | | | | | | | | | | | |
| 28 | X | 24.0 | 8,757 | | 1.1 | | | | | | | | | | 0.6 | |
| 29 | 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 | | | 324,390 | | | | | | | | | | | | | |
| Average | | | 10,464 | | | | | | | | | | | | | |
| Maximum | | | 15,910 | | | | | | | | | | | | | |

* 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: June, 2007

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | PO Box 490310 | City: | Lcsburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Zip Code: | 34749 |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | | | | |
| Contact Person's Fax Number: | (352) 787-6333 | | | | |

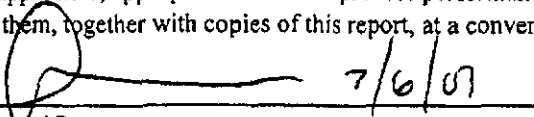
B. Water Treatment Plant Information

| | | | | | | |
|---|--|-------|---|---|----------------|--|
| Plant Name: | Welaka Mobile Home Park | | | Plant Telephone Number: | (352) 787-0980 | |
| Plant Address: | Hamilton Road | City: | Satsuma | State: | Florida | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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.): | D | |

| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  7/6/07 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: June, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 7,770 | | 1.0 | | | | | | | | | | 0.6 |
| 2 | | 24.0 | 8,503 | | | | | | | | | | | | |
| 3 | | 24.0 | 8,503 | | | | | | | | | | | | |
| 4 | X | 24.0 | 8,503 | | 1.0 | | | | | | | | | | 0.6 |
| 5 | X | 24.0 | 9,570 | | 1.0 | | | | | | | | | | 0.6 |
| 6 | X | 24.0 | 8,670 | | 1.3 | | | | | | | | | | 0.6 |
| 7 | X | 24.0 | 12,130 | | 0.8 | | | | | | | | | | 0.4 |
| 8 | X | 24.0 | 15,050 | | 1.3 | | | | | | | | | | 0.5 |
| 9 | | 24.0 | 17,673 | | | | | | | | | | | | |
| 10 | | 24.0 | 17,673 | | | | | | | | | | | | |
| 11 | X | 24.0 | 17,673 | | 1.3 | | | | | | | | | | 0.6 |
| 12 | X | 24.0 | 17,180 | | 1.3 | | | | | | | | | | 0.7 |
| 13 | X | 24.0 | 15,790 | | 1.3 | | | | | | | | | | 0.8 |
| 14 | X | 24.0 | 15,800 | | 1.3 | | | | | | | | | | 0.8 |
| 15 | X | 24.0 | 11,620 | | 1.4 | | | | | | | | | | 0.9 |
| 16 | | 24.0 | 11,720 | | | | | | | | | | | | |
| 17 | | 24.0 | 11,720 | | | | | | | | | | | | |
| 18 | X | 24.0 | 11,720 | | 1.3 | | | | | | | | | | 0.9 |
| 19 | X | 24.0 | 11,610 | | 1.3 | | | | | | | | | | 0.9 |
| 20 | X | 24.0 | 12,100 | | 1.3 | | | | | | | | | | 0.9 |
| 21 | X | 24.0 | 9,450 | | 1.4 | | | | | | | | | | 0.9 |
| 22 | X | 24.0 | 9,580 | | 1.3 | | | | | | | | | | 0.8 |
| 23 | | 24.0 | 13,813 | | | | | | | | | | | | |
| 24 | | 24.0 | 13,813 | | | | | | | | | | | | |
| 25 | X | 24.0 | 13,813 | | 1.2 | | | | | | | | | | 0.8 |
| 26 | X | 24.0 | 9,870 | | 1.2 | | | | | | | | | | 0.8 |
| 27 | X | 24.0 | 11,770 | | 1.2 | | | | | | | | | | 0.8 |
| 28 | X | 24.0 | 12,370 | | 1.2 | | | | | | | | | | 0.8 |
| 29 | X | 24.0 | 10,620 | | 1.3 | | | | | | | | | | 0.8 |
| 30 | | 24.0 | 13,423 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 369,503 | | | | | | | | | | | | |
| Average | | | 11,919 | | | | | | | | | | | | |
| Maximum | | | 17,673 | | | | | | | | | | | | |

* 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: July, 2007

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|--------------------------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | 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@aquaaamerica.com | | | | |

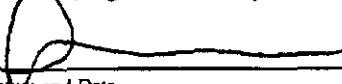
B. Water Treatment Plant Information

| | | | | | |
|---|--|---|-------|---|--------------------------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): D | |

| Licensed Operators: | Name: | License Class: | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

 8/8/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: July, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced gal | CT Calculations | | | | | | UV Dose | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---------------------|---|--|---|-------------------|----------------------------|-------------------------------|--|---|--|--|
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | | | Minimum UV Dose Required, mW-sec/cm ² |
| 1 | | 24.0 | 13,423 | | | | | | | | | | | |
| 2 | X | 24.0 | 13,423 | | 1.3 | | | | | | | | 0.8 | |
| 3 | X | 24.0 | 10,040 | | 1.3 | | | | | | | | 0.8 | |
| 4 | X | 24.0 | 8,620 | | 1.2 | | | | | | | | 0.8 | |
| 5 | X | 24.0 | 11,520 | | 1.2 | | | | | | | | 0.8 | |
| 6 | X | 24.0 | 8,670 | | 1.3 | | | | | | | | 0.8 | |
| 7 | | 24.0 | 12,163 | | | | | | | | | | | |
| 8 | | 24.0 | 12,163 | | | | | | | | | | | |
| 9 | X | 24.0 | 12,163 | | 1.5 | | | | | | | | 0.9 | |
| 10 | X | 24.0 | 13,890 | | 1.5 | | | | | | | | 1.0 | |
| 11 | X | 24.0 | 14,190 | | 1.5 | | | | | | | | 1.0 | |
| 12 | X | 24.0 | 12,380 | | 1.5 | | | | | | | | 1.0 | |
| 13 | X | 24.0 | 12,630 | | 1.8 | | | | | | | | 1.3 | |
| 14 | | 24.0 | 11,830 | | | | | | | | | | | |
| 15 | | 24.0 | 11,830 | | | | | | | | | | | |
| 16 | X | 24.0 | 11,830 | | 0.9 | | | | | | | | 0.6 | |
| 17 | X | 24.0 | 10,740 | | 1.0 | | | | | | | | 0.7 | |
| 18 | X | 24.0 | 10,430 | | 1.0 | | | | | | | | 0.6 | |
| 19 | X | 24.0 | 12,870 | | 0.9 | | | | | | | | 0.4 | |
| 20 | X | 24.0 | 14,950 | | 1.3 | | | | | | | | 0.7 | |
| 21 | | 24.0 | 14,580 | | | | | | | | | | | |
| 22 | | 24.0 | 14,580 | | | | | | | | | | | |
| 23 | X | 24.0 | 14,580 | | 1.3 | | | | | | | | 0.7 | |
| 24 | X | 24.0 | 10,580 | | 1.3 | | | | | | | | 0.8 | |
| 25 | X | 24.0 | 10,040 | | 1.3 | | | | | | | | 0.8 | |
| 26 | X | 24.0 | 16,330 | | 1.3 | | | | | | | | 0.9 | |
| 27 | X | 24.0 | 6,510 | | 1.3 | | | | | | | | 0.8 | |
| 28 | | 24.0 | 12,020 | | | | | | | | | | | |
| 29 | | 24.0 | 12,020 | | | | | | | | | | | |
| 30 | X | 24.0 | 12,020 | | 1.3 | | | | | | | | 0.8 | |
| 31 | X | 24.0 | 11,840 | | 1.3 | | | | | | | | 0.7 | |
| Total | | | 374,856 | | | | | | | | | | | |
| Average | | | 12,092 | | | | | | | | | | | |
| Maximum | | | 16,330 | | | | | | | | | | | |

* 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: August, 2007

A. Public Water System (PWS) Information

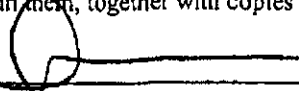
| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | PO Box 490310 | City: | Lcsburg | 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@aquaaamerica.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 | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | D | |
| Licensed Operators | Name | License Class | License Number | 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 | | |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  9/6/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541242 Plant Name: Wejaka Mobile Home Park

III. Daily Data for the Month/Year of: August, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|--|-------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|---|--|-----|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at GPM Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm | Minimum UV Dose Required, mW-sec/cm | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 10,550 | | 1.3 | | | | | | | | | | 0.7 |
| 2 | X | 24.0 | 11,350 | | 0.6 | | | | | | | | | | 0.3 |
| 3 | X | 24.0 | 10,740 | | 0.8 | | | | | | | | | | 0.4 |
| 4 | | 24.0 | 10,433 | | | | | | | | | | | | |
| 5 | | 24.0 | 10,433 | | | | | | | | | | | | |
| 6 | X | 24.0 | 10,433 | | 1.0 | | | | | | | | | | 0.7 |
| 7 | X | 24.0 | 14,880 | | 1.5 | | | | | | | | | | 1.1 |
| 8 | X | 24.0 | 8,220 | | 1.7 | | | | | | | | | | 1.2 |
| 9 | X | 24.0 | 15,970 | | 1.0 | | | | | | | | | | 0.8 |
| 10 | X | 24.0 | 13,000 | | 1.2 | | | | | | | | | | 0.7 |
| 11 | | 24.0 | 12,403 | | | | | | | | | | | | |
| 12 | | 24.0 | 12,403 | | | | | | | | | | | | |
| 13 | X | 24.0 | 12,403 | | 1.0 | | | | | | | | | | 0.7 |
| 14 | X | 24.0 | 21,860 | | 1.0 | | | | | | | | | | 0.7 |
| 15 | X | 24.0 | 26,560 | | 1.0 | | | | | | | | | | 0.6 |
| 16 | X | 24.0 | 25,480 | | 1.1 | | | | | | | | | | 0.6 |
| 17 | X | 24.0 | 25,820 | | 1.0 | | | | | | | | | | 0.6 |
| 18 | | 24.0 | 18,583 | | | | | | | | | | | | |
| 19 | | 24.0 | 18,583 | | | | | | | | | | | | |
| 20 | X | 24.0 | 18,583 | | 1.0 | | | | | | | | | | 0.5 |
| 21 | X | 24.0 | 13,360 | | 1.3 | | | | | | | | | | 0.7 |
| 22 | X | 24.0 | 16,030 | | 1.2 | | | | | | | | | | 0.7 |
| 23 | X | 24.0 | 16,570 | | 1.4 | | | | | | | | | | 0.8 |
| 24 | X | 24.0 | 13,160 | | 1.3 | | | | | | | | | | 0.8 |
| 25 | | 24.0 | 12,277 | | | | | | | | | | | | |
| 26 | | 24.0 | 12,277 | | | | | | | | | | | | |
| 27 | X | 24.0 | 12,277 | | 1.2 | | | | | | | | | | 0.8 |
| 28 | X | 24.0 | 13,150 | | 1.2 | | | | | | | | | | 0.8 |
| 29 | X | 24.0 | 12,810 | | 1.3 | | | | | | | | | | 0.8 |
| 30 | X | 24.0 | 12,970 | | 1.3 | | | | | | | | | | 0.7 |
| 31 | X | 24.0 | 12,340 | | 2.0 | | | | | | | | | | 0.3 |
| Total | | | 455,910 | | | | | | | | | | | | |
| Average | | | 14,707 | | | | | | | | | | | | |
| Maximum | | | 26,560 | | | | | | | | | | | | |

* 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: September, 2007

A. Public Water System (PWS) Information

| | | | |
|---|--|---|--|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> 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: 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@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Welaka Mobile Home Park | | Plant Telephone Number: (352) 787-0980 | | |
|--|-----------------------|--|--|--------------------------|
| Plant Address: Hamilton Road | | City: Saturna | State: Florida Zip Code: 32189 | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D | | |
| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

10/09/07

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: September, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | 24.0 | 15,167 | | | | | | | | | | | | |
| 2 | | 24.0 | 15,167 | | | | | | | | | | | | |
| 3 | X | 24.0 | 15,167 | | 1.7 | | | | | | | | | 1.0 | |
| 4 | X | 24.0 | 12,850 | | 1.7 | | | | | | | | | 1.0 | |
| 5 | X | 24.0 | 7,790 | | 1.5 | | | | | | | | | 1.0 | |
| 6 | X | 24.0 | 12,530 | | 1.5 | | | | | | | | | 1.0 | |
| 7 | X | 24.0 | 12,440 | | 1.5 | | | | | | | | | 1.0 | |
| 8 | | 24.0 | 9,693 | | | | | | | | | | | | |
| 9 | | 24.0 | 9,693 | | | | | | | | | | | | |
| 10 | X | 24.0 | 9,693 | | 1.4 | | | | | | | | | 1.0 | |
| 11 | X | 24.0 | 9,710 | | 1.3 | | | | | | | | | 0.8 | |
| 12 | X | 24.0 | 8,300 | | 1.3 | | | | | | | | | 0.8 | |
| 13 | X | 24.0 | 8,800 | | 1.3 | | | | | | | | | 0.9 | |
| 14 | X | 24.0 | 7,670 | | 1.5 | | | | | | | | | 1.0 | |
| 15 | | 24.0 | 8,430 | | | | | | | | | | | | |
| 16 | | 24.0 | 8,430 | | | | | | | | | | | | |
| 17 | X | 24.0 | 8,430 | | 1.3 | | | | | | | | | 0.8 | |
| 18 | X | 24.0 | 11,640 | | 1.3 | | | | | | | | | 0.8 | |
| 19 | X | 24.0 | 5,040 | | 1.3 | | | | | | | | | 0.8 | |
| 20 | X | 24.0 | 7,440 | | 1.3 | | | | | | | | | 0.8 | |
| 21 | X | 24.0 | 7,350 | | 1.5 | | | | | | | | | 0.9 | |
| 22 | | 24.0 | 8,207 | | | | | | | | | | | | |
| 23 | | 24.0 | 8,207 | | | | | | | | | | | | |
| 24 | X | 24.0 | 8,207 | | 1.4 | | | | | | | | | 0.9 | |
| 25 | X | 24.0 | 9,270 | | 1.2 | | | | | | | | | 0.7 | |
| 26 | X | 24.0 | 9,660 | | 0.6 | | | | | | | | | 0.3 | |
| 27 | X | 24.0 | 7,850 | | 1.7 | | | | | | | | | 1.1 | |
| 28 | X | 24.0 | 8,200 | | 1.8 | | | | | | | | | 1.4 | |
| 29 | | 24.0 | 8,700 | | | | | | | | | | | | |
| 30 | | 24.0 | 8,700 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 288,430 | | | | | | | | | | | | |
| Average | | | 9,304 | | | | | | | | | | | | |
| Maximum | | | 15,167 | | | | | | | | | | | | |

* 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: October, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: PO Box 490310 | | City: Leesburg | State: Florida |
| Contact Person's Telephone Number: (352) 787-0980 | | Zip Code: 34749 | |
| Contact Person's E-Mail Address: beheath@aquamerica.com | | Contact Person's Fax Number: (352) 787-6333 | |

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 |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32189 | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |
| Licensed Operators | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |
| Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

11/08/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: October, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Shifted by Operator (Place "X") | Hours plant in Operation | Net Quantity of Water Produced, gal. | CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Remarks on Abnormal Operating Conditions, Plant or Maintenance Work that Involve the Analytical System Components or are Out of Operations | |
|------------------|---|--------------------------|--------------------------------------|--|---|--|---|-------------------|----------------------------|-------------------------------|--|--|--|--|--|
| | | | | CT Calculations: | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (D) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, If Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 8,700 | | 1.8 | | | | | | | | | | |
| 2 | X | 24.0 | 8,960 | | 1.9 | | | | | | | | | | |
| 3 | X | 24.0 | 7,840 | | 1.5 | | | | | | | | | | |
| 4 | X | 24.0 | 8,670 | | 1.5 | | | | | | | | | | |
| 5 | X | 24.0 | 7,220 | | 1.5 | | | | | | | | | | |
| 6 | | 24.0 | 8,433 | | | | | | | | | | | | |
| 7 | | 24.0 | 8,433 | | | | | | | | | | | | |
| 8 | X | 24.0 | 8,433 | | 1.5 | | | | | | | | | | |
| 9 | X | 24.0 | 13,880 | | 1.5 | | | | | | | | | | |
| 10 | X | 24.0 | 8,320 | | 1.3 | | | | | | | | | | |
| 11 | X | 24.0 | 4,190 | | 1.5 | | | | | | | | | | |
| 12 | X | 24.0 | 8,090 | | 1.5 | | | | | | | | | | |
| 13 | | 24.0 | 10,257 | | | | | | | | | | | | |
| 14 | | 24.0 | 10,257 | | | | | | | | | | | | |
| 15 | X | 24.0 | 10,257 | | 1.7 | | | | | | | | | | |
| 16 | X | 24.0 | 8,850 | | 1.5 | | | | | | | | | | |
| 17 | X | 24.0 | 9,850 | | 1.8 | | | | | | | | | | |
| 18 | X | 24.0 | 9,970 | | 1.5 | | | | | | | | | | |
| 19 | X | 24.0 | 8,740 | | 1.5 | | | | | | | | | | |
| 20 | | 24.0 | 9,050 | | | | | | | | | | | | |
| 21 | | 24.0 | 9,050 | | | | | | | | | | | | |
| 22 | X | 24.0 | 9,050 | | 1.5 | | | | | | | | | | |
| 23 | X | 24.0 | 10,100 | | 1.3 | | | | | | | | | | |
| 24 | X | 24.0 | 9,020 | | 1.5 | | | | | | | | | | |
| 25 | X | 24.0 | 8,660 | | 1.4 | | | | | | | | | | |
| 26 | X | 24.0 | 8,780 | | 1.5 | | | | | | | | | | |
| 27 | | 24.0 | 8,717 | | | | | | | | | | | | |
| 28 | | 24.0 | 8,717 | | | | | | | | | | | | |
| 29 | X | 24.0 | 8,717 | | 1.4 | | | | | | | | | | |
| 30 | X | 24.0 | 9,020 | | 1.5 | | | | | | | | | | |
| 31 | X | 24.0 | 8,280 | | 1.4 | | | | | | | | | | |
| Total | | | 276,510 | | | | | | | | | | | | |
| Min | | | 8,920 | | | | | | | | | | | | |
| Max | | | 13,880 | | | | | | | | | | | | |

* 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: November, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: 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@acquaamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D | |

| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|--|--|-------------------------|
| | Paul Thompson Printed or Typed Name | A7251 License Number |
|--|--|-------------------------|

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: November, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Started or Visited by Operator (Place "X" in box) | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|--------------|--|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | |
| | X | 24.0 | 8,820 | | 1.3 | | | | | | | | | 0.8 | |
| | X | 24.0 | 9,120 | | 1.4 | | | | | | | | | 0.8 | |
| | | 24.0 | 9,157 | | | | | | | | | | | | |
| | | 24.0 | 9,157 | | | | | | | | | | | | |
| | X | 24.0 | 9,157 | | 1.3 | | | | | | | | | 0.8 | |
| | X | 24.0 | 12,150 | | 1.4 | | | | | | | | | 0.7 | |
| | X | 24.0 | 5,280 | | 1.3 | | | | | | | | | 0.7 | |
| | X | 24.0 | 9,690 | | 1.2 | | | | | | | | | 0.7 | |
| | X | 24.0 | 7,750 | | 1.3 | | | | | | | | | 0.8 | |
| | | 24.0 | 8,833 | | | | | | | | | | | | |
| | | 24.0 | 8,833 | | | | | | | | | | | | |
| | X | 24.0 | 8,833 | | 1.3 | | | | | | | | | 0.8 | |
| | X | 24.0 | 10,130 | | 1.3 | | | | | | | | | 0.7 | |
| | X | 24.0 | 8,880 | | 1.3 | | | | | | | | | 0.7 | |
| | X | 24.0 | 9,170 | | 2.0 | | | | | | | | | 1.2 | |
| | X | 24.0 | 8,080 | | 1.5 | | | | | | | | | 1.0 | |
| | | 24.0 | 8,273 | | | | | | | | | | | | |
| | | 24.0 | 8,273 | | | | | | | | | | | | |
| | X | 24.0 | 8,273 | | 1.8 | | | | | | | | | 1.2 | |
| | X | 24.0 | 9,290 | | 1.9 | | | | | | | | | 1.2 | |
| | X | 24.0 | 8,190 | | 1.2 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,390 | | 1.2 | | | | | | | | | 0.9 | |
| | X | 24.0 | 7,980 | | 1.2 | | | | | | | | | 0.9 | |
| | | 24.0 | 9,390 | | | | | | | | | | | | |
| | | 24.0 | 9,390 | | | | | | | | | | | | |
| | X | 24.0 | 9,390 | | 1.5 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,110 | | 1.5 | | | | | | | | | 0.9 | |
| | X | 24.0 | 9,540 | | 1.5 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,490 | | 1.4 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,170 | | 1.5 | | | | | | | | | 0.9 | |
| | | 24.0 | | | | | | | | | | | | | |
| | | | 264,190 | | | | | | | | | | | | |
| | | | 8,522 | | | | | | | | | | | | |
| | | | 12,150 | | | | | | | | | | | | |

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

| | | | |
|---|--|---|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> 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's Title: Area Manager | |
| Contact Person: Brian Heath | | Contact Person's Mailing Address: PO Box 490310 | |
| Contact Person's Telephone Number: (352) 787-0980 | | City: Leesburg | State: Florida |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | Zip Code: 34749 | |
| | | Contact Person's Fax Number: (352) 787-6333 | |

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 |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32189 | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | |

| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 01/09/08 Paul Thompson A7251
 Printed or Typed Name: Paul Thompson License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: December, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | 24.0 | 7,183 | | | | | | | | | | | | |
| 2 | | 24.0 | 7,183 | | | | | | | | | | | | |
| 3 | X | 24.0 | 7,183 | | 1.2 | | | | | | | | | 0.8 | |
| 4 | X | 24.0 | 12,240 | | 1.1 | | | | | | | | | 0.7 | |
| 5 | X | 24.0 | 5,270 | | 0.8 | | | | | | | | | 0.4 | |
| 6 | X | 24.0 | 7,700 | | 1.6 | | | | | | | | | 0.9 | |
| 7 | X | 24.0 | 8,100 | | 1.9 | | | | | | | | | 1.4 | |
| 8 | | 24.0 | 8,203 | | | | | | | | | | | | |
| 9 | | 24.0 | 8,203 | | | | | | | | | | | | |
| 10 | X | 24.0 | 8,203 | | 1.1 | | | | | | | | | 0.6 | |
| 11 | X | 24.0 | 8,800 | | 1.0 | | | | | | | | | 0.6 | |
| 12 | X | 24.0 | 8,700 | | 1.0 | | | | | | | | | 0.6 | |
| 13 | X | 24.0 | 9,440 | | 1.0 | | | | | | | | | 0.5 | |
| 14 | X | 24.0 | 7,620 | | 1.7 | | | | | | | | | 1.3 | |
| 15 | | 24.0 | 8,130 | | | | | | | | | | | | |
| 16 | | 24.0 | 8,130 | | | | | | | | | | | | |
| 17 | X | 24.0 | 8,130 | | 1.0 | | | | | | | | | 0.7 | |
| 18 | X | 24.0 | 7,700 | | 1.0 | | | | | | | | | 0.6 | |
| 19 | X | 24.0 | 8,520 | | 0.9 | | | | | | | | | 0.6 | |
| 20 | X | 24.0 | 9,210 | | 0.9 | | | | | | | | | 0.6 | |
| 21 | X | 24.0 | 11,160 | | 1.0 | | | | | | | | | 0.6 | |
| 22 | | 24.0 | 8,037 | | | | | | | | | | | | |
| 23 | | 24.0 | 8,037 | | | | | | | | | | | | |
| 24 | X | 24.0 | 8,037 | | 1.0 | | | | | | | | | 0.6 | |
| 25 | X | 24.0 | 11,140 | | 1.0 | | | | | | | | | 0.6 | |
| 26 | X | 24.0 | 11,300 | | 1.0 | | | | | | | | | 0.6 | |
| 27 | X | 24.0 | 11,470 | | 1.0 | | | | | | | | | 0.6 | |
| 28 | X | 24.0 | 16,040 | | 1.2 | | | | | | | | | 0.9 | |
| 29 | | 24.0 | 11,540 | | | | | | | | | | | | |
| 30 | | 24.0 | 11,540 | | | | | | | | | | | | |
| 31 | X | 24.0 | 11,540 | | 1.1 | | | | | | | | | 0.8 | |
| Total | | | 283,690 | | | | | | | | | | | | |
| Average | | | 9,151 | | | | | | | | | | | | |
| Maximum | | | 16,040 | | | | | | | | | | | | |

* 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

| | | | |
|---------|---------|-------------|--------------------------|
| PWS ID: | 2541242 | Plant Name: | Weilaka Mobile Home Park |
|---------|---------|-------------|--------------------------|

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| |
|--|
| Type of Sequestrant (polyphosphate or sodium silicate): |
| Sequestrant Dose, mg/L of phosphate 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.

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: January, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|---|--|
| PWS Name: <u>Saratoga Harbor</u> | | PWS Identification Number: <u>2541008</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>50</u> | | Total Population Served at End of Month: <u>175</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| | | | |
|--|-----------------------|--|--|
| Plant Name: <u>Sarasota Harbor</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
| Plant Address: <u>Gibbs Avenue</u> | | City: <u>Satsuma</u> | State: <u>Florida</u> Zip Code: <u>32189</u> |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>TV</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u> | |
| Licensed Operators: | Name | License Class | License Number |
| Head/Chief Operator: | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> Days 1st Shift |
| Other Operators: | <u>David Haring</u> | <u>C</u> | <u>14091</u> Days 1st Shift |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 2/7/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: January, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced gal | CT Calculations | | | | | | | | UV Dose | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|-----------------|---|---------------------|---|--|---|-------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|---------------------|---|--|
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, If Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm | Minimum UV Dose Required, mW-sec/cm | | | |
| | | | | | | | | | | | | | Peak Flow Rate, gpd | | |
| 1 | X | 24.0 | 11,200 | | 2.5 | | | | | | | | | 1.5 | |
| 2 | X | 24.0 | 8,400 | | 2.0 | | | | | | | | | 1.3 | |
| 3 | X | 24.0 | 11,400 | | 1.3 | | | | | | | | | 1.0 | |
| 4 | X | 24.0 | 11,100 | | 1.2 | | | | | | | | | 0.8 | |
| 5 | X | 24.0 | 5,800 | | 1.3 | | | | | | | | | 0.8 | |
| 6 | | 24.0 | 9,500 | | | | | | | | | | | | |
| 7 | | 24.0 | 9,500 | | | | | | | | | | | | |
| 8 | X | 24.0 | 9,500 | | 1.2 | | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 9,100 | | 1.2 | | | | | | | | | 0.8 | |
| 10 | X | 24.0 | 8,800 | | 1.0 | | | | | | | | | 0.6 | |
| 11 | X | 24.0 | 8,800 | | 1.4 | | | | | | | | | 0.8 | |
| 12 | X | 24.0 | 8,600 | | 1.4 | | | | | | | | | 0.9 | |
| 13 | | 24.0 | 11,633 | | | | | | | | | | | | |
| 14 | | 24.0 | 11,633 | | | | | | | | | | | | |
| 15 | X | 24.0 | 11,633 | | 1.4 | | | | | | | | | 1.0 | |
| 16 | X | 24.0 | 8,500 | | 1.4 | | | | | | | | | 0.9 | |
| 17 | X | 24.0 | 11,600 | | 1.4 | | | | | | | | | 1.0 | |
| 18 | X | 24.0 | 6,400 | | 1.5 | | | | | | | | | 1.0 | |
| 19 | X | 24.0 | 10,500 | | 1.6 | | | | | | | | | 1.0 | |
| 20 | | 24.0 | 11,133 | | | | | | | | | | | 0.8 | |
| 21 | | 24.0 | 11,133 | | | | | | | | | | | | |
| 22 | X | 24.0 | 11,133 | | 1.5 | | | | | | | | | 1.0 | |
| 23 | X | 24.0 | 8,700 | | 1.4 | | | | | | | | | 1.1 | |
| 24 | X | 24.0 | 8,800 | | 1.6 | | | | | | | | | 1.2 | |
| 25 | X | 24.0 | 8,500 | | 1.2 | | | | | | | | | 0.8 | |
| 26 | X | 24.0 | 8,100 | | 1.2 | | | | | | | | | 0.8 | |
| 27 | | 24.0 | 8,067 | | | | | | | | | | | | |
| 28 | | 24.0 | 8,067 | | | | | | | | | | | | |
| 29 | X | 24.0 | 8,067 | | 1.2 | | | | | | | | | 0.7 | |
| 30 | X | 24.0 | 8,700 | | 1.0 | | | | | | | | | 0.3 | |
| 31 | X | 24.0 | 8,100 | | 1.0 | | | | | | | | | 0.5 | |
| Maximum | | | 292,100 | | | | | | | | | | | | |
| Minimum | | | 9,423 | | | | | | | | | | | | |
| Maximum | | | 11,633 | | | | | | | | | | | | |

* 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

| | | | |
|---|--|--|----------------|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@aquamerica.com | | | |

B. Water Treatment Plant Information

| | | | |
|--|----------------|---|--|
| Plant Name: Sarasota Harbor | | Plant Telephone Number: (352) 787-0980 | |
| Plant Address: Gibbs Avenue | | City: Satsuma | State: Florida |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): C | |
| Licensed Operators: | Name | License Class | License Number: 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|------------------------|--|-------------------------|
| Signature and Date | 3/7/07 Paul Thompson Printed or Typed Name | A7251 License Number |
|------------------------|--|-------------------------|

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

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

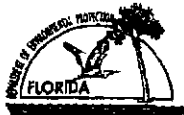
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | | 8,300 | | 1.0 | | | | | | | | | | 0.7 |
| 2 | X | | 8,200 | | 1.0 | | | | | | | | | | 0.6 |
| 3 | | | 9,067 | | | | | | | | | | | | |
| 4 | | | 9,067 | | | | | | | | | | | | |
| 5 | X | | 9,067 | | 1.5 | | | | | | | | | | 1.1 |
| 6 | X | | 8,100 | | 1.3 | | | | | | | | | | 0.9 |
| 7 | X | | 9,700 | | 1.0 | | | | | | | | | | 0.8 |
| 8 | X | | 13,200 | | 1.2 | | | | | | | | | | 0.8 |
| 9 | X | | 6,000 | | 1.4 | | | | | | | | | | 0.9 |
| 10 | | | 10,300 | | | | | | | | | | | | |
| 11 | | | 10,300 | | | | | | | | | | | | |
| 12 | X | | 10,300 | | 1.2 | | | | | | | | | | 0.8 |
| 13 | X | | 7,100 | | 1.3 | | | | | | | | | | 0.8 |
| 14 | X | | 9,300 | | 1.3 | | | | | | | | | | 0.8 |
| 15 | X | | 7,500 | | 1.3 | | | | | | | | | | 0.9 |
| 16 | X | | 8,300 | | 1.3 | | | | | | | | | | 0.9 |
| 17 | | | 11,200 | | | | | | | | | | | | |
| 18 | | | 11,200 | | | | | | | | | | | | |
| 19 | X | | 11,200 | | 0.8 | | | | | | | | | | 1.0 |
| 20 | X | | 8,100 | | 1.3 | | | | | | | | | | 0.9 |
| 21 | X | | 8,800 | | 1.3 | | | | | | | | | | 0.8 |
| 22 | X | | 7,800 | | 0.6 | | | | | | | | | | 0.3 |
| 23 | X | | 8,100 | | 1.2 | | | | | | | | | | 0.6 |
| 24 | | | 9,367 | | | | | | | | | | | | |
| 25 | | | 9,367 | | | | | | | | | | | | |
| 26 | X | | 9,367 | | 1.0 | | | | | | | | | | 0.6 |
| 27 | X | | 8,600 | | 0.8 | | | | | | | | | | 0.4 |
| 28 | X | | 8,100 | | 1.4 | | | | | | | | | | 0.8 |
| 29 | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | |
| Total | | | 255,000 | | | | | | | | | | | | |
| Average | | | 8,226 | | | | | | | | | | | | |
| Maximum | | | 13,200 | | | | | | | | | | | | |

* 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: March, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|---|--|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@aquaaamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): C | | |
| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|--------------------|---------------------------------|-------------------------|
| Signature and Date | 4/5/07 Printed or Typed Name | A7251 License Number |
|--------------------|---------------------------------|-------------------------|

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: March, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|-----------------|---|---|---|--|---|---------------------------------|----------------------------|-------------------------------|--|---|--|
| | | | | CT Calculations | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C if Applicable | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | | |
| 1 | X | 24.0 | 8,100 | | 1.3 | | | | | | | 0.8 | |
| 2 | X | 24.0 | 23,100 | | 1.1 | | | | | | | 0.6 | |
| 3 | | 24.0 | 8,700 | | | | | | | | | | |
| 4 | | 24.0 | 8,700 | | | | | | | | | | |
| 5 | X | 24.0 | 8,700 | | 0.8 | | | | | | | 0.4 | |
| 6 | X | 24.0 | 5,500 | | 1.3 | | | | | | | 0.8 | |
| 7 | X | 24.0 | 13,500 | | 1.2 | | | | | | | 0.9 | |
| 8 | X | 24.0 | 5,600 | | 1.5 | | | | | | | 0.9 | |
| 9 | X | 24.0 | 7,900 | | 1.4 | | | | | | | 0.9 | |
| 10 | | 24.0 | 9,833 | | | | | | | | | | |
| 11 | | 24.0 | 9,833 | | | | | | | | | | |
| 12 | X | 24.0 | 9,833 | | 0.7 | | | | | | | 0.3 | |
| 13 | X | 24.0 | 11,300 | | 0.7 | | | | | | | 3.0 | |
| 14 | X | 24.0 | 8,000 | | 1.5 | | | | | | | 0.8 | |
| 15 | X | 24.0 | 8,000 | | 1.5 | | | | | | | 0.8 | |
| 16 | X | 24.0 | 10,700 | | 2.8 | | | | | | | 1.5 | |
| 17 | | 24.0 | 10,933 | | | | | | | | | | |
| 18 | | 24.0 | 10,933 | | | | | | | | | | |
| 19 | X | 24.0 | 10,933 | | 1.2 | | | | | | | 0.8 | |
| 20 | X | 24.0 | 5,500 | | 1.5 | | | | | | | 1.0 | |
| 21 | X | 24.0 | 8,100 | | 1.7 | | | | | | | 1.2 | |
| 22 | X | 24.0 | 8,000 | | 1.4 | | | | | | | 1.0 | |
| 23 | X | 24.0 | 10,300 | | 1.4 | | | | | | | 0.9 | |
| 24 | | 24.0 | 9,867 | | | | | | | | | | |
| 25 | | 24.0 | 9,867 | | | | | | | | | | |
| 26 | X | 24.0 | 9,867 | | 1.4 | | | | | | | 0.9 | |
| 27 | X | 24.0 | 10,500 | | 1.2 | | | | | | | 1.0 | |
| 28 | X | 24.0 | 10,600 | | 1.5 | | | | | | | 1.0 | |
| 29 | X | 24.0 | 10,300 | | 1.6 | | | | | | | 1.1 | |
| 30 | X | 24.0 | 10,900 | | 1.5 | | | | | | | 1.0 | |
| 31 | | 24.0 | 14,633 | | | | | | | | | | |
| Total | | | 308,533 | | | | | | | | | | |
| Average | | | 9,953 | | | | | | | | | | |
| Maximum | | | 23,100 | | | | | | | | | | |

* 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

A. Public Water System (PWS) Information

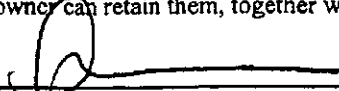
| | | | | | |
|--|---|--|--|--------------------------------------|---------|
| PWS Name: | Saratoga Harbor | | PWS Identification Number: | 2541008 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 50 | | Total Population Served at End 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: | 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@aquaaamerica.com | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|---|---|--------------------------|---------|
| Plant Name: | Sarasota Harbor | | Plant Telephone Number: | (352) 787-0980 | |
| Plant Address: | Gibbs Avenue | City: | Satsuma | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C | |
| Licensed Operators | Name | License Class | License Number | 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 | |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date  5/3/07

Printed or Typed Name Paul Thompson

License Number A7251

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: April, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | | |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|--|-----|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | | |
| 1 | | | 24.0 | 21,950 | | | | | | | | | | | | | |
| 2 | X | | 24.0 | 21,950 | | 0.6 | | | | | | | | | | | 0.3 |
| 3 | X | | 24.0 | 10,800 | | 1.0 | | | | | | | | | | | 0.6 |
| 4 | X | | 24.0 | 9,100 | | 1.5 | | | | | | | | | | | 1.0 |
| 5 | X | | 24.0 | 7,700 | | 1.7 | | | | | | | | | | | 1.3 |
| 6 | X | | 24.0 | 7,600 | | 1.5 | | | | | | | | | | | 0.9 |
| 7 | | | 24.0 | 12,800 | | | | | | | | | | | | | |
| 8 | | | 24.0 | 12,800 | | | | | | | | | | | | | |
| 9 | X | | 24.0 | 12,800 | | 1.3 | | | | | | | | | | | 1.0 |
| 10 | X | | 24.0 | 7,900 | | 1.2 | | | | | | | | | | | 0.9 |
| 11 | X | | 24.0 | 16,300 | | 1.2 | | | | | | | | | | | 0.8 |
| 12 | X | | 24.0 | 1,600 | | 1.0 | | | | | | | | | | | 0.8 |
| 13 | X | | 24.0 | 16,400 | | 1.0 | | | | | | | | | | | 0.7 |
| 14 | | | 24.0 | 9,467 | | | | | | | | | | | | | |
| 15 | | | 24.0 | 9,467 | | | | | | | | | | | | | |
| 16 | X | | 24.0 | 9,467 | | 0.8 | | | | | | | | | | | 0.5 |
| 17 | X | | 24.0 | 10,000 | | 0.9 | | | | | | | | | | | 0.7 |
| 18 | X | | 24.0 | 11,000 | | 1.4 | | | | | | | | | | | 1.0 |
| 19 | X | | 24.0 | 7,800 | | 1.3 | | | | | | | | | | | 1.0 |
| 20 | X | | 24.0 | 9,800 | | 1.3 | | | | | | | | | | | 1.0 |
| 21 | | | 24.0 | 13,333 | | | | | | | | | | | | | |
| 22 | | | 24.0 | 13,333 | | | | | | | | | | | | | |
| 23 | X | | 24.0 | 13,333 | | 0.8 | | | | | | | | | | | 0.6 |
| 24 | X | | 24.0 | 10,500 | | 1.0 | | | | | | | | | | | 0.7 |
| 25 | X | | 24.0 | 7,900 | | 0.8 | | | | | | | | | | | 0.5 |
| 26 | X | | 24.0 | 13,000 | | 1.1 | | | | | | | | | | | 0.8 |
| 27 | X | | 24.0 | 13,600 | | 1.0 | | | | | | | | | | | 0.6 |
| 28 | | | 24.0 | 12,400 | | | | | | | | | | | | | |
| 29 | | | 24.0 | 12,400 | | | | | | | | | | | | | |
| 30 | X | | 24.0 | 12,400 | | 0.7 | | | | | | | | | | | 0.4 |
| 31 | | | 24.0 | | | | | | | | | | | | | | |
| Total | | | | 348,900 | | | | | | | | | | | | | |
| Average | | | | 11,255 | | | | | | | | | | | | | |
| Maximum | | | | 21,950 | | | | | | | | | | | | | |

* 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: May, 2007

A. Public Water System (PWS) Information

| | | | |
|--|---|--|----------------|
| PWS Name: | Saratoga Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 50 | Total Population Served at End 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: | 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: | bheath@aquaaamerica.com | | |

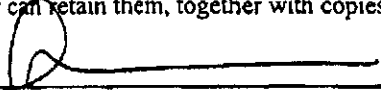
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C |

| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

 6/5/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

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):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|--|---|
| | | | | CT Calculations | | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L |
| 1 | X | 24.0 | 10,700 | | 0.8 | | | | | | | | 0.4 | |
| 2 | X | 24.0 | 10,600 | | 1.0 | | | | | | | | 0.5 | |
| 3 | X | 24.0 | 10,500 | | 1.2 | | | | | | | | 0.8 | |
| 4 | X | 24.0 | 11,100 | | 1.0 | | | | | | | | 0.7 | |
| 5 | | 24.0 | 13,533 | | | | | | | | | | | |
| 6 | | 24.0 | 13,533 | | | | | | | | | | | |
| 7 | X | 24.0 | 13,533 | | 1.5 | | | | | | | | 0.9 | |
| 8 | X | 24.0 | 5,200 | | 1.4 | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 11,600 | | 1.1 | | | | | | | | 0.8 | |
| 10 | X | 24.0 | 10,500 | | 1.4 | | | | | | | | 1.0 | |
| 11 | X | 24.0 | 7,500 | | 1.3 | | | | | | | | 0.7 | |
| 12 | | 24.0 | 15,067 | | | | | | | | | | | |
| 13 | | 24.0 | 15,067 | | | | | | | | | | | |
| 14 | X | 24.0 | 15,067 | | 1.1 | | | | | | | | 0.7 | |
| 15 | X | 24.0 | 9,500 | | 1.2 | | | | | | | | 0.7 | |
| 16 | X | 24.0 | 14,200 | | 1.4 | | | | | | | | 0.9 | |
| 17 | X | 24.0 | 17,200 | | 1.0 | | | | | | | | 0.7 | |
| 18 | X | 24.0 | 7,900 | | 1.6 | | | | | | | | 1.1 | |
| 19 | | 24.0 | 11,967 | | | | | | | | | | | |
| 20 | | 24.0 | 11,967 | | | | | | | | | | | |
| 21 | X | 24.0 | 11,967 | | 1.0 | | | | | | | | 0.7 | |
| 22 | X | 24.0 | 9,200 | | 1.3 | | | | | | | | 0.8 | |
| 23 | X | 24.0 | 8,900 | | 1.2 | | | | | | | | 0.9 | |
| 24 | X | 24.0 | 7,900 | | 1.0 | | | | | | | | 0.7 | |
| 25 | X | 24.0 | 7,900 | | 0.8 | | | | | | | | 0.5 | |
| 26 | | 24.0 | 11,467 | | | | | | | | | | | |
| 27 | | 24.0 | 11,467 | | | | | | | | | | | |
| 28 | X | 24.0 | 11,467 | | 0.8 | | | | | | | | 0.4 | |
| 29 | X | 24.0 | 13,200 | | 0.7 | | | | | | | | 0.4 | |
| 30 | X | 24.0 | 6,100 | | 0.7 | | | | | | | | 0.4 | |
| 31 | X | 24.0 | 6,800 | | 0.8 | | | | | | | | 0.4 | |
| Total | | | 342,600 | | | | | | | | | | | |
| Average | | | 11,052 | | | | | | | | | | | |
| Maximum | | | 17,200 | | | | | | | | | | | |

* 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: June, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------------------------|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@aquamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): C | |
| Licensed Operators | | | |
| Name | | License Class | License Number |
| Lead/Chief Operator: | | Day(s) / Shift(s) Worked: | |
| Paul Thompson | | A | 7251 |
| David Haring | | C | 14091 |
| Ralph Marriott | | C | 7527 |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|------------------------------|--|-------------------------|
| 7/6/07 Signature and Date | Paul Thompson Printed or Typed Name | A7251 License Number |
|------------------------------|--|-------------------------|

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: June, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 9,300 | | 0.8 | | | | | | | | | 0.9 | |
| 2 | | 24.0 | 7,900 | | | | | | | | | | | | |
| 3 | | 24.0 | 7,900 | | | | | | | | | | | | |
| 4 | X | 24.0 | 7,900 | | 0.7 | | | | | | | | | 0.5 | |
| 5 | X | 24.0 | 5,200 | | 0.6 | | | | | | | | | 0.4 | |
| 6 | X | 24.0 | 6,700 | | 0.6 | | | | | | | | | 0.4 | |
| 7 | X | 24.0 | 8,100 | | 2.5 | | | | | | | | | 0.8 | |
| 8 | X | 24.0 | 8,300 | | 1.5 | | | | | | | | | 1.5 | |
| 9 | | 24.0 | 9,267 | | | | | | | | | | | | |
| 10 | | 24.0 | 9,267 | | | | | | | | | | | | |
| 11 | X | 24.0 | 9,267 | | 0.6 | | | | | | | | | 0.3 | |
| 12 | X | 24.0 | 12,900 | | 0.8 | | | | | | | | | 0.6 | |
| 13 | X | 24.0 | 5,300 | | 1.0 | | | | | | | | | 0.6 | |
| 14 | X | 24.0 | 7,900 | | 1.1 | | | | | | | | | 0.7 | |
| 15 | X | 24.0 | 8,000 | | 1.1 | | | | | | | | | 0.8 | |
| 16 | | 24.0 | 8,100 | | | | | | | | | | | | |
| 17 | | 24.0 | 8,100 | | | | | | | | | | | | |
| 18 | X | 24.0 | 8,100 | | 0.8 | | | | | | | | | 0.5 | |
| 19 | X | 24.0 | 8,900 | | 0.8 | | | | | | | | | 0.6 | |
| 20 | X | 24.0 | 7,700 | | 0.8 | | | | | | | | | 0.5 | |
| 21 | X | 24.0 | 5,500 | | 1.2 | | | | | | | | | 0.8 | |
| 22 | X | 24.0 | 7,000 | | 0.8 | | | | | | | | | 0.6 | |
| 23 | | 24.0 | 8,400 | | | | | | | | | | | | |
| 24 | | 24.0 | 8,400 | | | | | | | | | | | | |
| 25 | X | 24.0 | 8,400 | | 0.8 | | | | | | | | | 0.6 | |
| 26 | X | 24.0 | 2,200 | | 0.6 | | | | | | | | | 0.4 | |
| 27 | X | 24.0 | 3,500 | | 0.8 | | | | | | | | | 0.6 | |
| 28 | X | 24.0 | 4,500 | | 0.7 | | | | | | | | | 0.5 | |
| 29 | X | 24.0 | 7,400 | | 0.6 | | | | | | | | | 0.4 | |
| 30 | | 24.0 | 8,233 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 227,633 | | | | | | | | | | | | |
| Average | | | 7,343 | | | | | | | | | | | | |
| Maximum | | | 12,900 | | | | | | | | | | | | |

* 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: July, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: | Saratoga Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 50 | Total Population Served at End 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: | Leesburg |
| | (352) 787-0980 | State: | Florida |
| Contact Person's Telephone Number: | | Zip Code: | 34749 |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | Contact Person's Fax Number: | (352) 787-6333 |

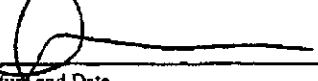
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| Plant Name: | Sarasota Harbor | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Gibbs Avenue | City: | Satsuma |
| | | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C |

| Licensed Operators: | Name | License Class | License Number | Day(s) / Shift(s) Worked |
|----------------------|----------------|---------------|----------------|--------------------------|
| Lead/Chief Operator: | Paul Thompson | A | 7251 | Days 1st Shift |
| Others Operators: | David Haring | C | 14091 | Days 1st Shift |
| | Ralph Marriott | C | 7527 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

 8/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: July, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|-----------------|--|---|---|--|--|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | | 24.0 | 8,233 | | | | | | | | | | | |
| 2 | X | | 24.0 | 8,233 | | 1.0 | | | | | | | | | 0.4 |
| 3 | X | | 24.0 | 4,900 | | 0.9 | | | | | | | | | 0.4 |
| 4 | X | | 24.0 | 7,800 | | 0.9 | | | | | | | | | 0.4 |
| 5 | X | | 24.0 | 5,400 | | 0.9 | | | | | | | | | 0.4 |
| 6 | X | | 24.0 | 5,400 | | 0.8 | | | | | | | | | 0.4 |
| 7 | | | 24.0 | 6,400 | | | | | | | | | | | |
| 8 | | | 24.0 | 6,400 | | | | | | | | | | | |
| 9 | X | | 24.0 | 6,400 | | 3.5 | | | | | | | | | 3.0 |
| 10 | X | | 24.0 | 5,400 | | 2.2 | | | | | | | | | 2.5 |
| 11 | X | | 24.0 | 8,500 | | 1.3 | | | | | | | | | 1.1 |
| 12 | X | | 24.0 | 6,300 | | 1.3 | | | | | | | | | 1.1 |
| 13 | X | | 24.0 | 5,300 | | 1.4 | | | | | | | | | 1.0 |
| 14 | | | 24.0 | 8,600 | | | | | | | | | | | |
| 15 | | | 24.0 | 8,600 | | | | | | | | | | | |
| 16 | X | | 24.0 | 8,600 | | 1.5 | | | | | | | | | 1.0 |
| 17 | X | | 24.0 | 13,000 | | 1.3 | | | | | | | | | 0.8 |
| 18 | X | | 24.0 | 8,200 | | 1.3 | | | | | | | | | 0.7 |
| 19 | X | | 24.0 | 13,200 | | 1.4 | | | | | | | | | 0.8 |
| 20 | X | | 24.0 | 13,200 | | 1.1 | | | | | | | | | 0.8 |
| 21 | | | 24.0 | 6,067 | | | | | | | | | | | |
| 22 | | | 24.0 | 6,067 | | | | | | | | | | | |
| 23 | X | | 24.0 | 6,067 | | 1.0 | | | | | | | | | 0.7 |
| 24 | X | | 24.0 | 4,200 | | 1.3 | | | | | | | | | 0.8 |
| 25 | X | | 24.0 | 6,200 | | 1.4 | | | | | | | | | 0.9 |
| 26 | X | | 24.0 | 8,000 | | 1.7 | | | | | | | | | 1.0 |
| 27 | X | | 24.0 | 8,700 | | 1.2 | | | | | | | | | 0.9 |
| 28 | | | 24.0 | 5,433 | | | | | | | | | | | |
| 29 | | | 24.0 | 5,433 | | | | | | | | | | | |
| 30 | X | | 24.0 | 5,433 | | 1.2 | | | | | | | | | 0.8 |
| 31 | X | | 24.0 | 7,400 | | 1.1 | | | | | | | | | 0.7 |
| Total | | | | 227,066 | | | | | | | | | | | |
| Average | | | | 7,325 | | | | | | | | | | | |
| Maximum | | | | 13,200 | | | | | | | | | | | |

* 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: August, 2007

A. Public Water System (PWS) Information

| | | | |
|---|--|--|----------------|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Sarasota Harbor | | Plant Telephone Number: (352) 787-0980 | | |
|--|----------------|---|----------------|--------------------------|
| Plant Address: Gibbs Avenue | | City: Satsuma | State: Florida | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32189 | | |
| 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 62-699.310(4), F.A.C.): C | | |
| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

9/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: August, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|------------------|---|-----------------|---|---|---|--|---|---------------------------------|---------------------------|-------------------------------|--|--|---|--|-----|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Temp of Water, °C if Applicable | pH of Water if Applicable | Minimum CT Required, mg·min/L | Lowest Operating UV Dose, mW·sec/cm ² | Minimum UV Dose Required, mW·sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | |
| 1 | X | 24.0 | 7,400 | | 1.2 | | | | | | | | | | 0.8 | |
| 2 | X | 24.0 | 5,300 | | 1.0 | | | | | | | | | | 0.6 | |
| 3 | X | 24.0 | 5,000 | | 1.2 | | | | | | | | | | 0.8 | |
| 4 | | 24.0 | 6,700 | | | | | | | | | | | | | |
| 5 | | 24.0 | 6,700 | | | | | | | | | | | | | |
| 6 | X | 24.0 | 6,700 | | 1.0 | | | | | | | | | | 0.7 | |
| 7 | X | 24.0 | 12,800 | | 1.8 | | | | | | | | | | 1.3 | |
| 8 | X | 24.0 | 5,800 | | 1.3 | | | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 7,500 | | 1.2 | | | | | | | | | | 0.9 | |
| 10 | X | 24.0 | 10,700 | | 1.3 | | | | | | | | | | 1.0 | |
| 11 | | 24.0 | 10,767 | | | | | | | | | | | | | |
| 12 | | 24.0 | 10,767 | | | | | | | | | | | | | |
| 13 | X | 24.0 | 10,767 | | 1.1 | | | | | | | | | | 0.8 | |
| 14 | X | 24.0 | 5,300 | | 1.0 | | | | | | | | | | 0.7 | |
| 15 | X | 24.0 | 7,300 | | 1.2 | | | | | | | | | | 0.8 | |
| 16 | X | 24.0 | 7,700 | | 2.2 | | | | | | | | | | 1.3 | |
| 17 | X | 24.0 | 7,500 | | 1.8 | | | | | | | | | | 1.0 | |
| 18 | | 24.0 | 11,733 | | | | | | | | | | | | | |
| 19 | | 24.0 | 11,733 | | | | | | | | | | | | | |
| 20 | X | 24.0 | 11,733 | | 2.0 | | | | | | | | | | 1.5 | |
| 21 | X | 24.0 | 12,000 | | 0.6 | | | | | | | | | | 0.3 | |
| 22 | X | 24.0 | 12,900 | | 1.2 | | | | | | | | | | 0.7 | |
| 23 | X | 24.0 | 12,700 | | 1.3 | | | | | | | | | | 0.8 | |
| 24 | X | 24.0 | 12,500 | | 1.3 | | | | | | | | | | 1.0 | |
| 25 | | 24.0 | 9,400 | | | | | | | | | | | | | |
| 26 | | 24.0 | 9,400 | | | | | | | | | | | | | |
| 27 | X | 24.0 | 9,400 | | 1.0 | | | | | | | | | | 0.8 | |
| 28 | X | 24.0 | 7,000 | | 0.9 | | | | | | | | | | 0.6 | |
| 29 | X | 24.0 | 4,600 | | 1.0 | | | | | | | | | | 0.8 | |
| 30 | X | 24.0 | 7,700 | | 2.0 | | | | | | | | | | 1.3 | |
| 31 | X | 24.0 | 10,100 | | 1.7 | | | | | | | | | | 1.0 | |
| Total | | | 277,600 | | | | | | | | | | | | | |
| Average | | | 8,955 | | | | | | | | | | | | | |
| Maximum | | | 12,900 | | | | | | | | | | | | | |

* 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: September, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: | Saratoga Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 50 | Total Population Served at End 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: | 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@aquaaamerica.com | | |

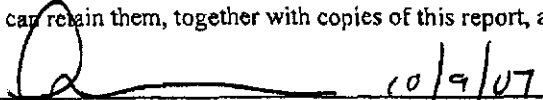
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C |

| Licensed Operators: | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  10/9/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: September, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced gal | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd / | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | |
| 1 | | | 24.0 | 8,933 | | | | | | | | | | | |
| 2 | | | 24.0 | 8,933 | | | | | | | | | | | |
| 3 | X | | 24.0 | 8,933 | | 2.0 | | | | | | | | 1.1 | |
| 4 | X | | 24.0 | 7,500 | | 1.7 | | | | | | | | 1.1 | |
| 5 | X | | 24.0 | 5,100 | | 1.5 | | | | | | | | 1.2 | |
| 6 | X | | 24.0 | 5,100 | | 1.5 | | | | | | | | 1.0 | |
| 7 | X | | 24.0 | 6,900 | | 1.5 | | | | | | | | 1.0 | |
| 8 | | | 24.0 | 5,800 | | | | | | | | | | | |
| 9 | | | 24.0 | 5,800 | | | | | | | | | | | |
| 10 | X | | 24.0 | 5,800 | | 1.6 | | | | | | | | 1.1 | |
| 11 | X | | 24.0 | 3,100 | | 1.5 | | | | | | | | 1.0 | |
| 12 | X | | 24.0 | 1,600 | | 1.5 | | | | | | | | 1.0 | |
| 13 | X | | 24.0 | 3,300 | | 1.5 | | | | | | | | 1.0 | |
| 14 | X | | 24.0 | 2,200 | | 1.5 | | | | | | | | 1.0 | |
| 15 | | | 24.0 | 1,600 | | | | | | | | | | | |
| 16 | | | 24.0 | 1,600 | | | | | | | | | | | |
| 17 | X | | 24.0 | 1,600 | | 1.4 | | | | | | | | 1.0 | |
| 18 | X | | 24.0 | 700 | | 1.7 | | | | | | | | 1.0 | |
| 19 | X | | 24.0 | 100 | | 1.4 | | | | | | | | 1.1 | |
| 20 | X | | 24.0 | 200 | | 1.6 | | | | | | | | 1.2 | |
| 21 | X | | 24.0 | 7,687 | | 1.5 | | | | | | | | 1.1 | |
| 22 | | | 24.0 | 7,944 | | | | | | | | | | | |
| 23 | | | 24.0 | 7,944 | | | | | | | | | | | |
| 24 | X | | 24.0 | 7,944 | | 1.3 | | | | | | | | 0.9 | |
| 25 | X | | 24.0 | 5,910 | | 1.5 | | | | | | | | 1.0 | |
| 26 | X | | 24.0 | 6,918 | | 1.0 | | | | | | | | 0.7 | |
| 27 | X | | 24.0 | 4,612 | | 1.8 | | | | | | | | 1.2 | |
| 28 | X | | 24.0 | 8,456 | | 2.0 | | | | | | | | 1.5 | |
| 29 | | | 24.0 | 7,688 | | | | | | | | | | | |
| 30 | | | 24.0 | 7,688 | | | | | | | | | | | |
| 31 | | | 24.0 | | | | | | | | | | | | |

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|---------|---------|
| Total | 157,591 |
| Average | 5,084 |
| Maximum | 8,933 |

* 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: October, 2007

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Saratoga Harbor | | | PWS Identification Number: | 12541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 50 | | | Total Population Served at End 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: | 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@aguaamerica.com | | | | |

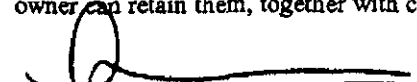
B. Water Treatment Plant Information

| | | | | | |
|---|--|-------|---|-------------------------|----------------|
| Plant Name: | Sarasota Harbor | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Gibbs Avenue | City: | Satsuma | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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.): | | | |
|--|----------------|---|----------------|--------|-----------------|
| Licensed Operators | Name | License Class | License Number | Day(s) | Shift(s) Worked |
| Lead/Chief Operator | Paul Thompson | A | 7251 | | |
| Other Operators | David Haring | C | 14091 | | |
| | Ralph Marriott | C | 7527 | | |
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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, together with copies of this report, at a convenient location for at least ten years.

 11/08/07
Signature and Date

Paul Thompson
Printed or Typed Name

7251
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: October, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg·min/L | Lowest Operating UV Dose, mW·sec/cm ² | Minimum UV Dose Required, mW·sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | | 7,688 | | 2.2 | | | | | | | | | 1.7 | |
| 2 | X | | 8,456 | | 1.8 | | | | | | | | | 1.5 | |
| 3 | X | | 8,456 | | 1.8 | | | | | | | | | 1.3 | |
| 4 | X | | 4,613 | | 3.0 | | | | | | | | | 2.8 | |
| 5 | X | | 8,456 | | 1.9 | | | | | | | | | 1.1 | |
| 6 | | | 7,944 | | | | | | | | | | | | |
| 7 | | | 7,944 | | | | | | | | | | | | |
| 8 | X | | 7,944 | | 2.3 | | | | | | | | | 1.8 | |
| 9 | X | | 10,763 | | 2.0 | | | | | | | | | 1.5 | |
| 10 | X | | 5,381 | | 1.7 | | | | | | | | | 1.2 | |
| 11 | X | | 3,075 | | 1.5 | | | | | | | | | 1.2 | |
| 12 | X | | 8,457 | | 1.5 | | | | | | | | | 1.2 | |
| 13 | | | 6,919 | | | | | | | | | | | | |
| 14 | | | 6,919 | | | | | | | | | | | | |
| 15 | X | | 6,919 | | 1.8 | | | | | | | | | 1.3 | |
| 16 | X | | 6,919 | | 1.3 | | | | | | | | | 1.0 | |
| 17 | X | | 8,457 | | 1.3 | | | | | | | | | 0.8 | |
| 18 | X | | 7,688 | | 1.2 | | | | | | | | | 0.7 | |
| 19 | X | | 7,688 | | 1.5 | | | | | | | | | 1.0 | |
| 20 | | | 7,688 | | | | | | | | | | | | |
| 21 | | | 7,688 | | | | | | | | | | | | |
| 22 | X | | 7,688 | | 1.3 | | | | | | | | | 0.9 | |
| 23 | X | | 5,381 | | 1.0 | | | | | | | | | 0.7 | |
| 24 | X | | 7,688 | | 1.2 | | | | | | | | | 0.7 | |
| 25 | X | | 5,381 | | 1.6 | | | | | | | | | 1.2 | |
| 26 | X | | 4,612 | | 1.7 | | | | | | | | | 1.5 | |
| 27 | | | 7,945 | | | | | | | | | | | | |
| 28 | | | 7,944 | | | | | | | | | | | | |
| 29 | X | | 7,944 | | 1.9 | | | | | | | | | 1.0 | |
| 30 | X | | 4,613 | | 1.4 | | | | | | | | | 1.0 | |
| 31 | X | | 6,150 | | 1.2 | | | | | | | | | 0.9 | |
| Total | | | 221,408 | | | | | | | | | | | | |
| Average | | | 7,142 | | | | | | | | | | | | |
| Maximum | | | 10,763 | | | | | | | | | | | | |

* 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: November, 2007

A. Public Water System (PWS) Information

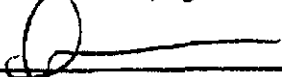
| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Saratoga Harbor | | | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 50 | | | Total Population Served at End 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: | 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@aquaaamerica.com | | | | |

B. Water Treatment Plant Information

| Plant Name: | Sarasota Harbor | | | Plant Telephone Number: | (352) 787-0980 | |
|---|--|---------------|----------------|---|-----------------|--|
| Plant Address: | Gibbs Avenue | | | City: | Satsuma | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | | <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C | |
| Licensed Operators | Name | License Class | License Number | Day(s) | Shift(s) Worked | |
| Lead/Chief Operator | Paul Thompson | A | 7251 | Days | 1st Shift | |
| Operator | David Haring | C | 14091 | Days | 1st Shift | |
| Operator | Ralph Marriott | C | 7527 | Days | 1st Shift | |
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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, together with copies of this report, at a convenient location for at least ten years.

 11/7/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: November, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Started or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg·min/L | Lowest Operating UV Dose, mW·sec/cm | Minimum UV Dose Required, mW·sec/cm | | | |
| | X | | 4,613 | | 1.5 | | | | | | | | | 0.9 | |
| | X | | 7,688 | | 1.3 | | | | | | | | | 0.8 | |
| | | | 6,919 | | | | | | | | | | | | |
| | | | 6,919 | | | | | | | | | | | | |
| | X | | 6,919 | | 1.5 | | | | | | | | | 1.0 | |
| | X | | 7,688 | | 1.5 | | | | | | | | | 1.0 | |
| | X | | 3,844 | | 1.5 | | | | | | | | | 1.0 | |
| | X | | 6,919 | | 1.5 | | | | | | | | | 1.0 | |
| | X | | 5,382 | | 1.5 | | | | | | | | | 1.1 | |
| | | | 7,000 | | | | | | | | | | | | |
| | | | 7,000 | | | | | | | | | | | | |
| | X | | 7,000 | | 1.5 | | | | | | | | | 1.1 | |
| | X | | 5,100 | | 1.5 | | | | | | | | | 1.0 | |
| | X | | 7,400 | | 1.3 | | | | | | | | | 0.9 | |
| | X | | 4,800 | | 1.5 | | | | | | | | | 1.1 | |
| | X | | 5,400 | | 1.9 | | | | | | | | | 1.5 | |
| | | | 9,200 | | | | | | | | | | | | |
| | | | 9,200 | | | | | | | | | | | | |
| | X | | 9,200 | | 1.5 | | | | | | | | | 1.1 | |
| | X | | 7,200 | | 1.8 | | | | | | | | | 1.2 | |
| | X | | 5,800 | | 1.2 | | | | | | | | | 1.2 | |
| | X | | 7,600 | | 1.2 | | | | | | | | | 1.0 | |
| | X | | 7,400 | | 1.3 | | | | | | | | | 1.0 | |
| | | | 7,300 | | | | | | | | | | | | |
| | | | 7,300 | | | | | | | | | | | | |
| | X | | 7,300 | | 1.4 | | | | | | | | | 1.0 | |
| | X | | 5,100 | | 1.4 | | | | | | | | | 1.0 | |
| | X | | 1,100 | | 1.5 | | | | | | | | | 1.0 | |
| | X | | 10,700 | | 1.4 | | | | | | | | | 1.0 | |
| | X | | 7,200 | | 1.4 | | | | | | | | | 0.9 | |
| | | | 202,191 | | | | | | | | | | | | |
| | | | 6,522 | | | | | | | | | | | | |
| | | | 10,700 | | | | | | | | | | | | |

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

| | | | |
|---|--|---|--|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@aquaaamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): C | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | | |
| Licensed Operators | | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 01/09/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: December, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal | CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|-----------------|--|--|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg·min/L | Lowest Operating UV Dose, mW·sec/cm ² | Minimum UV Dose Required, mW·sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | |
| | | | 24.0 | 5,767 | | | | | | | | | | |
| | | | 24.0 | 5,767 | | | | | | | | | | |
| | X | | 24.0 | 5,767 | | 1.0 | | | | | | | 0.8 | |
| | X | | 24.0 | 9,400 | | 1.2 | | | | | | | 0.9 | |
| | X | | 24.0 | 6,000 | | 1.1 | | | | | | | 0.8 | |
| | X | | 24.0 | 5,000 | | 1.2 | | | | | | | 0.8 | |
| | X | | 24.0 | 7,100 | | 1.6 | | | | | | | 1.1 | |
| | | | 24.0 | 8,367 | | | | | | | | | | |
| | | | 24.0 | 8,367 | | | | | | | | | | |
| | X | | 24.0 | 8,367 | | 0.5 | | | | | | | 0.2 | |
| | X | | 24.0 | 4,900 | | 1.2 | | | | | | | 0.4 | |
| | X | | 24.0 | 7,600 | | 1.3 | | | | | | | 0.8 | |
| | X | | 24.0 | 7,400 | | 1.5 | | | | | | | 1.1 | |
| | X | | 24.0 | 7,500 | | 1.3 | | | | | | | 1.1 | |
| | | | 24.0 | 7,300 | | | | | | | | | | |
| | | | 24.0 | 7,300 | | | | | | | | | | |
| | X | | 24.0 | 7,300 | | 1.3 | | | | | | | 1.1 | |
| | X | | 24.0 | 7,500 | | 1.4 | | | | | | | 1.1 | |
| | X | | 24.0 | 7,400 | | 1.3 | | | | | | | 1.1 | |
| | X | | 24.0 | 4,800 | | 1.2 | | | | | | | 1.0 | |
| | X | | 24.0 | 10,100 | | 1.3 | | | | | | | 1.0 | |
| | | | 24.0 | 6,533 | | | | | | | | | | |
| | | | 24.0 | 6,533 | | | | | | | | | | |
| | X | | 24.0 | 6,533 | | 1.4 | | | | | | | 0.9 | |
| | X | | 24.0 | 7,500 | | 1.5 | | | | | | | 1.1 | |
| | X | | 24.0 | 6,500 | | 1.4 | | | | | | | 1.0 | |
| | X | | 24.0 | 7,400 | | 1.4 | | | | | | | 1.0 | |
| | X | | 24.0 | 9,400 | | 1.5 | | | | | | | 1.1 | |
| | | | 24.0 | 8,233 | | | | | | | | | | |
| | | | 24.0 | 8,233 | | | | | | | | | | |
| | X | | 24.0 | 8,233 | | 1.4 | | | | | | | 1.1 | |
| Total | | | 224,100 | | | | | | | | | | | |
| Average | | | 7,229 | | | | | | | | | | | |
| Maximum | | | 10,100 | | | | | | | | | | | |

* 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

| | | | |
|---------|---------|-------------|-----------------|
| PWS ID: | 2541008 | Plant Name: | Saratoga Harbor |
|---------|---------|-------------|-----------------|

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| |
|--|
| Type of Sequestrant (polyphosphate or sodium silicate): |
| Sequestrant Dose, mg/L of phosphate 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.

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: January, 2008

A. Public Water System (PWS) Information

| | | | |
|--|--|---|--|
| PWS Name: <u>Welaka Mobile Home Park</u> | | PWS Identification Number: <u>2541242</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>108</u> | | Total Population Served at End of Month: <u>324</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| | | | |
|--|----------------------|--|--|
| Plant Name: <u>Welaka Mobile Home Park</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
| Plant Address: <u>Hamilton Road</u> | | City: <u>Satsuma</u> | State: <u>Florida</u> Zip Code: <u>32189</u> |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>108,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>N</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | |
| Type of Operator | Name | License Class | License Number |
| Lead/Chief Operator | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> Days Off Shift |
| Other Operator | <u>David Haring</u> | <u>C</u> | <u>14091</u> Days Off Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 2/7/08 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: **2541242** Plant Name: **Welaka Mobile Home Park**

III. Daily Data for the Month/Year of: **January, 2006**

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Operates | Flow (MGD) | Net Change in Chlorine (MG) | Disinfectant Residual (mg/L) | | | | | | | | | | Notes | | |
|----------------|---------------------|------------|-----------------------------|------------------------------|-------------------|------------------|-------|-------|---------------|-------------------|------------------|-------|-------|-------|--|--|
| | | | | Free Chlorine | Combined Chlorine | Chlorine Dioxide | Ozone | Other | Free Chlorine | Combined Chlorine | Chlorine Dioxide | Ozone | Other | | | |
| 1 | X | 24.0 | 12,340 | | | | | | | | | | | | | |
| 2 | X | 24.0 | 12,340 | | | | | | | | | | | | | |
| 3 | X | 24.0 | 9,330 | | | | | | | | | | | | | |
| 4 | X | 24.0 | 10,240 | | | | | | | | | | | | | |
| 5 | X | 24.0 | 10,870 | | | | | | | | | | | | | |
| 6 | X | 24.0 | 11,010 | | | | | | | | | | | | | |
| 7 | | 24.0 | 12,137 | | | | | | | | | | | | | |
| 8 | | 24.0 | 12,137 | | | | | | | | | | | | | |
| 9 | X | 24.0 | 12,137 | | | | | | | | | | | | | |
| 10 | X | 24.0 | 9,450 | | | | | | | | | | | | | |
| 11 | X | 24.0 | 7,940 | | | | | | | | | | | | | |
| 12 | X | 24.0 | 10,300 | | | | | | | | | | | | | |
| 13 | X | 24.0 | 18,300 | | | | | | | | | | | | | |
| 14 | | 24.0 | 9,110 | | | | | | | | | | | | | |
| 15 | | 24.0 | 9,110 | | | | | | | | | | | | | |
| 16 | X | 24.0 | 9,110 | | | | | | | | | | | | | |
| 17 | X | 24.0 | 9,560 | | | | | | | | | | | | | |
| 18 | X | 24.0 | 8,840 | | | | | | | | | | | | | |
| 19 | X | 24.0 | 8,130 | | | | | | | | | | | | | |
| 20 | X | 24.0 | 8,960 | | | | | | | | | | | | | |
| 21 | | 24.0 | 9,610 | | | | | | | | | | | | | |
| 22 | | 24.0 | 9,610 | | | | | | | | | | | | | |
| 23 | X | 24.0 | 9,610 | | | | | | | | | | | | | |
| 24 | X | 24.0 | 6,670 | | | | | | | | | | | | | |
| 25 | X | 24.0 | 11,210 | | | | | | | | | | | | | |
| 26 | X | 24.0 | 6,950 | | | | | | | | | | | | | |
| 27 | X | 24.0 | 8,380 | | | | | | | | | | | | | |
| 28 | | 24.0 | 8,540 | | | | | | | | | | | | | |
| 29 | | 24.0 | 8,540 | | | | | | | | | | | | | |
| 30 | X | 24.0 | 8,540 | | | | | | | | | | | | | |
| 31 | X | 24.0 | 8,560 | | | | | | | | | | | | | |
| Total | | | 308,070 | | | | | | | | | | | | | |
| Average | | | 9,938 | | | | | | | | | | | | | |
| Maximum | | | 18,300 | | | | | | | | | | | | | |

* 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, 2006

A. Public Water System (PWS) Information

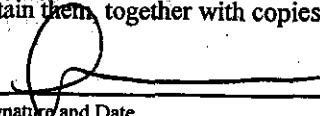
| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | 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 | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Hamilton Road | City: | Satsuma | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | |
| | | | | D | |
| Licensed Operators | Name | License Class | License Number | Day(s) Shift(s) Worked | |
| Lead/Chief Operator: | Paul Thompson | A | 7251 | Days 1st Shift | |
| Other Operator: | David Haring | C | 14091 | Days 1st Shift | |
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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 together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  3/6/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: February, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Month | Days of the Month | Plant Operation (X) | Total Gallons of Water Produced | Free Chlorine Residual (mg/L) | Chlorine Dioxide Residual (mg/L) | Ozone Residual (mg/L) | Combined Chlorine Residual (mg/L) | Free Chlorine Demand (mg/L) | Chlorine Dioxide Demand (mg/L) | Ozone Demand (mg/L) | Total Chlorine Demand (mg/L) | Chlorine Dioxide Demand (mg/L) | Notes |
|---------|-------------------|---------------------|---------------------------------|-------------------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------------|--------------------------------|---------------------|------------------------------|--------------------------------|-------|
| | | X | 24.0 | 6,530 | | | | 1.2 | | | | | |
| | | X | 24.0 | 8,170 | | | | 1.1 | | | | 0.4 | |
| | | X | 24.0 | 7,700 | | | | 1.2 | | | | 0.4 | |
| | | | 24.0 | 9,500 | | | | | | | | | |
| | | | 24.0 | 9,500 | | | | | | | | | |
| | | X | 24.0 | 9,500 | | | | 1.2 | | | | 0.4 | |
| | | X | 24.0 | 9,740 | | | | 1.3 | | | | 0.8 | |
| | | X | 24.0 | 8,390 | | | | 1.3 | | | | 0.4 | |
| | | X | 24.0 | 8,150 | | | | 1.4 | | | | 0.4 | |
| | | X | 24.0 | 9,180 | | | | 1.4 | | | | 0.4 | |
| | | | 24.0 | 9,117 | | | | | | | | | |
| | | | 24.0 | 9,117 | | | | | | | | | |
| | | X | 24.0 | 9,117 | | | | 1.5 | | | | 0.4 | |
| | | X | 24.0 | 11,070 | | | | 1.6 | | | | 0.4 | |
| | | X | 24.0 | 14,300 | | | | 1.6 | | | | 0.4 | |
| | | X | 24.0 | 18,140 | | | | 1.6 | | | | 0.6 | |
| | | X | 24.0 | 12,890 | | | | 1.7 | | | | 0.6 | |
| | | | 24.0 | 12,567 | | | | | | | | | |
| | | | 24.0 | 12,567 | | | | | | | | | |
| | | X | 24.0 | 12,567 | | | | 1.6 | | | | 0.6 | |
| | | X | 24.0 | 12,320 | | | | 1.5 | | | | 0.6 | |
| | | X | 24.0 | 10,920 | | | | 1.7 | | | | 0.5 | |
| | | X | 24.0 | 9,520 | | | | 1.4 | | | | 0.5 | |
| | | X | 24.0 | 11,030 | | | | 1.5 | | | | 0.5 | |
| | | | 24.0 | 10,910 | | | | | | | | | |
| | | | 24.0 | 10,910 | | | | | | | | | |
| | | X | 24.0 | 10,910 | | | | 1.4 | | | | 0.6 | |
| | | X | 24.0 | 9,770 | | | | 1.5 | | | | 0.5 | |
| | | | 24.0 | | | | | | | | | | |
| | | | 24.0 | | | | | | | | | | |
| Total | | | 294,100 | | | | | | | | | | |
| Average | | | 9,487 | | | | | | | | | | |
| Maximum | | | 18,140 | | | | | | | | | | |

* 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: March, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|---|--|
| PWS Name: <u>Welaka Mobile Home Park</u> | | PWS Identification Number: <u>2541242</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>108</u> | | Total Population Served at End of Month: <u>324</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |

B. Water Treatment Plant Information

| | | | |
|--|--|---|--|
| Plant Name: <u>Welaka Mobile Home Park</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
| Plant Address: <u>Hamilton Road</u> | | | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | City: <u>Satsuma</u> State: <u>Florida</u> Zip Code: <u>32189</u> | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>108,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | |

| Licensed Operator | Name | License Class | License Number | Days/Shift(s) Worked |
|---------------------|----------------------|---------------|----------------|-----------------------|
| Lead/Chief Operator | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| Other Operator | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 4/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: March, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Day Plant Operated (X) | Hours Plant in Operation | Volume of Water Produced (gals) | Chlorination of Raw Water or Disinfection of Purchased Water (mg/L) | | | | | | | | | | Free Chlorine Residual Concentration (mg/L) in Distribution System | Remarks on System Operation (Include Repair or Maintenance Work that Involves Stating Valve System Components Out of Operation) | | |
|----------------|------------------------|--------------------------|---------------------------------|---|-----------------------------|-------------------------------|---------------------------------|--------------------------------|----------------------------------|----------------------|---------------------|-----------------------|--|--|---|---|---|
| | | | | Free Chlorine Applied (mg/L) | Free Chlorine Demand (mg/L) | Free Chlorine Residual (mg/L) | Chlorine Dioxide Applied (mg/L) | Chlorine Dioxide Demand (mg/L) | Chlorine Dioxide Residual (mg/L) | Ozone Applied (mg/L) | Ozone Demand (mg/L) | Ozone Residual (mg/L) | Combined Chlorine (Chloramines) Applied (mg/L) | | | Combined Chlorine (Chloramines) Demand (mg/L) | Combined Chlorine (Chloramines) Residual (mg/L) |
| 1 | X | 24.0 | 12,550 | | 1.6 | | | | | | | | | | | 0.5 | |
| 2 | X | 24.0 | 32,130 | | 1.5 | | | | | | | | | | | 0.5 | |
| 3 | X | 24.0 | 14,230 | | 1.4 | | | | | | | | | | | 0.5 | |
| 4 | | 24.0 | 10,020 | | | | | | | | | | | | | | |
| 5 | | 24.0 | 10,020 | | | | | | | | | | | | | | |
| 6 | X | 24.0 | 10,020 | | 2.0 | | | | | | | | | | | 0.8 | |
| 7 | X | 24.0 | 10,840 | | 1.8 | | | | | | | | | | | 0.7 | |
| 8 | X | 24.0 | 12,310 | | 1.8 | | | | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 10,450 | | 1.8 | | | | | | | | | | | 0.8 | |
| 10 | X | 24.0 | 19,640 | | 1.8 | | | | | | | | | | | 0.7 | |
| 11 | | 24.0 | 26,047 | | | | | | | | | | | | | | |
| 12 | | 24.0 | 26,047 | | | | | | | | | | | | | | |
| 13 | X | 24.0 | 26,047 | | 1.5 | | | | | | | | | | | 0.6 | |
| 14 | X | 24.0 | 22,420 | | 1.4 | | | | | | | | | | | 0.6 | |
| 15 | X | 24.0 | 17,750 | | 1.4 | | | | | | | | | | | 0.6 | |
| 16 | X | 24.0 | 9,610 | | 1.5 | | | | | | | | | | | 0.4 | |
| 17 | X | 24.0 | 9,130 | | 1.4 | | | | | | | | | | | 0.5 | |
| 18 | | 24.0 | 10,840 | | | | | | | | | | | | | | |
| 19 | | 24.0 | 10,840 | | | | | | | | | | | | | | |
| 20 | X | 24.0 | 10,840 | | 1.2 | | | | | | | | | | | 0.5 | |
| 21 | X | 24.0 | 14,370 | | 1.4 | | | | | | | | | | | 0.5 | |
| 22 | X | 24.0 | 9,000 | | 1.4 | | | | | | | | | | | 0.5 | |
| 23 | X | 24.0 | 9,330 | | 1.5 | | | | | | | | | | | 0.5 | |
| 24 | X | 24.0 | 10,080 | | 1.4 | | | | | | | | | | | 0.5 | |
| 25 | | 24.0 | 9,260 | | | | | | | | | | | | | | |
| 26 | | 24.0 | 9,260 | | | | | | | | | | | | | | |
| 27 | X | 24.0 | 9,260 | | 1.4 | | | | | | | | | | | 0.5 | |
| 28 | X | 24.0 | 9,080 | | 1.5 | | | | | | | | | | | 0.5 | |
| 29 | X | 24.0 | 9,270 | | 1.5 | | | | | | | | | | | 0.4 | |
| 30 | X | 24.0 | 10,250 | | 1.4 | | | | | | | | | | | 0.4 | |
| 31 | X | 24.0 | 9,940 | | 1.5 | | | | | | | | | | | 0.6 | |
| Total | | | 420,880 | | | | | | | | | | | | | | |
| Average | | | 13,577 | | | | | | | | | | | | | | |
| Maximum | | | 32,130 | | | | | | | | | | | | | | |

* 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 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|---------------------|
| PWS Name: | <u>Welaka Mobile Home Park</u> | | | PWS Identification Number: | <u>2541242</u> |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | <u>108</u> | | | Total Population Served at End of Month: | <u>324</u> |
| PWS Owner: | <u>Aqua Utilities Florida</u> | | | | |
| Contact Person: | <u>Brian Heath</u> | | | Contact Person's Title: | <u>Area Manager</u> |
| Contact Person's Mailing Address: | <u>PO Box 490310</u> | City: | <u>Eesburg</u> | State: | <u>Florida</u> |
| Contact Person's Telephone Number: | <u>(352) 787-0980</u> | Contact Person's Fax Number: | | <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: | <u>bheath@aquaaamerica.com</u> | | | | |

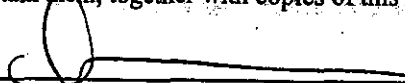
B. Water Treatment Plant Information

| | | | | | |
|---|--|---|----------------|-------------------------|-----------------------|
| Plant Name: | <u>Welaka Mobile Home Park</u> | | | Plant Telephone Number: | <u>(352) 787-0980</u> |
| Plant Address: | <u>Hamilton Road</u> | City: | <u>Satsuma</u> | State: | <u>Florida</u> |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | <u>108,000</u> | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <u>D</u> | | | | |

| Licensed Operators | Name | License Class | License Number | Days/Shifts Worked |
|---------------------|-----------------------|---------------|----------------|-----------------------|
| Lead/Chief Operator | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| Other Operators | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

 5/4/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

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

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Station Operable | Hours Plant in Operation | Volume of Finished Water Produced (gall) | Calculations of Chlorine Demand from 4-log Virus Inactivation Application | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Plant Water System Components, or Other | | | |
|--------------|-----------------------------|--------------------------|--|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--|--|-----|--|
| | | | | Peak Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | Flow Rate (gpd) | | | | |
| 1 | | | 24.0 | 8,657 | | | | | | | | | | | | | |
| 2 | | | 24.0 | 8,657 | | | | | | | | | | | | | |
| 3 | X | | 24.0 | 8,657 | | | | | | | | | | | | | |
| 4 | X | | 24.0 | 8,650 | | | | | | | | | | | | 0.6 | |
| 5 | X | | 24.0 | 8,750 | | | | | | | | | | | | 0.8 | |
| 6 | X | | 24.0 | 11,370 | | | | | | | | | | | | 0.7 | |
| 7 | X | | 24.0 | 10,570 | | | | | | | | | | | | 0.8 | |
| 8 | | | 24.0 | 9,520 | | | | | | | | | | | | 0.6 | |
| 9 | | | 24.0 | 9,520 | | | | | | | | | | | | | |
| 10 | X | | 24.0 | 9,520 | | | | | | | | | | | | 0.5 | |
| 11 | X | | 24.0 | 7,690 | | | | | | | | | | | | 0.5 | |
| 12 | X | | 24.0 | 10,530 | | | | | | | | | | | | 0.5 | |
| 13 | X | | 24.0 | 8,020 | | | | | | | | | | | | 0.5 | |
| 14 | X | | 24.0 | 6,150 | | | | | | | | | | | | 0.5 | |
| 15 | | | 24.0 | 10,730 | | | | | | | | | | | | 0.6 | |
| 16 | | | 24.0 | 10,730 | | | | | | | | | | | | | |
| 17 | X | | 24.0 | 10,730 | | | | | | | | | | | | | |
| 18 | X | | 24.0 | 9,550 | | | | | | | | | | | | 0.6 | |
| 19 | X | | 24.0 | 9,590 | | | | | | | | | | | | 0.5 | |
| 20 | X | | 24.0 | 11,380 | | | | | | | | | | | | 1.4 | |
| 21 | X | | 24.0 | 8,580 | | | | | | | | | | | | 0.9 | |
| 22 | | | 24.0 | 11,143 | | | | | | | | | | | | 0.7 | |
| 23 | | | 24.0 | 11,143 | | | | | | | | | | | | | |
| 24 | X | | 24.0 | 11,143 | | | | | | | | | | | | | |
| 25 | X | | 24.0 | 11,340 | | | | | | | | | | | | 1.7 | |
| 26 | X | | 24.0 | 8,670 | | | | | | | | | | | | 1.5 | |
| 27 | X | | 24.0 | 10,100 | | | | | | | | | | | | 1.1 | |
| 28 | X | | 24.0 | 9,650 | | | | | | | | | | | | 1.0 | |
| 29 | | | 24.0 | 9,950 | | | | | | | | | | | | 0.8 | |
| 30 | | | 24.0 | 9,950 | | | | | | | | | | | | | |
| 31 | | | 24.0 | | | | | | | | | | | | | | |
| April | | | | 290,640 | | | | | | | | | | | | | |
| Average | | | | 9,375 | | | | | | | | | | | | | |
| Maximum | | | | 11,380 | | | | | | | | | | | | | |

* 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: May, 2006

A. Public Water System (PWS) Information

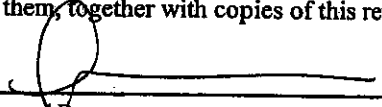
| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | PO Box 490310 | City: | Loesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | bheath@aquamerica.com | | | | |

B. Water Treatment Plant Information

| Plant Name: | Welaka Mobile Home Park | | | Plant Telephone Number: | (352) 787-0980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----------------|---|----------------|---------------|-------|------|-------|---------------|---|------|----------------|---------------|---|-------|----------------|---------------|---|------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Plant Address: | Hamilton Road | | | City: | Satsuma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Operator Name</th> <th>Shift</th> <th>Days</th> <th>Shift</th> </tr> </thead> <tbody> <tr> <td>Paul Thompson</td> <td>A</td> <td>7231</td> <td>Days 1st Shift</td> </tr> <tr> <td>David Flaming</td> <td>C</td> <td>14091</td> <td>Days 1st Shift</td> </tr> <tr> <td>Ralph Marjott</td> <td>C</td> <td>7527</td> <td>Days 1st Shift</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | | | | Operator Name | Shift | Days | Shift | Paul Thompson | A | 7231 | Days 1st Shift | David Flaming | C | 14091 | Days 1st Shift | Ralph Marjott | C | 7527 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator Name | Shift | Days | Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paul Thompson | A | 7231 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| David Flaming | C | 14091 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ralph Marjott | C | 7527 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  6/6/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: May, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day | Time | Flow (MGD) | Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Combined Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Temperature (°F) | pH |
|-----|------|------------|-----------------|-------------------------|--------------|--------------------------|-------------------------|------------------|-----|
| X | | 24.0 | 9,950 | | | | | | 0.7 |
| X | | 24.0 | 8,670 | | | | | | 0.3 |
| X | | 24.0 | 10,160 | | | | | | 0.3 |
| X | | 24.0 | 6,790 | | | | | | 0.7 |
| X | | 24.0 | 9,570 | | | | | | 0.5 |
| X | | 24.0 | 11,123 | | | | | | |
| X | | 24.0 | 11,123 | | | | | | 0.8 |
| X | | 24.0 | 12,120 | | | | | | 0.4 |
| X | | 24.0 | 7,250 | | | | | | 0.3 |
| X | | 24.0 | 9,450 | | | | | | 0.8 |
| X | | 24.0 | 8,680 | | | | | | 0.6 |
| X | | 24.0 | 9,827 | | | | | | |
| X | | 24.0 | 9,827 | | | | | | |
| X | | 24.0 | 9,827 | | | | | | 0.6 |
| X | | 24.0 | 10,250 | | | | | | 0.4 |
| X | | 24.0 | 9,570 | | | | | | 0.4 |
| X | | 24.0 | 10,680 | | | | | | 0.3 |
| X | | 24.0 | 9,100 | | | | | | 2.5 |
| X | | 24.0 | 9,967 | | | | | | |
| X | | 24.0 | 9,967 | | | | | | |
| X | | 24.0 | 9,967 | | | | | | 1.5 |
| X | | 24.0 | 12,610 | | | | | | 1.3 |
| X | | 24.0 | 9,750 | | | | | | 0.5 |
| X | | 24.0 | 8,160 | | | | | | 0.4 |
| X | | 24.0 | 7,360 | | | | | | 0.5 |
| X | | 24.0 | 8,587 | | | | | | |
| X | | 24.0 | 8,587 | | | | | | |
| X | | 24.0 | 8,587 | | | | | | 0.6 |
| X | | 24.0 | 11,270 | | | | | | 0.6 |
| X | | 24.0 | 8,840 | | | | | | 0.6 |
| | | | 298,740 | | | | | | |
| | | | 9,637 | | | | | | |
| | | | 12,610 | | | | | | |

* 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: June, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: 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 | | Plant Telephone Number: (352) 787-0980 | | |
|--|----------------|---|----------------|--------------------------|
| Plant Address: Hamilton Road | | City: Satsuma | State: Florida | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | | | |
| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date 7/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: June, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | |
| 1 | X | 24.0 | 10,930 | | 1.5 | | | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 7,310 | | 1.0 | | | | | | | | | | 0.8 | |
| 3 | | 24.0 | 8,927 | | | | | | | | | | | | | |
| 4 | | 24.0 | 8,927 | | | | | | | | | | | | | |
| 5 | X | 24.0 | 8,927 | | 0.8 | | | | | | | | | | 0.3 | |
| 6 | X | 24.0 | 8,480 | | 3.0 | | | | | | | | | | 2.0 | |
| 7 | X | 24.0 | 8,360 | | 1.5 | | | | | | | | | | 1.1 | |
| 8 | X | 24.0 | 8,600 | | 1.5 | | | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 8,520 | | 1.5 | | | | | | | | | | 0.8 | |
| 10 | | 24.0 | 9,467 | | | | | | | | | | | | | |
| 11 | | 24.0 | 9,467 | | | | | | | | | | | | | |
| 12 | X | 24.0 | 9,467 | | 1.3 | | | | | | | | | | 0.5 | |
| 13 | X | 24.0 | 7,860 | | 1.2 | | | | | | | | | | 0.5 | |
| 14 | X | 24.0 | 7,000 | | 0.6 | | | | | | | | | | 0.4 | |
| 15 | X | 24.0 | 8,470 | | 3.5 | | | | | | | | | | 0.7 | |
| 16 | X | 24.0 | 7,750 | | 3.5 | | | | | | | | | | 2.5 | |
| 17 | | 24.0 | 8,620 | | | | | | | | | | | | | |
| 18 | | 24.0 | 8,620 | | | | | | | | | | | | | |
| 19 | X | 24.0 | 8,620 | | 2.0 | | | | | | | | | | 1.5 | |
| 20 | X | 24.0 | 8,710 | | 1.5 | | | | | | | | | | 0.8 | |
| 21 | X | 24.0 | 7,440 | | 1.7 | | | | | | | | | | 1.0 | |
| 22 | X | 24.0 | 9,580 | | 1.5 | | | | | | | | | | 1.0 | |
| 23 | X | 24.0 | 14,570 | | 1.5 | | | | | | | | | | 0.8 | |
| 24 | | 24.0 | 8,803 | | | | | | | | | | | | | |
| 25 | | 24.0 | 8,803 | | | | | | | | | | | | | |
| 26 | X | 24.0 | 8,803 | | 1.5 | | | | | | | | | | 0.7 | |
| 27 | X | 24.0 | 7,180 | | 1.5 | | | | | | | | | | 0.7 | |
| 28 | X | 24.0 | 8,790 | | 1.5 | | | | | | | | | | 0.7 | |
| 29 | X | 24.0 | 7,830 | | 1.5 | | | | | | | | | | 0.7 | |
| 30 | X | 24.0 | 7,670 | | 1.5 | | | | | | | | | | 0.7 | |
| 31 | | 24.0 | | | | | | | | | | | | | | |
| Total | | | 262,500 | | | | | | | | | | | | | |
| Average | | | 8,468 | | | | | | | | | | | | | |
| Maximum | | | 14,570 | | | | | | | | | | | | | |

* 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: July, 2006

A. Public Water System (PWS) Information

| | | | |
|---|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> 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: 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@aquamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D | |

| Operator | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|--------------------|--|-------------------------|
| Signature and Date | 8/8/06 Paul Thompson Printed or Typed Name | A7251 License Number |
|--------------------|--|-------------------------|

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: July, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Staffed or Operated (Y/N) | Hours Plant in Operation | Net Quantity of Disinfectant Water Produced (gallons) | Calculation of Free Chlorine Disinfectant Residual Concentration (mg/L) at Various Points in Distribution System | | | | | | | | | | Minimum Free Chlorine Residual (mg/L) Required | Pressure-Static Disinfectant Concentration (mg/L) in Distribution System | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Shutting Water System Components Out of Operation |
|--------------|--------------------------------------|--------------------------|---|--|--|---|--|--|--|--|--|--|--|--|--|--|
| | | | | Free Chlorine Concentration (mg/L) at Point of Disinfection | Free Chlorine Concentration (mg/L) at Point of Measurement | Free Chlorine Concentration (mg/L) at Point of Delivery | Free Chlorine Concentration (mg/L) at Point of Use | Free Chlorine Concentration (mg/L) at Point of Use | Free Chlorine Concentration (mg/L) at Point of Use | Free Chlorine Concentration (mg/L) at Point of Use | Free Chlorine Concentration (mg/L) at Point of Use | Free Chlorine Concentration (mg/L) at Point of Use | Free Chlorine Concentration (mg/L) at Point of Use | | | |
| 7/1 | | | 24.0 | 8,687 | | | | | | | | | | | | |
| 7/2 | | | 24.0 | 8,687 | | | | | | | | | | | | |
| 7/3 | X | | 24.0 | 8,687 | | 1.5 | | | | | | | | 0.7 | | |
| 7/4 | X | | 24.0 | 13,250 | | 1.3 | | | | | | | | 0.7 | | |
| 7/5 | X | | 24.0 | 9,420 | | 1.5 | | | | | | | | 0.7 | | |
| 7/6 | X | | 24.0 | 8,700 | | 1.3 | | | | | | | | 0.6 | | |
| 7/7 | X | | 24.0 | 8,040 | | 1.5 | | | | | | | | 0.7 | | |
| 7/8 | | | 24.0 | 9,280 | | | | | | | | | | | | |
| 7/9 | | | 24.0 | 9,280 | | | | | | | | | | | | |
| 7/10 | X | | 24.0 | 9,280 | | 1.3 | | | | | | | | 0.9 | | |
| 7/11 | X | | 24.0 | 9,000 | | 1.4 | | | | | | | | 0.8 | | |
| 7/12 | X | | 24.0 | 9,200 | | 1.3 | | | | | | | | 0.8 | | |
| 7/13 | X | | 24.0 | 8,130 | | 2.0 | | | | | | | | 1.1 | | |
| 7/14 | X | | 24.0 | 14,210 | | 1.6 | | | | | | | | 0.8 | | |
| 7/15 | | | 24.0 | 19,353 | | | | | | | | | | | | |
| 7/16 | | | 24.0 | 19,353 | | | | | | | | | | | | |
| 7/17 | X | | 24.0 | 19,353 | | 1.3 | | | | | | | | 0.7 | | |
| 7/18 | X | | 24.0 | 9,510 | | 1.3 | | | | | | | | 0.7 | | |
| 7/19 | X | | 24.0 | 9,690 | | 1.3 | | | | | | | | 0.8 | | |
| 7/20 | X | | 24.0 | 8,290 | | 1.2 | | | | | | | | 0.6 | | |
| 7/21 | X | | 24.0 | 10,660 | | 1.2 | | | | | | | | 0.6 | | |
| 7/22 | | | 24.0 | 10,073 | | | | | | | | | | | | |
| 7/23 | | | 24.0 | 10,073 | | | | | | | | | | | | |
| 7/24 | X | | 24.0 | 10,073 | | 1.2 | | | | | | | | 0.6 | | |
| 7/25 | X | | 24.0 | 9,740 | | 1.2 | | | | | | | | 0.6 | | |
| 7/26 | X | | 24.0 | 13,930 | | 1.2 | | | | | | | | 0.4 | | |
| 7/27 | X | | 24.0 | 9,400 | | 1.2 | | | | | | | | 0.4 | | |
| 7/28 | X | | 24.0 | 9,000 | | 1.1 | | | | | | | | 0.4 | | |
| 7/29 | | | 24.0 | 10,373 | | | | | | | | | | | | |
| 7/30 | | | 24.0 | 10,373 | | | | | | | | | | | | |
| 7/31 | X | | 24.0 | 10,373 | | 1.1 | | | | | | | | 0.4 | | |
| Total | | | | 333,470 | | | | | | | | | | | | |
| Average | | | | 10,757 | | | | | | | | | | | | |
| Maximum | | | | 19,353 | | | | | | | | | | | | |

* 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: August, 2006

A. Public Water System (PWS) Information

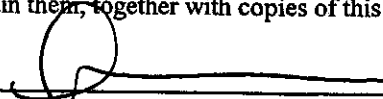
| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | 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@aquaaamerica.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 | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | D | |
| Operator Name | License Number | License Class | License Number | Days 1st Shift Worked | | |
| Paul Thompson | 7251 | A | 7251 | Days 1st Shift | | |
| David Haring | 14091 | C | 14091 | Days 1st Shift | | |
| Ralph Marriott | 7527 | C | 7527 | Days 1st Shift | | |
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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, together with copies of this report, at a convenient location for at least ten years.

 8/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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: September, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--------------------------------------|--------------|
| PWS Name: | Welaka Mobile Home Park | | | PWS Identification Number: | 2541242 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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: | PO Box 490310 | City: | Eesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | Contact Person's Fax Number: | | (352) 787-6333 | |
| Contact Person's E-Mail Address: | bheath@aquaaamerica.com | | | | |

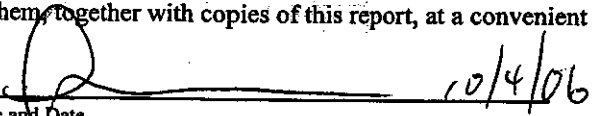
B. Water Treatment Plant Information

| | | | | | |
|---|--|---|---------|-------------------------|----------------|
| Plant Name: | Welaka Mobile Home Park | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Hamilton Road | City: | Satsuma | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | | |
|--|-------------|---|----------------|--------|
| Name | License No. | Plant No. | Shift | Worked |
| Paul Thompson | A | 1251 | Days 1st Shift | |
| David Haring | C | 14091 | Days 1st Shift | |
| Ralph Marriott | C | 7527 | Days 1st Shift | |
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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 together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  10/4/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: September, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Time | Flow (MGD) | Plant | Chlorine | | | | pH | Temperature (°F) | Total Chlorine (mg/L) | Free Chlorine (mg/L) | Combined Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Ultraviolet Radiation (mJ/cm²) | Other (Describe) | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Impacts Public Water System Components or Operations |
|------|------|------------|-------|----------------|-----------------|----------------------|--------------------------|----|------------------|-----------------------|----------------------|--------------------------|-------------------------|--------------|--------------------------------|------------------|--|
| | | | | Applied (mg/L) | Residual (mg/L) | Free Chlorine (mg/L) | Combined Chlorine (mg/L) | | | | | | | | | | |
| X | 2400 | 8,420 | | | | | | | | | | | | | | | 0.9 |
| | 2400 | 7,087 | | | | | | | | | | | | | | | |
| | 2400 | 7,087 | | | | | | | | | | | | | | | |
| X | 2400 | 7,087 | | | | | | | | | | | | | | | 0.9 |
| X | 2400 | 8,040 | | | | | | | | | | | | | | | 0.6 |
| X | 2400 | 8,470 | | | | | | | | | | | | | | | 0.6 |
| X | 2400 | 8,270 | | | | | | | | | | | | | | | 0.8 |
| X | 2400 | 8,440 | | | | | | | | | | | | | | | 1.0 |
| | 2400 | 9,403 | | | | | | | | | | | | | | | |
| | 2400 | 9,403 | | | | | | | | | | | | | | | |
| X | 2400 | 9,403 | | | | | | | | | | | | | | | 0.9 |
| X | 2400 | 9,320 | | | | | | | | | | | | | | | 0.8 |
| X | 2400 | 8,510 | | | | | | | | | | | | | | | 0.8 |
| X | 2400 | 8,670 | | | | | | | | | | | | | | | 0.8 |
| X | 2400 | 8,380 | | | | | | | | | | | | | | | 0.3 |
| | 2400 | 8,723 | | | | | | | | | | | | | | | |
| | 2400 | 8,723 | | | | | | | | | | | | | | | |
| X | 2400 | 8,723 | | | | | | | | | | | | | | | 0.7 |
| X | 2400 | 11,080 | | | | | | | | | | | | | | | 0.7 |
| X | 2400 | 5,690 | | | | | | | | | | | | | | | 0.8 |
| X | 2400 | 9,180 | | | | | | | | | | | | | | | 0.6 |
| X | 2400 | 9,160 | | | | | | | | | | | | | | | 0.5 |
| | 2400 | 9,680 | | | | | | | | | | | | | | | |
| | 2400 | 9,680 | | | | | | | | | | | | | | | |
| X | 2400 | 9,680 | | | | | | | | | | | | | | | 0.4 |
| X | 2400 | 8,490 | | | | | | | | | | | | | | | 0.4 |
| X | 2400 | 9,040 | | | | | | | | | | | | | | | 0.6 |
| X | 2400 | 9,440 | | | | | | | | | | | | | | | 0.3 |
| X | 2400 | 7,980 | | | | | | | | | | | | | | | 1.1 |
| | 2400 | 9,203 | | | | | | | | | | | | | | | |
| | 2400 | 259,463 | | | | | | | | | | | | | | | |
| | | 8,370 | | | | | | | | | | | | | | | |
| | | 11,080 | | | | | | | | | | | | | | | |

* 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: October, 2006

A. Public Water System (PWS) Information

| | |
|--|--|
| PWS Name: Welaka Mobile Home Park | PWS Identification Number: 2541242 |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: PO Box 190110 | City: De Soto State: Florida Zip Code: 34749 |
| Contact Person's Telephone Number: (352) 787-6333 | Contact Person's Fax Number: (352) 787-6333 |
| Contact Person's E-Mail Address: bheath@aquafamena.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): D |
| Operator Information | Days/Shifts Worked |
| Name: Paul Thompson | Days/Shifts Worked: 725 |
| Name: David Baang | Days/Shifts Worked: 140 |
| Name: Ralph Martin | Days/Shifts Worked: 352 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 11/3/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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: November, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Welaka Mobile Home Park | | PWS Identification Number: 2541242 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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: 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@aquaaamerica.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 |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32189 | |
| 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.): D | |

| Licensed Operators | Name | License/Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

12/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: November, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Started or Visited by Operator | Hours plant in Operation | Net Quantity of Finished Water Produced (gals) | CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Staking Water System Components Out of Operation | |
|--------------|---|--------------------------|--|--|---|--|--|--------------------|--------------------|--------------------------------|--|--|---|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer's During Peak Flowing (mg/L) | Disinfectant Contact Time (T) at Measurement Point During Peak Flowing (minutes) | Lowest CT Before or at First Customer's During Peak Flowing (mg-min/L) | Temp of Water (°C) | Temp of Water (°F) | Minimum CT Required (mg-min/L) | Lowest Operating UV Dose (mW-sec/cm ²) | Minimum UV Dose Required (mW-sec/cm ²) | Day's Residual Disinfectant Concentration Remains in Distribution System (mg/L) | | |
| 1 | X | 24.0 | 9,600 | | 1.3 | | | | | | | | | 0.5 | |
| 2 | X | 24.0 | 9,020 | | 2.5 | | | | | | | | | 1.5 | |
| 3 | X | 24.0 | 9,050 | | 2.0 | | | | | | | | | 1.0 | |
| 4 | | 24.0 | 9,887 | | | | | | | | | | | | |
| 5 | | 24.0 | 9,887 | | | | | | | | | | | | |
| 6 | X | 24.0 | 9,887 | | 1.5 | | | | | | | | | 0.9 | |
| 7 | X | 24.0 | 12,470 | | 1.5 | | | | | | | | | 0.9 | |
| 8 | X | 24.0 | 11,340 | | 1.5 | | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 11,360 | | 1.5 | | | | | | | | | 0.8 | |
| 10 | X | 24.0 | 10,460 | | 1.5 | | | | | | | | | 0.8 | |
| 11 | | 24.0 | 11,333 | | | | | | | | | | | | |
| 12 | | 24.0 | 11,333 | | | | | | | | | | | | |
| 13 | X | 24.0 | 11,333 | | 1.5 | | | | | | | | | 0.9 | |
| 14 | X | 24.0 | 11,980 | | 1.5 | | | | | | | | | 0.9 | |
| 15 | X | 24.0 | 11,260 | | 1.3 | | | | | | | | | 0.6 | |
| 16 | X | 24.0 | 10,940 | | 1.2 | | | | | | | | | 0.5 | |
| 17 | X | 24.0 | 11,070 | | 0.4 | | | | | | | | | 0.2 | |
| 18 | | 24.0 | 12,277 | | | | | | | | | | | | |
| 19 | | 24.0 | 12,277 | | | | | | | | | | | | |
| 20 | X | 24.0 | 12,277 | | 1.3 | | | | | | | | | 0.7 | |
| 21 | X | 24.0 | 12,350 | | 1.2 | | | | | | | | | 0.7 | |
| 22 | X | 24.0 | 12,260 | | 1.3 | | | | | | | | | 0.7 | |
| 23 | X | 24.0 | 11,260 | | 1.2 | | | | | | | | | 0.6 | |
| 24 | X | 24.0 | 11,760 | | 1.0 | | | | | | | | | 0.5 | |
| 25 | | 24.0 | 12,967 | | | | | | | | | | | | |
| 26 | | 24.0 | 12,967 | | | | | | | | | | | | |
| 27 | X | 24.0 | 12,967 | | 0.8 | | | | | | | | | 0.4 | |
| 28 | X | 24.0 | 11,690 | | 0.8 | | | | | | | | | 0.4 | |
| 29 | X | 24.0 | 11,380 | | 1.0 | | | | | | | | | 0.5 | |
| 30 | X | 24.0 | 11,900 | | 0.6 | | | | | | | | | 0.3 | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 340,540 | | | | | | | | | | | | |
| Average | | | 10,985 | | | | | | | | | | | | |
| Maximum | | | 12,967 | | | | | | | | | | | | |

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

| | | | |
|--|--|---|-----------------------|
| PWS Name: <u>Welaka Mobile Home Park</u> | | PWS Identification Number: <u>2541242</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>108</u> | | Total Population Served at End of Month: <u>324</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | Zip Code: <u>34749</u> | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |

B. Water Treatment Plant Information

| | | | |
|--|--|---|-----------------------|
| Plant Name: <u>Welaka Mobile Home Park</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
| Plant Address: <u>Hamilton Road</u> | | City: <u>Satsuma</u> | State: <u>Florida</u> |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: <u>32189</u> | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>108,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | | |

| License Operator | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | | |
|-----------------------|---------------|--|-----------------------|-----------------------|
| Operator Name | License Class | License Number | Days 1st Shift Worked | Days 2nd Shift Worked |
| <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> | |
| <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> | |
| <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|--|--|-------------------------|
| | Paul Thompson Printed or Typed Name | A7251 License Number |
|--|--|-------------------------|

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

PWS Identification Number: 2541242 Plant Name: Welaka Mobile Home Park

III. Daily Data for the Month/Year of: December, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date of Month | Plant Operation | Hours plant in operation | New volume of finished water produced (gallons) | Calculations for Free Chlorine Residual (mg/L) at Distribution System | | | | | | | | | | Residual (mg/L) at Distribution System | Frequency of Abnormal Conditions Reported or Maintenance Work Done on the Distribution System Components | |
|---------------|-----------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| | | | | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | Free Chlorine Concentration (mg/L) at Distribution System | | | |
| 1 | X | 24.0 | 13,130 | 1.0 | | | | | | | | | | | 0.3 | |
| | | 24.0 | 11,840 | | | | | | | | | | | | | |
| | | 24.0 | 11,840 | | | | | | | | | | | | | |
| | X | 24.0 | 11,840 | 0.6 | | | | | | | | | | | 0.2 | |
| | X | 24.0 | 12,010 | 0.8 | | | | | | | | | | | 0.3 | |
| | X | 24.0 | 11,340 | 3.5 | | | | | | | | | | | 3.0 | |
| | X | 24.0 | 14,150 | 2.0 | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 10,820 | 2.2 | | | | | | | | | | | 0.7 | |
| | | 24.0 | 10,493 | | | | | | | | | | | | | |
| | | 24.0 | 10,493 | | | | | | | | | | | | | |
| | X | 24.0 | 10,493 | 2.0 | | | | | | | | | | | 1.1 | |
| | X | 24.0 | 15,280 | 1.5 | | | | | | | | | | | 1.0 | |
| | X | 24.0 | 5,110 | 1.7 | | | | | | | | | | | 1.1 | |
| | X | 24.0 | 9,670 | 1.7 | | | | | | | | | | | 1.0 | |
| | X | 24.0 | 10,070 | 1.7 | | | | | | | | | | | 1.0 | |
| | | 24.0 | 11,323 | | | | | | | | | | | | | |
| | | 24.0 | 11,323 | | | | | | | | | | | | | |
| | X | 24.0 | 11,323 | 1.3 | | | | | | | | | | | 0.9 | |
| | X | 24.0 | 12,370 | 1.5 | | | | | | | | | | | 1.0 | |
| | X | 24.0 | 9,930 | 1.3 | | | | | | | | | | | 0.8 | |
| | X | 24.0 | 9,300 | 1.2 | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 8,980 | 1.2 | | | | | | | | | | | 0.5 | |
| | | 24.0 | 10,257 | | | | | | | | | | | | | |
| | | 24.0 | 10,257 | | | | | | | | | | | | | |
| | X | 24.0 | 10,257 | 1.3 | | | | | | | | | | | 0.5 | |
| | X | 24.0 | 9,570 | 1.0 | | | | | | | | | | | 0.4 | |
| | X | 24.0 | 8,840 | 1.2 | | | | | | | | | | | 0.4 | |
| | X | 24.0 | 10,100 | 1.0 | | | | | | | | | | | 0.4 | |
| | X | 24.0 | 10,400 | 1.5 | | | | | | | | | | | 0.6 | |
| | | 24.0 | 11,026 | | | | | | | | | | | | | |
| | | 24.0 | 11,026 | | | | | | | | | | | | | |
| | | | 334,862 | | | | | | | | | | | | | |
| | | | 10,802 | | | | | | | | | | | | | |
| | | | 15,280 | | | | | | | | | | | | | |

* 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

| | |
|-----------------|-------------------------------------|
| PWS ID: 2541242 | Plant Name: Welaka Mobile Home Park |
|-----------------|-------------------------------------|

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| |
|--|
| Type of Sequestrant (polyphosphate or sodium silicate): |
| Sequestrant Dose, mg/L of phosphate 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.

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: January, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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: bheath@aquaaamerica.com | | | |

B. Water Treatment Plant Information

| Plant Name: Sarasota Harbor | | Plant Telephone Number: (352) 787-0980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|---|----------------------|---------------|------|----------------|----------------------|---------------------|---------------|------|----------------|----------------|--------------|-------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Plant Address: Gibbs Avenue | | City: Satsuma | State: Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">License Class</th> <th style="width: 30%;">Name</th> <th style="width: 15%;">License Number</th> <th style="width: 40%;">Days/Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Lead/Chief Operator</td> <td>Paul Thompson</td> <td>7251</td> <td>Days 1st Shift</td> </tr> <tr> <td>Other Operator</td> <td>David Haring</td> <td>14091</td> <td>Days 1st Shift</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | License Class | Name | License Number | Days/Shift(s) Worked | Lead/Chief Operator | Paul Thompson | 7251 | Days 1st Shift | Other Operator | David Haring | 14091 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License Class | Name | License Number | Days/Shift(s) Worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead/Chief Operator | Paul Thompson | 7251 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Operator | David Haring | 14091 | Days 1st Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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, together with copies of this report, at a convenient location for at least ten years.

2/7/06
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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: January, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Disinfectant Applied | Flow Rate (MGD) | Disinfectant Applied (MG) | Free Chlorine Residual (mg/L) | Combined Chlorine Residual (mg/L) | Chlorine Dioxide Residual (mg/L) | Ozone Residual (mg/L) | Combined Chlorine (Chloramines) Residual (mg/L) | Chlorine Dioxide Residual (mg/L) | Total Residual (mg/L) | Notes |
|--------------|----------------------|-----------------|---------------------------|-------------------------------|-----------------------------------|----------------------------------|-----------------------|---|----------------------------------|-----------------------|-------|
| 1 | X | 24.0 | 13,250 | | | | | | | | |
| 2 | X | 24.0 | 13,250 | 1.5 | | | | | | 0.3 | |
| 3 | X | 24.0 | 10,600 | 1.7 | | | | | | 0.4 | |
| 4 | X | 24.0 | 5,600 | 1.5 | | | | | | 0.3 | |
| 5 | X | 24.0 | 10,700 | 1.7 | | | | | | 0.3 | |
| 6 | X | 24.0 | 5,600 | 1.7 | | | | | | 0.3 | |
| 7 | | 24.0 | 8,567 | | | | | | | | |
| 8 | | 24.0 | 8,567 | | | | | | | | |
| 9 | X | 24.0 | 8,567 | 1.5 | | | | | | 0.3 | |
| 10 | X | 24.0 | | 1.6 | | | | | | 0.4 | |
| 11 | X | 24.0 | 10,700 | 1.5 | | | | | | 0.3 | |
| 12 | X | 24.0 | 5,500 | 1.7 | | | | | | 0.4 | |
| 13 | X | 24.0 | 10,100 | 1.8 | | | | | | 0.4 | |
| 14 | | 24.0 | 6,933 | | | | | | | | |
| 15 | | 24.0 | 6,933 | | | | | | | | |
| 16 | X | 24.0 | 6,933 | 1.7 | | | | | | 0.3 | |
| 17 | X | 24.0 | 10,900 | 1.7 | | | | | | 0.3 | |
| 18 | X | 24.0 | 5,300 | 1.7 | | | | | | 0.3 | |
| 19 | X | 24.0 | 8,400 | 1.6 | | | | | | 0.3 | |
| 20 | X | 24.0 | 7,100 | 1.7 | | | | | | 0.3 | |
| 21 | | 24.0 | 10,667 | | | | | | | | |
| 22 | | 24.0 | 10,667 | | | | | | | | |
| 23 | X | 24.0 | 10,667 | 2.5 | | | | | | 0.9 | |
| 24 | X | 24.0 | 5,200 | 2.6 | | | | | | 1.0 | |
| 25 | X | 24.0 | 10,200 | 2.6 | | | | | | 1.0 | |
| 26 | X | 24.0 | 5,400 | 2.5 | | | | | | 1.0 | |
| 27 | X | 24.0 | 10,500 | 2.5 | | | | | | 1.0 | |
| 28 | | 24.0 | 9,500 | | | | | | | | |
| 29 | | 24.0 | 9,500 | | | | | | | | |
| 30 | X | 24.0 | 9,500 | 1.6 | | | | | | 0.6 | |
| 31 | X | 24.0 | 10,800 | 1.4 | | | | | | 0.4 | |
| Total | | | 266,100 | | | | | | | | |
| Average | | | | 8,584 | | | | | | | |
| Maximum | | | | 13,250 | | | | | | | |

* 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, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: | Saratoga Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 50 | Total Population Served at End 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: | Leesburg |
| | | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | Zip Code: | 34749 |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | Contact Person's Fax Number: | (352) 787-6333 |

B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| Plant Name: | Sarasota Harbor | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Gibbs Avenue | City: | Satsuma |
| | | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C |
| Licensed Operator | Name | License Class | License Number |
| Lead/Chief Operator | Paul Thompson | A | 7251 |
| Chief Operator | David Haring | C | 14091 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 3/6/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: February, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Day of Week | Days Plant Operated | Source of Water | Flow (MGD) | Chlorine Applied (MG) | Chlorine Residual (MG/L) | Chlorine Demand (MG/L) | Chlorine Dioxide Applied (MG) | Chlorine Dioxide Residual (MG/L) | Chlorine Dioxide Demand (MG/L) | Ozone Applied (MG) | Ozone Residual (MG/L) | Ozone Demand (MG/L) | Combined Chlorine (Chloramines) Applied (MG) | Combined Chlorine (Chloramines) Residual (MG/L) | Combined Chlorine (Chloramines) Demand (MG/L) | Total Disinfectant Applied (MG) | Total Disinfectant Residual (MG/L) | Total Disinfectant Demand (MG/L) | Average of Annual Operating Conditions of Virus Inactivation/Removal in the Water System (Component of Operation) |
|-----------|-------------|---------------------|-----------------|------------|-----------------------|--------------------------|------------------------|-------------------------------|----------------------------------|--------------------------------|--------------------|-----------------------|---------------------|--|---|---|---------------------------------|------------------------------------|----------------------------------|---|
| | | | | | | | | | | | | | | | | | | | | |
| 1/29 | | X | 24.0 | 5,200 | | 1.5 | | | | | | | | | | | | | | 0.5 |
| 1/30 | | X | 24.0 | 5,200 | | 1.7 | | | | | | | | | | | | | | 0.4 |
| 1/31 | | X | 24.0 | 10,900 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/1 | | | 24.0 | 6,933 | | | | | | | | | | | | | | | | |
| 2/2 | | | 24.0 | 6,933 | | | | | | | | | | | | | | | | 0.3 |
| 2/3 | | X | 24.0 | 5,200 | | 1.2 | | | | | | | | | | | | | | 0.6 |
| 2/4 | | X | 24.0 | 10,300 | | 1.5 | | | | | | | | | | | | | | 0.4 |
| 2/5 | | X | 24.0 | 5,100 | | 1.4 | | | | | | | | | | | | | | 0.4 |
| 2/6 | | X | 24.0 | 10,400 | | 1.4 | | | | | | | | | | | | | | 0.4 |
| 2/7 | | | 24.0 | 6,667 | | | | | | | | | | | | | | | | |
| 2/8 | | | 24.0 | 6,667 | | | | | | | | | | | | | | | | |
| 2/9 | | X | 24.0 | 6,667 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/10 | | X | 24.0 | 10,600 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/11 | | X | 24.0 | 5,200 | | 1.1 | | | | | | | | | | | | | | 0.3 |
| 2/12 | | X | 24.0 | 11,100 | | 1.1 | | | | | | | | | | | | | | 0.3 |
| 2/13 | | X | 24.0 | 10,400 | | 1.3 | | | | | | | | | | | | | | 0.3 |
| 2/14 | | | 24.0 | 8,767 | | | | | | | | | | | | | | | | |
| 2/15 | | | 24.0 | 8,767 | | | | | | | | | | | | | | | | |
| 2/16 | | X | 24.0 | 8,767 | | 1.1 | | | | | | | | | | | | | | 0.3 |
| 2/17 | | X | 24.0 | 10,200 | | 1.2 | | | | | | | | | | | | | | 0.2 |
| 2/18 | | X | 24.0 | 7,800 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/19 | | X | 24.0 | 7,700 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/20 | | X | 24.0 | 10,600 | | 1.1 | | | | | | | | | | | | | | 0.3 |
| 2/21 | | | 24.0 | 8,667 | | | | | | | | | | | | | | | | |
| 2/22 | | | 24.0 | 8,667 | | | | | | | | | | | | | | | | |
| 2/23 | | X | 24.0 | 8,667 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/24 | | X | 24.0 | 10,600 | | 1.2 | | | | | | | | | | | | | | 0.3 |
| 2/25 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/26 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/27 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/28 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/29 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/30 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/31 | | | 24.0 | | | | | | | | | | | | | | | | | |
| 2/Total | | | | 229,600 | | | | | | | | | | | | | | | | |
| 2/Maximum | | | | 7,406 | | | | | | | | | | | | | | | | |
| 2/Minimum | | | | 11,100 | | | | | | | | | | | | | | | | |

* 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: March, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|---|--|
| PWS Name: <u>Saratoga Harbor</u> | | PWS Identification Number: <u>2541008</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>30</u> | | Total Population Served at End of Month: <u>175</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>bheath@aguaamerica.com</u> | | | |

B. Water Treatment Plant Information

| Plant Name: <u>Sarasota Harbor</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | | |
|--|----------------------|--|--|-----------------------|
| Plant Address: <u>Gibbs Avenue</u> | | City: <u>Satsuma</u> | State: <u>Florida</u> Zip Code: <u>32189</u> | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u> | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u> | | |
| Licensed Operators | Name | License Class | License Number | Days 1st Shift Worked |
| Lead/Chief Operator | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u></u> |
| Other Operators | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <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, together with copies of this report, at a convenient location for at least ten years.

4/6/06
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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: March, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Disinfection Method | Flow (MGD) | Residual (mg/L) | Concentration of Disinfectant (mg/L) | | | | | | | | | | Residual at Point of Distribution (mg/L) | Remarks or Abnormal Operating Conditions (Reason for Maintenance, Work that Involves Taking Water System Components Out of Operation) | | | |
|--------------|---------------------|------------|-----------------|--------------------------------------|------------------|-------|-------------------|-------------|-------|---------------|------------------|-------|-------------------|--|---|-------------|-------|--|
| | | | | Free Chlorine | Chlorine Dioxide | Ozone | Combined Chlorine | Chloramines | Other | Free Chlorine | Chlorine Dioxide | Ozone | Combined Chlorine | | | Chloramines | Other | |
| 1 | X | 24.0 | 5,800 | | | | | | | | | | | | | | 0.4 | |
| 2 | X | 24.0 | 10,600 | | | | | | | | | | | | | | 0.4 | |
| 3 | X | 24.0 | 5,400 | | | | | | | | | | | | | | 0.4 | |
| 4 | | 24.0 | 9,067 | | | | | | | | | | | | | | | |
| 5 | | 24.0 | 9,067 | | | | | | | | | | | | | | | |
| 6 | X | 24.0 | 9,067 | | | | | | | | | | | | | | 0.6 | |
| 7 | X | 24.0 | 10,500 | | | | | | | | | | | | | | 0.5 | |
| 8 | X | 24.0 | 5,100 | | | | | | | | | | | | | | 0.5 | |
| 9 | X | 24.0 | | | | | | | | | | | | | | | 0.8 | |
| 10 | X | 24.0 | | | | | | | | | | | | | | | 0.5 | |
| 11 | | 24.0 | | | | | | | | | | | | | | | | |
| 12 | | 24.0 | | | | | | | | | | | | | | | | |
| 13 | X | 24.0 | | | | | | | | | | | | | | | 0.5 | |
| 14 | X | 24.0 | | | | | | | | | | | | | | | 0.6 | |
| 15 | X | 24.0 | 18,400 | | | | | | | | | | | | | | 0.5 | |
| 16 | X | 24.0 | 5,400 | | | | | | | | | | | | | | 0.3 | |
| 17 | X | 24.0 | 16,300 | | | | | | | | | | | | | | 0.3 | |
| 18 | | 24.0 | 1,600 | | | | | | | | | | | | | | | |
| 19 | | 24.0 | 1,600 | | | | | | | | | | | | | | | |
| 20 | X | 24.0 | 1,600 | | | | | | | | | | | | | | 0.3 | |
| 21 | X | 24.0 | 9,300 | | | | | | | | | | | | | | 0.5 | |
| 22 | X | 24.0 | 11,000 | | | | | | | | | | | | | | 0.5 | |
| 23 | X | 24.0 | 3,300 | | | | | | | | | | | | | | 0.7 | |
| 24 | X | 24.0 | 36,000 | | | | | | | | | | | | | | 0.6 | |
| 25 | | 24.0 | 9,200 | | | | | | | | | | | | | | | |
| 26 | | 24.0 | 9,200 | | | | | | | | | | | | | | | |
| 27 | X | 24.0 | 9,200 | | | | | | | | | | | | | | 0.3 | |
| 28 | X | 24.0 | | | | | | | | | | | | | | | 0.4 | |
| 29 | X | 24.0 | 9,200 | | | | | | | | | | | | | | 0.3 | |
| 30 | X | 24.0 | 19,100 | | | | | | | | | | | | | | 0.3 | |
| 31 | X | 24.0 | 19,700 | | | | | | | | | | | | | | 0.3 | |
| Total | | | 244,700 | | | | | | | | | | | | | | | |
| Average | | | 7,894 | | | | | | | | | | | | | | | |
| Maximum | | | 36,000 | | | | | | | | | | | | | | | |

* 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 2006

A. Public Water System (PWS) Information

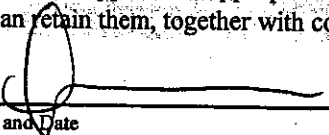
| | | | | | |
|--|---|--|--|--|-----------------------|
| PWS Name: | <u>Saratoga Harbor</u> | | | PWS Identification Number: | <u>2541008</u> |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | <u>50</u> | | | Total Population Served at End of Month: | <u>175</u> |
| PWS Owner: | <u>Aqua Utilities Florida</u> | | | | |
| Contact Person: | <u>Brian Heath</u> | | | Contact Person's Title: | <u>Area Manager</u> |
| Contact Person's Mailing Address: | <u>PO Box 490310</u> | City: | <u>Leesburg</u> | State: | <u>Florida</u> |
| Contact Person's Telephone Number: | <u>(352) 787-0980</u> | | | Contact Person's Fax Number: | <u>(352) 787-6333</u> |
| Contact Person's E-Mail Address: | <u>beheath@aquamerica.com</u> | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|---------------|----------------|--|-----------------------|
| Plant Name: | <u>Sarasota Harbor</u> | | | Plant Telephone Number: | <u>(352) 787-0980</u> |
| Plant Address: | <u>Gibbs Avenue</u> | | | City: | <u>Satsuma</u> |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | | <input type="checkbox"/> Purchased Finished Water | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | <u>200,000</u> | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <u>TV</u> | | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u> | |
| Licensed Operator | Name | License Class | License Number | Days/Shift(s) Worked | |
| Lead/Chief Operator | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> | |
| Other Operator | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> | |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

 5/4/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541008 | Plant Name: Saratoga Harbor

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

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | System | Free Chlorine (mg/L) | Combined Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Other (mg/L) | Notes |
|--------------|--------|----------------------|--------------------------|-------------------------|--------------|-------|
| 1 | | 24.0 | 9,233 | | | |
| 2 | | 24.0 | 9,233 | | | |
| 3 | X | 24.0 | 9,233 | | 1.08 | |
| 4 | X | 24.0 | 16,500 | | 1.5 | |
| 5 | X | 24.0 | 10,800 | | 1.2 | |
| 6 | X | 24.0 | 10,000 | | 1.3 | |
| 7 | X | 24.0 | 17,800 | | 1.4 | |
| 8 | | 24.0 | 9,200 | | | |
| 9 | | 24.0 | 9,200 | | | |
| 10 | X | 24.0 | 9,200 | | 0.8 | |
| 11 | X | 24.0 | 9,700 | | 0.8 | |
| 12 | X | 24.0 | 8,700 | | 0.7 | |
| 13 | X | 24.0 | 8,800 | | 1.1 | |
| 14 | X | 24.0 | 8,900 | | 1.1 | |
| 15 | | 24.0 | 13,333 | | | |
| 16 | | 24.0 | 13,333 | | | |
| 17 | X | 24.0 | 13,333 | | 0.9 | |
| 18 | X | 24.0 | 9,000 | | 0.9 | |
| 19 | X | 24.0 | 9,100 | | 1.6 | |
| 20 | X | 24.0 | 8,400 | | 1.3 | |
| 21 | X | 24.0 | 9,545 | | 1.4 | |
| 22 | | 24.0 | 5,233 | | | |
| 23 | | 24.0 | 5,233 | | | |
| 24 | X | 24.0 | 5,233 | | 1.0 | |
| 25 | X | 24.0 | 10,400 | | 1.2 | |
| 26 | X | 24.0 | 7,800 | | 1.0 | |
| 27 | X | 24.0 | 9,800 | | 1.0 | |
| 28 | X | 24.0 | 12,600 | | 1.2 | |
| 29 | | 24.0 | 13,700 | | | |
| 30 | | 24.0 | 13,700 | | | |
| 31 | | 24.0 | | | | |
| AVG | | | 305,445 | | | |
| Average | | | 9,853 | | | |
| Maximum | | | 17,800 | | | |

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER DR. SUPPLIED THROUGH SHL...



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--|
| PWS Name: | <u>Sarasota Harbor</u> | PWS Identification Number: | <u>2541008</u> |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | <u>50</u> | Total Population Served at End of Month: | <u>175</u> |
| PWS Owner: | <u>Aqua Utilities Florida</u> | | |
| Contact Person: | <u>Brian Heath</u> | Contact Person's Title: | <u>Area Manager</u> |
| Contact Person's Mailing Address: | <u>PO Box 490310</u> | City: | <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: | <u>(352) 787-0980</u> | Contact Person's Fax Number: | <u>(352) 787-6333</u> |
| Contact Person's E-Mail Address: | <u>bheath@aquamedia.com</u> | | |

B. Water Treatment Plant Information

| | | | |
|---|--|---|---|
| Plant Name: | <u>Sarasota Harbor</u> | Plant Telephone Number: | <u>(352) 787-0980</u> |
| Plant Address: | <u>Gibbs Avenue</u> | City: | <u>Satsuma</u> State: <u>Florida</u> Zip Code: <u>32189</u> |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | <u>200,000</u> | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | <u>C</u> |

| Operator Name | License No. | Days 1st Shift |
|----------------------|--------------|----------------|
| <u>Paul Thompson</u> | <u>7251</u> | <u></u> |
| <u>David Harting</u> | <u>14091</u> | <u></u> |
| <u>John Martlett</u> | <u>7527</u> | <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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 5/6/06 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: May, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day | Time | Flow (MGD) | Chlorine (lb) | Chlorine Dioxide (lb) | Ozone (lb) | Combined Chlorine (lb) | Free Chlorine (lb) | Chlorine Dioxide (lb) | Ozone (lb) | Combined Chlorine (lb) | Free Chlorine (lb) | Chlorine Dioxide (lb) | Ozone (lb) | Combined Chlorine (lb) | Free Chlorine (lb) | Chlorine Dioxide (lb) | Ozone (lb) | Combined Chlorine (lb) | |
|-----|------|------------|---------------|-----------------------|------------|------------------------|--------------------|-----------------------|------------|------------------------|--------------------|-----------------------|------------|------------------------|--------------------|-----------------------|------------|------------------------|-----|
| X | 24.0 | 13,700 | | | | | | | | | | | | | | | | | 0.2 |
| X | 24.0 | 10,100 | | | | | | | | | | | | | | | | | 0.3 |
| X | 24.0 | 9,200 | | | | | | | | | | | | | | | | | 0.4 |
| X | 24.0 | 10,900 | | | | | | | | | | | | | | | | | 0.5 |
| X | 24.0 | 5,800 | | | | | | | | | | | | | | | | | 0.4 |
| | 24.0 | 9,467 | | | | | | | | | | | | | | | | | |
| | 24.0 | 9,467 | | | | | | | | | | | | | | | | | 0.3 |
| X | 24.0 | 6,300 | | | | | | | | | | | | | | | | | 0.4 |
| X | 24.0 | 8,800 | | | | | | | | | | | | | | | | | 0.7 |
| X | 24.0 | 5,800 | | | | | | | | | | | | | | | | | 0.5 |
| X | 24.0 | 8,100 | | | | | | | | | | | | | | | | | 0.8 |
| | 24.0 | 12,367 | | | | | | | | | | | | | | | | | |
| | 24.0 | 12,367 | | | | | | | | | | | | | | | | | |
| X | 24.0 | 12,367 | | | | | | | | | | | | | | | | | 0.7 |
| X | 24.0 | 18,100 | | | | | | | | | | | | | | | | | 0.6 |
| X | 24.0 | 15,800 | | | | | | | | | | | | | | | | | 0.6 |
| X | 24.0 | 18,300 | | | | | | | | | | | | | | | | | 0.8 |
| X | 24.0 | 17,500 | | | | | | | | | | | | | | | | | 0.5 |
| | 24.0 | 19,333 | | | | | | | | | | | | | | | | | |
| | 24.0 | 19,333 | | | | | | | | | | | | | | | | | |
| X | 24.0 | 19,333 | | | | | | | | | | | | | | | | | 0.7 |
| X | 24.0 | 16,400 | | | | | | | | | | | | | | | | | 0.5 |
| X | 24.0 | 13,900 | | | | | | | | | | | | | | | | | 0.4 |
| X | 24.0 | 16,200 | | | | | | | | | | | | | | | | | 0.5 |
| X | 24.0 | 12,300 | | | | | | | | | | | | | | | | | 0.5 |
| | 24.0 | 17,433 | | | | | | | | | | | | | | | | | |
| | 24.0 | 17,433 | | | | | | | | | | | | | | | | | |
| X | 24.0 | 17,433 | | | | | | | | | | | | | | | | | 0.4 |
| X | 24.0 | 17,200 | | | | | | | | | | | | | | | | | 0.4 |
| X | 24.0 | 8,500 | | | | | | | | | | | | | | | | | 0.5 |
| | | 408,700 | | | | | | | | | | | | | | | | | |
| | | 13,184 | | | | | | | | | | | | | | | | | |
| | | 19,333 | | | | | | | | | | | | | | | | | |

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: June, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|---|--|
| PWS Name: <u>Saratoga Harbor</u> | | PWS Identification Number: <u>2541008</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>50</u> | | Total Population Served at End of Month: <u>175</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| | | | |
|--|-----------------------|--|--|
| Plant Name: <u>Sarasota Harbor</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
| Plant Address: <u>Gibbs Avenue</u> | | City: <u>Satsuma</u> | State: <u>Florida</u> Zip Code: <u>32189</u> |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u> | |
| Licensed Operators | Name | License Class | License Number Day(s) / Shift(s) Worked |
| Lead/Chief Operator: | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> <u>Days 1st Shift</u> |
| Other Operators: | <u>David Haring</u> | <u>C</u> | <u>14091</u> <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 7/6/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: June, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Saratoga Harbor | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|------------------|---|-----------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | |
| 1 | X | 24.0 | 13,800 | | 1.2 | | | | | | | | | | 0.7 | |
| 2 | X | 24.0 | 8,200 | | 1.0 | | | | | | | | | | 0.6 | |
| 3 | | 24.0 | 12,833 | | | | | | | | | | | | | |
| 4 | | 24.0 | 12,833 | | | | | | | | | | | | | |
| 5 | X | 24.0 | 12,833 | | 1.0 | | | | | | | | | | 0.5 | |
| 6 | X | 24.0 | 11,300 | | 0.8 | | | | | | | | | | 0.4 | |
| 7 | X | 24.0 | 11,800 | | 1.1 | | | | | | | | | | 0.7 | |
| 8 | X | 24.0 | 14,200 | | 1.2 | | | | | | | | | | 0.7 | |
| 9 | X | 24.0 | 8,600 | | 1.5 | | | | | | | | | | 0.8 | |
| 10 | | 24.0 | 13,267 | | | | | | | | | | | | | |
| 11 | | 24.0 | 13,267 | | | | | | | | | | | | | |
| 12 | X | 24.0 | 13,267 | | 0.8 | | | | | | | | | | 0.4 | |
| 13 | X | 24.0 | 8,200 | | 1.3 | | | | | | | | | | 0.5 | |
| 14 | X | 24.0 | 11,700 | | 1.0 | | | | | | | | | | 0.6 | |
| 15 | X | 24.0 | 14,000 | | 0.8 | | | | | | | | | | 0.6 | |
| 16 | X | 24.0 | 12,900 | | 1.2 | | | | | | | | | | 0.4 | |
| 17 | | 24.0 | 12,767 | | | | | | | | | | | | | |
| 18 | | 24.0 | 12,767 | | | | | | | | | | | | | |
| 19 | X | 24.0 | 12,767 | | 1.0 | | | | | | | | | | 0.5 | |
| 20 | X | 24.0 | 7,800 | | 0.8 | | | | | | | | | | 0.5 | |
| 21 | X | 24.0 | 11,000 | | 1.2 | | | | | | | | | | 0.8 | |
| 22 | X | 24.0 | 11,200 | | 1.2 | | | | | | | | | | 1.0 | |
| 23 | X | 24.0 | 13,200 | | 1.2 | | | | | | | | | | 0.5 | |
| 24 | | 24.0 | 2,633 | | | | | | | | | | | | | |
| 25 | | 24.0 | 2,633 | | | | | | | | | | | | | |
| 26 | X | 24.0 | 2,633 | | 1.1 | | | | | | | | | | 0.7 | |
| 27 | X | 24.0 | 36,300 | | 1.0 | | | | | | | | | | 0.6 | |
| 28 | X | 24.0 | 11,500 | | 1.3 | | | | | | | | | | 0.7 | |
| 29 | X | 24.0 | 4,300 | | 1.0 | | | | | | | | | | 0.7 | |
| 30 | X | 24.0 | 9,400 | | 1.2 | | | | | | | | | | 0.6 | |
| 31 | | 24.0 | | | | | | | | | | | | | | |
| Total | | | 343,900 | | | | | | | | | | | | | |
| Average | | | 11,094 | | | | | | | | | | | | | |
| Maximum | | | 36,300 | | | | | | | | | | | | | |

* 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: July, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): C | |
| Licensed Operator | Name | License Class | License Number |
| Lead/Chief Operator | Paul Thompson | A | 7251 |
| Other Operator | David Haring | C | 14091 |
| | Ralph Marriott | C | 7527 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

7/8/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: July, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Day of the Week | Plant Operator | Flow (MGD) | Chlorine Dose (mg/L) | Chlorine Calculations and Residuals | | | | | | | | Residual Concentration (mg/L) | Remarks |
|------------------|-----------------|----------------|------------|----------------------|-------------------------------------|----------------------|------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|-------------------------------|---------|
| | | | | | Flow (MGD) | Chlorine Dose (mg/L) | Chlorine Demand (mg/L) | Chlorine Residual (mg/L) | Chlorine Demand (mg/L) | Chlorine Residual (mg/L) | Chlorine Demand (mg/L) | Chlorine Residual (mg/L) | | |
| 7/1 | | | 24.0 | 12,500 | | | | | | | | | | |
| 7/2 | | | 24.0 | 12,500 | | | | | | | | | | |
| 7/3 | X | | 24.0 | 12,500 | | | 1.3 | | | | | | 0.7 | |
| 7/4 | X | | 24.0 | 13,600 | | | 1.1 | | | | | | 0.7 | |
| 7/5 | X | | 24.0 | 17,600 | | | 1.0 | | | | | | 0.8 | |
| 7/6 | X | | 24.0 | 8,000 | | | 1.0 | | | | | | 0.6 | |
| 7/7 | X | | 24.0 | 9,000 | | | 1.3 | | | | | | 0.8 | |
| 7/8 | | | 24.0 | 9,900 | | | | | | | | | | |
| 7/9 | | | 24.0 | 9,900 | | | | | | | | | | |
| 7/10 | X | | 24.0 | 9,900 | | | 1.3 | | | | | | 0.8 | |
| 7/11 | X | | 24.0 | 11,100 | | | 1.2 | | | | | | 0.8 | |
| 7/12 | X | | 24.0 | 9,200 | | | 1.2 | | | | | | 0.8 | |
| 7/13 | X | | 24.0 | 8,500 | | | 1.3 | | | | | | 0.8 | |
| 7/14 | X | | 24.0 | 11,500 | | | 1.3 | | | | | | 0.8 | |
| 7/15 | | | 24.0 | 11,933 | | | | | | | | | | |
| 7/16 | | | 24.0 | 11,933 | | | | | | | | | | |
| 7/17 | X | | 24.0 | 11,933 | | | 1.0 | | | | | | 0.7 | |
| 7/18 | X | | 24.0 | 8,100 | | | 1.3 | | | | | | 0.8 | |
| 7/19 | X | | 24.0 | 8,200 | | | 1.3 | | | | | | 0.8 | |
| 7/20 | X | | 24.0 | 10,800 | | | 1.0 | | | | | | 0.8 | |
| 7/21 | X | | 24.0 | 11,100 | | | 1.3 | | | | | | 0.8 | |
| 7/22 | | | 24.0 | 12,300 | | | | | | | | | | |
| 7/23 | | | 24.0 | 12,300 | | | | | | | | | | |
| 7/24 | X | | 24.0 | 12,300 | | | 1.0 | | | | | | 6.0 | |
| 7/25 | X | | 24.0 | 8,800 | | | 1.2 | | | | | | 0.7 | |
| 7/26 | X | | 24.0 | 8,100 | | | 1.0 | | | | | | 0.7 | |
| 7/27 | X | | 24.0 | 8,600 | | | 1.0 | | | | | | 0.7 | |
| 7/28 | X | | 24.0 | 11,100 | | | 1.3 | | | | | | 0.9 | |
| 7/29 | | | 24.0 | 11,467 | | | | | | | | | | |
| 7/30 | | | 24.0 | 11,467 | | | | | | | | | | |
| 7/31 | X | | 24.0 | 11,467 | | | 1.2 | | | | | | 0.6 | |
| 7/31 Total | | | | 337,600 | | | | | | | | | | |
| Average | | | | 10,890 | | | | | | | | | | |
| Minimum | | | | 17,600 | | | | | | | | | | |

* 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: August, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: | Saratoga Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 50 | Total Population Served at End 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: | 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: | bheath@aquamerica.com | | |

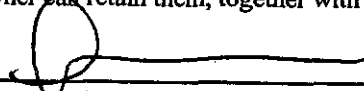
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): | C |

| Operator Name | License Class | License Number | Day(s) Shift(s) Worked |
|----------------|---------------|----------------|------------------------|
| Paul Thompson | A | 7251 | Days 1st Shift |
| David Haring | C | 14091 | Days 1st Shift |
| Ralph Marriott | C | 7527 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

 8/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

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

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day | Hour | Plant | Flow (MGD) | Free Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Combined Chlorine (mg/L) | Residual (mg/L) | Notes |
|-----|------|-------|------------|----------------------|-------------------------|--------------|--------------------------|-----------------|-------|
| X | 24.0 | | 8,600 | 1.0 | | | | 0.7 | |
| X | 24.0 | | 10,100 | 1.2 | | | | 0.7 | |
| X | 24.0 | | 10,500 | 1.0 | | | | 0.7 | |
| X | 24.0 | | 11,200 | 1.0 | | | | 0.5 | |
| | 24.0 | | 11,200 | | | | | | |
| | 24.0 | | 11,200 | | | | | | |
| X | 24.0 | | 11,200 | 1.0 | | | | 0.5 | |
| X | 24.0 | | 12,100 | 1.0 | | | | 0.5 | |
| X | 24.0 | | 10,500 | 0.8 | | | | 0.4 | |
| X | 24.0 | | 8,600 | 0.6 | | | | 0.3 | |
| X | 24.0 | | 11,000 | 0.8 | | | | 0.4 | |
| | 24.0 | | 12,993 | | | | | | |
| | 24.0 | | 12,993 | | | | | | |
| X | 24.0 | | 12,993 | 0.8 | | | | 0.3 | |
| X | 24.0 | | 11,100 | 0.6 | | | | 0.2 | |
| X | 24.0 | | 15,500 | 1.0 | | | | 0.4 | |
| X | 24.0 | | 12,400 | 1.0 | | | | 0.4 | |
| X | 24.0 | | 10,800 | 0.8 | | | | 0.3 | |
| | 24.0 | | 11,067 | | | | | | |
| | 24.0 | | 11,067 | | | | | | |
| X | 24.0 | | 11,067 | 0.8 | | | | 0.3 | |
| X | 24.0 | | 8,600 | 0.8 | | | | 0.3 | |
| X | 24.0 | | 11,300 | 0.8 | | | | 0.3 | |
| X | 24.0 | | 8,500 | 0.8 | | | | 0.3 | |
| X | 24.0 | | 10,900 | 2.5 | | | | 2.0 | |
| | 24.0 | | 11,367 | | | | | | |
| | 24.0 | | 11,367 | | | | | | |
| X | 24.0 | | 11,367 | 2.0 | | | | 1.5 | |
| X | 24.0 | | 8,100 | 1.1 | | | | 0.8 | |
| X | 24.0 | | 9,100 | 1.0 | | | | 0.6 | |
| X | 24.0 | | 8,500 | 1.0 | | | | 0.7 | |
| | | | 337,100 | | | | | | |
| | | | 10,874 | | | | | | |
| | | | 15,500 | | | | | | |

* 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: September, 2006

A. Public Water System (PWS) Information

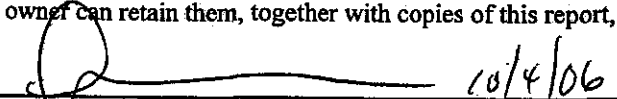
| | | | |
|--|--|--|--|
| PWS Name: | Sarasota Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | | Total Population Served at End 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: | Leeburg 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: | bheath@aquamerica.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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 200000 | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | B | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |
| Licensed Operators | | License Number | Days Shifts Worked |
| Paul Thompson | A | 7251 | Days 1st Shift |
| David Haring | C | 14091 | Days 1st Shift |
| Ralph Marriott | C | 7527 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  10/4/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--------------|
| PWS Name: | Sarasota Harbor | PWS Identification Number: | 2541008 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 50 | Total Population Served at End of Month: | 175 |
| PWS Owner: | Aqua America Florida | | |
| Contact Person: | Brian Heath | Contact Person's Title: | Area Manager |
| Contact Person's Mailing Address: | PO Box 490310 | City: | Lecsburg |
| Contact Person's Telephone Number: | (352) 787-0980 | State: | Florida |
| Contact Person's E-Mail Address: | bheath@aquamerica.com | Zip Code: | 34749 |
| Contact Person's Fax Number: | (352) 787-6333 | | |

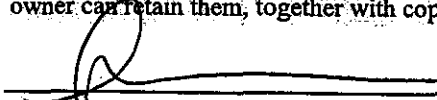
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| Plant Name: | Sarasota Harbor | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Gibbs Avenue | City: | Sarasota |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | State: | Florida |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 200,000 | Zip Code: | 32189 |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | Category IV | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |

| Employee Name | License Class | License Number | Days/Shift Worked |
|---------------|---------------|----------------|-------------------|
| Paul Thompson | A | 7251 | Days/Shift |
| David Brang | C | 7409 | Days/Shift |
| Ralph Macdon | C | 7527 | Days/Shift |
| | | | |
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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, together with copies of this report, at a convenient location for at least ten years.

 11/3/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: November, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days/Hours Served by Operator | Saratoga Harbor | Net Quantity of Finished Water Produced (gals) | CT-Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Remarks | |
|--------------|-------------------------------|-----------------|--|--|---|--|---|-------------------------------|-----------------------------|--|---|---|--|---------|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before and After Customer During Peak Flow, mg-min/L | Minimum CT Required, mg-min/L | UV Dose, mJ/cm ² | Minimum UV Dose Required, mJ/cm ² | Lowest Residual Disinfectant Concentration (C) at First Customer During Peak Flow, mg/L | Lowest UV Dose Provided, mJ/cm ² | Minimum UV Dose Required, mJ/cm ² | | |
| | X | 24.0 | 5,700 | | 1.3 | | | | | | | | | 0.7 | |
| | X | 24.0 | 13,000 | | 1.2 | | | | | | | | | 0.7 | |
| | X | 24.0 | 8,200 | | 1.5 | | | | | | | | | 0.9 | |
| | | 24.0 | 9,900 | | | | | | | | | | | | |
| | | 24.0 | 9,900 | | | | | | | | | | | | |
| | X | 24.0 | 9,900 | | 1.2 | | | | | | | | | 0.8 | |
| | X | 24.0 | 8,600 | | 1.2 | | | | | | | | | 0.7 | |
| | X | 24.0 | 9,700 | | 1.3 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,400 | | 1.4 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,400 | | 1.4 | | | | | | | | | 0.9 | |
| | | 24.0 | 12,333 | | | | | | | | | | | | |
| | | 24.0 | 12,333 | | | | | | | | | | | | |
| | X | 24.0 | 12,333 | | 1.3 | | | | | | | | | 0.9 | |
| | X | 24.0 | 2,100 | | 1.4 | | | | | | | | | 0.9 | |
| | X | 24.0 | 11,500 | | 1.3 | | | | | | | | | 0.9 | |
| | X | 24.0 | 8,700 | | 1.2 | | | | | | | | | 0.8 | |
| | X | 24.0 | 8,600 | | 1.3 | | | | | | | | | 1.0 | |
| | | 24.0 | 9,567 | | | | | | | | | | | | |
| | | 24.0 | 9,567 | | | | | | | | | | | | |
| | X | 24.0 | 9,567 | | 1.3 | | | | | | | | | 0.9 | |
| | X | 24.0 | 11,200 | | 1.3 | | | | | | | | | 1.0 | |
| | X | 24.0 | 8,600 | | 1.4 | | | | | | | | | 1.0 | |
| | X | 24.0 | 8,100 | | 1.3 | | | | | | | | | 1.0 | |
| | X | 24.0 | 14,600 | | 1.2 | | | | | | | | | 0.9 | |
| | | 24.0 | 12,333 | | | | | | | | | | | | |
| | | 24.0 | 12,333 | | | | | | | | | | | | |
| | X | 24.0 | 12,333 | | 1.3 | | | | | | | | | 0.8 | |
| | X | 24.0 | 8,500 | | 1.2 | | | | | | | | | 0.9 | |
| | X | 24.0 | 14,200 | | 1.0 | | | | | | | | | 0.7 | |
| | X | 24.0 | 8,100 | | 1.0 | | | | | | | | | 0.7 | |
| | | 24.0 | | | | | | | | | | | | | |
| | | | 298,600 | | | | | | | | | | | | |
| | | | 9,632 | | | | | | | | | | | | |
| | | | 14,600 | | | | | | | | | | | | |

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

| | | | |
|---|--|---|-----------------------|
| PWS Name: Saratoga Harbor | | PWS Identification Number: 2541008 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 50 | | Total Population Served at End 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: 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@aquaaamerica.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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 62-699.310(4), F.A.C.): C | |

| Licensed Operators | Name | License Class | License Number | Days/G Shifts 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

 Signature and Date

1/8/07

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 2541008 Plant Name: Saratoga Harbor

III. Daily Data for the Month/Year of: December, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Plant Identifier | Net Quantity of Water Sold, Gallons | Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation (Applicable) | | | | | | | | | | Residual Concentration of Disinfectant at Point of Distribution System (mg/L) | Minimum Operating Residual Concentration of Disinfectant at Point of Distribution System (mg/L) | |
|------------------|------------------|-------------------------------------|--|--|---------------------------------|--|---|--|---|--|---|--|---|---|-----|
| | | | Peak Flow Rate (gpm) | Lowest Measured Disinfectant Concentration (mg/L) Before or After Customer During Peak Flow (mg/L) | Disinfectant Contact Time (min) | Disinfectant Provides Burst of Disinfectant (mg/L) | Minimum Operating Residual Concentration (mg/L) | Minimum Required Residual Concentration (mg/L) | Minimum Operating Residual Concentration (mg/L) | Minimum Required Residual Concentration (mg/L) | Minimum Operating Residual Concentration (mg/L) | Minimum Required Residual Concentration (mg/L) | | | |
| 1 | X | 24,000 | | 16,100 | | 1.2 | | | | | | | | | 0.7 |
| 2 | | 24,000 | | 9,600 | | | | | | | | | | | |
| 3 | | 24,000 | | 9,600 | | | | | | | | | | | |
| 4 | X | 24,000 | | 9,600 | | 0.8 | | | | | | | | | 0.4 |
| 5 | X | 24,000 | | 8,700 | | 1.2 | | | | | | | | | 0.7 |
| 6 | X | 24,000 | | 9,400 | | 1.3 | | | | | | | | | 0.8 |
| 7 | X | 24,000 | | 12,200 | | 1.1 | | | | | | | | | 0.7 |
| 8 | X | 24,000 | | 11,300 | | 1.2 | | | | | | | | | 0.7 |
| 9 | | 24,000 | | 10,400 | | | | | | | | | | | |
| 10 | | 24,000 | | 10,400 | | | | | | | | | | | |
| 11 | X | 24,000 | | 10,400 | | 0.8 | | | | | | | | | 0.5 |
| 12 | X | 24,000 | | 13,400 | | 0.8 | | | | | | | | | 0.5 |
| 13 | X | 24,000 | | 10,000 | | 0.8 | | | | | | | | | 0.4 |
| 14 | X | 24,000 | | 6,000 | | 0.8 | | | | | | | | | 0.4 |
| 15 | X | 24,000 | | 10,900 | | 1.0 | | | | | | | | | 0.6 |
| 16 | | 24,000 | | 10,833 | | | | | | | | | | | |
| 17 | | 24,000 | | 10,833 | | | | | | | | | | | |
| 18 | X | 24,000 | | 10,833 | | 1.0 | | | | | | | | | 0.4 |
| 19 | X | 24,000 | | 12,000 | | 1.0 | | | | | | | | | 0.4 |
| 20 | X | 24,000 | | 4,800 | | 1.0 | | | | | | | | | 0.4 |
| 21 | X | 24,000 | | 8,200 | | 1.2 | | | | | | | | | 0.6 |
| 22 | X | 24,000 | | 8,400 | | 1.2 | | | | | | | | | 0.6 |
| 23 | | 24,000 | | 9,867 | | | | | | | | | | | |
| 24 | | 24,000 | | 9,867 | | | | | | | | | | | |
| 25 | X | 24,000 | | 9,867 | | 0.8 | | | | | | | | | 0.4 |
| 26 | X | 24,000 | | 8,000 | | 1.0 | | | | | | | | | 0.5 |
| 27 | X | 24,000 | | 8,200 | | 1.0 | | | | | | | | | 0.4 |
| 28 | X | 24,000 | | 8,000 | | 1.0 | | | | | | | | | 0.4 |
| 29 | X | 24,000 | | 8,400 | | 2.5 | | | | | | | | | 1.3 |
| 30 | | 24,000 | | 11,200 | | | | | | | | | | | |
| 31 | | 24,000 | | 11,200 | | | | | | | | | | | |
| Total | | | | 308,500 | | | | | | | | | | | |
| | | | | 9,952 | | | | | | | | | | | |
| | | | | 16,100 | | | | | | | | | | | |

* 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

| | | | |
|---------|---------|-------------|-----------------|
| PWS ID: | 2541008 | Plant Name: | Saratoga Harbor |
|---------|---------|-------------|-----------------|

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| |
|--|
| Type of Sequestrant (polyphosphate or sodium silicate): |
| Sequestrant Dose, mg/L of phosphate 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.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

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

307 Coolidge Ave.
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 3480
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

Lab Receipt Date and Time: 12/5/07 1220

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/5/07 1205

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 9.5°C

Disinfectant Check Not Detected >0.1 mg/l

HBEL Report Number: 2130097 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coli-ert Membrane Filtration PWS I.D. 2 5 4 1 2 4 2

System Name: Wetoka Mobilehome Park

System Address: Hamilton Rd

City: Satsuma System or Owner's Phone #: 386-329-1122 Fax #: 386-329-9977

Collector: R. Marriott Collector's Phone #: 386-937-2187

Relinquished By: R. Marriott Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-5-07 10:00 AM Date/Time: 12-5-07 1010 Date/Time: 12-5-07 1230

Type of Supply: Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
(check only one) Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date(s): 12-4-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coli-ert) SM9223B

| TO BE COMPLETED BY COLLECTOR OF SAMPLE | | | | | |
|--|--|-----------------|--------------------------|----------------------|----|
| Sample Number | SAMPLE POINT (Location or Specific Address) | Collection Time | Sample Type ¹ | Disinfect Res'd mg/L | pH |
| 8 | Well | 1:25 PM | R | None | |
| 9 | 201 Navajo | 1:30 PM | D | 0.9 | |
| 10 | 108 Mingo | 1:35 PM | D | 0.8 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Non Coliform | Total Coliform | Fecal or E. Coli | Data Qual. ² | Lab Sample Number |
|--------------|----------------|------------------|-------------------------|-------------------|
| | A | | | 2130097001 |
| | A | | | 1002 |
| | A | | | 2130097069 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.85

Key: P - Present A - Absent C - Confluent Growth
TNTC - Too Numerous to Count TA - Turbid
L.C.A. Absence of gas or acid
Analyst: [Signature]

Disinfectant Residual Analysis Method: DPD Colorimetric Other
Person performing analysis is:
 A certified operator (# 12527) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature]
Technical Director or Designee

Date: 12/5/07
Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities Fl.
PO Box 490310
Leesburg Fl.
34728



Page 1 of 1

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

DOCUMENT NUMBER - 04330 MAY 22 80 FPSC-COMMISSION CLERK

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

Public Water System Information (to be completed by sampler)

System Name: Welaka MHP PWS ID #: 2541242

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: Hamilton Ra

City: Satsuma State: FL ZIP Code: 9032189

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 47810DW1 Location Code (if known): 118 Cherokee

Sample Date: 9/15/07 Sample Time: 01:05 AM PM (circle one)

Sample Location (be specific): 118 Cherokee

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: _____

| Sample Type (check only one) | Sample Reason(s) (check all that apply) |
|---|--|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) |
| <input type="checkbox"/> Entry Point (for Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance * |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites ** |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Avg Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | |

* See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(2) for requirements and
NOTE: See 62-550.512(3) for additional requirements attach a results page for each site.
for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson field coordinator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 9/17/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47610DW1

Report Number: 47610
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics

- All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 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).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 09/13/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte 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 radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

| Contam ID | Contam Name | MCL | Units | Analysis | | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert # |
|-----------|-----------------------|-----|-------|----------|-----------|-------------------|---------|---------------|---------------|----------------|
| | | | | Result | Qualifier | | | | | |
| 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 | 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 | U | EPA552.2 | 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 | 09/08/07 | | E83018 |
| 2942 | Bromoform | N/A | ug/L | 0.500 | U | EPA502.2 | 0.500 | 09/08/07 | | 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 | 09/08/07 | | E83018 |
| 2950 | Total Trihalomethanes | 80 | ug/L | 1.95 | | EPA502.2 | 0.500 | 09/08/07 | | 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: 772-343-8006
 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.flowerslabs.com

Client: **AQUA UTILITIES PUTNAM** Project Name: **WEURTA MOBILE HOME PARK PHASE 1 2541242**

Address: **P.O. Box 490310** Contact: **PAUL THOMPSON** P.O.#

LEESBURG, FL 34749 PCL Lab Coordinator: **(Signature)**

Phone: **386-937-1143** FAX: **386-329-9977** Requested Due Date:

Sampled By (PRINT): **PAUL THOMPSON**

PICK UP

| ITEM NO. | SAMPLE DESCRIPTION | DATE | TIME | MATRIX | LAB NO. | PRESERVATIVES | | | | | ANALYSES REQUEST | COMMENTS | Total # |
|----------|--------------------|--------|------|--------|----------|---------------|--------------------------------|------------------|-----|---|------------------|----------------------|---------|
| | | | | | | NONE | H ₂ SO ₄ | HNO ₃ | HCl | Na ₂ S ₂ O ₈ | | | |
| 1 | 118 CHLORIDE | 9/5/07 | 9:05 | DW | 47610DW1 | | | | X | X | TTM THAS | 4.0 | 3 |
| 2 | | | | | | | | | | | | ch ₂ -0.6 | |
| 3 | | | | | | | | | | | | FIELD | |
| 4 | | | | | | | | | | | | PRESERVED | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|---------------------|--------------------|---|------------------|--------------------|--|------------------|-------------------|---|---------------------|--------------------|
| Reinquished By / Affiliation: (Signature) | Date: 9/5/07 | Time: 10:25 | Accepted By / Affiliation: (Signature) | Date: 9-5 | Time: 11:47 | Reinquished By / Affiliation: (Signature) | Date: 9-5 | Time: 3:06 | Accepted By / Affiliation: (Signature) | Date: 9/5/07 | Time: 15:12 |
|--|---------------------|--------------------|---|------------------|--------------------|--|------------------|-------------------|---|---------------------|--------------------|

• WHITE - Original - To Be Returned • YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Wetaxa PWS ID #: 2541242

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Hamilton Rd

City: Satsuma State: FL ZIP Code: 32189
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47223DW1 Location Code (if known): POE
Sample Date: 8/29/07 Sample Time: 9:33 AM PM (circle one)

Sample Location (be specific): _____
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

| Sample Type (check only one) | Sample Reason(s) (check all that apply) |
|---|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 82-550) <input type="checkbox"/> Quarterly (which quarter?) _____ |
| <input checked="" type="checkbox"/> Entry Point (for Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance * |
| <input type="checkbox"/> Plant Tap (not for compliance with 82-550) | <input type="checkbox"/> Composite of Multiple Sites ** |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Avg Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | |

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: Paul Thompson
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson field coordinator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47223DW1

Report Number: 47223
Date Sample Received: 08/29/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

| | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Volatile Organics</u> | <u>Radionuclides</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 21 <input type="checkbox"/> Partial | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | | | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <u>Synthetic Organics</u> | <u>Secondaries</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> All 30 <input type="checkbox"/> Partial | <input type="checkbox"/> All 14 <input type="checkbox"/> Partial | |

Were any analyses subcontracted? Yes No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 09/06/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte 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 radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing 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 ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab 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 | mg/L | 0.0500 | U | EPA300.0 | 0.0500 | 08/30/07 | 03:00 PM | 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: 772-343-8006
 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.flowerslabs.com

Client: **AQUA UTILITIES - PUTNAM COUNTY**
 Address: **P.O. Box 490310**
LESS BURB, FL 34748
 Phone: **386-937-1143** FAX: **386-329-9977**
 Project Name: **WELAKA MHP RWS10# 2541242**
 Contact: **PAUL THOMPSON** P.O. **PICK UP**
 FCL Lab Coordinator
 Requested Due Date: **PO**

Sampled By (PRINT): **PAUL THOMPSON**
 Sampler Signature: *[Signature]*
 Date Sampled: **8/29/07**

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

| ITEM NO. | SAMPLE DESCRIPTION | DATE | TIME | MATRIX | LAB NO. | PRESERVATIVES | | | | | ANALYSES REQUEST | COMMENTS | TOTAL # |
|----------|--------------------|---------|------|--------|----------|---------------|--------------------------------|------------------|-----|---|------------------|----------|---------|
| | | | | | | NONE | H ₂ SO ₄ | HNO ₃ | HCl | Na ₂ S ₂ O ₅ | | | |
| 1 | P.O.E | 8/29/07 | 9:30 | DW | 47223DW1 | | | | | | X NO2/NO3 | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |

| Relinquished By / Affiliation | Date | Time | Accepted By / Affiliation | Date | Time | Relinquished By / Affiliation | Date | Time | Accepted By / Affiliation | Date | Time |
|-------------------------------|---------|-------|---------------------------|------|-------|-------------------------------|------|------|---------------------------|---------|-------|
| <i>[Signature]</i> | 8/29/07 | 11:00 | <i>[Signature]</i> | 8/29 | 11:40 | <i>[Signature]</i> | 8/29 | 2:37 | <i>[Signature]</i> | 8/29/07 | 11:41 |

• WHITE - Original - To Be Returned

• YELLOW - Duplicate

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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

[2126919]

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,


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: 10/23/2006



Page 1 of 4

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 Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

| HBEL Sample | | | | Method Narratives (If Applicable) | | | |
|--------------------|------------------|--------------------------|--|--|--|--|--------------------|
| <u>Number</u> | <u>Sample ID</u> | <u>Analytical Method</u> | | | | | <u>Description</u> |

Quality Control Summary

| <u>Method</u> | <u>HBEL Batch</u> | <u>Analyte</u> | <u>Analytical Issue</u> |
|---------------|-------------------|----------------|-------------------------|
|---------------|-------------------|----------------|-------------------------|

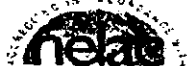
5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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: 10/23/2006



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126919]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP 6451 THM/HAA5

| Parameter | Qualifier | Result ¹ | Units | Detection Limit | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|----------------------|-----------|---------------------|-------|-------------------------|-----------------|--------------------------------------|------------------|----------------|--------------------|---------|--------|
| Laboratory ID: | | 2126919001 | | Sampled: 09/26/06 13:30 | | Received: 09/27/06 12:00 | | | | | |
| Sample ID: | | 118 Cherokee Grab | | Matrix: Water | | Results reported on Wet Weight Basis | | | | | |
| Bromodichloromethane | | 3.6 | ug/L | 0.25 | 1.0 | EPA 524.2 | VOC2705 | | 10/9/06 18:49 | WR | E96080 |
| Bromoform | | 0.541 | ug/L | 0.41 | 1.6 | EPA 524.2 | VOC2705 | | 10/9/06 18:49 | WR | E96080 |
| Chloroform | | 2.9 | ug/L | 0.25 | 1.0 | EPA 524.2 | VOC2705 | | 10/9/06 18:49 | WR | E96080 |
| Dibromochloromethane | | 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 | VOC2705 | | 10/9/06 18:49 | 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.

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: 10/23/2006



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 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

307 Coolidge Avenue
Lehigh Acres, FL 33938
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 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: 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 Number | Sample ID | Analytical Method | Description |
|--------------------|-----------|-------------------|--|
| 2126871001 | POE Grab | EPA 548.1 | No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD |

Quality Control Summary

| Method | HBEL Batch | Analyte | Analytical Issue |
|------------------|--------------------|---------|--|
| <u>EPA 300.0</u> | | | |
| | IC6953 | | |
| 2126871001 | Nitrate as N | | Accuracy - Outside acceptance limits in the MS. |
| 2126871001 | Nitrate as N | | Accuracy - Outside acceptance limits in the MSD. |
| 2126871001 | Nitrite as N | | Accuracy - Outside acceptance limits in the MS. |
| 2126871001 | Nitrite as N | | Accuracy - Outside acceptance limits in the MSD. |
| <u>EPA 505</u> | | | |
| | PEST4794 | | |
| 2126871001 | Decachlorobiphenyl | | Surrogate - Outside acceptance Limits. |

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

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126871]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

| Parameter | Qualifier | Result | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|---|-----------|------------|--------|-----------------|-----------|---------------------------------|----------------|--------------------|---------|--------|
| Laboratory ID: 2126871001 | | | | | | Sampled: 09/19/06 16:00 | | | | |
| Sample ID: POE Grab | | | | | | Received: 09/20/06 12:40 | | | | |
| | | | | | | Matrix: Water | | | | |
| Results reported on Wet Weight Basis | | | | | | | | | | |
| Odor - Dechlorinated | | 1.4 | T.O.N. | 1.0 | EPA 140.1 | WCDE15158 | | 09/20/06 13:15 | PA | E83509 |
| pH | Q | 8.05 | SU | 0.200 | EPA 150.1 | WCDE15155 | | 09/20/06 14:47 | PA | E83509 |
| Total Dissolved Solids | | 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/L | 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 | META8165 | | 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/L | 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 | E96080 |
| 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 | META8162 | | 10/6/06 11:36 | DM | E96080 |
| Mercury | | 0.000060 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 | | 09/21/06 11:35 | JL | E96080 |
| Nitrate as N | | 0.0030 U | mg/L | 0.0030 | EPA 300.0 | IC6953 | | 09/21/06 11:35 | JL | E96080 |
| Nitrite as N | | 0.0022 U | mg/L | 0.0022 | EPA 300.0 | IC6953 | | 09/21/06 11:35 | JL | E96080 |
| Sulfate | | 5.7 | mg/L | 1.4 | EPA 300.0 | IC6955 | | 09/25/06 20:01 | JL | 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 | JL | E96080 |
| 1,2-Dibromoethane | | 0.0047 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 | 09/26/06 5:06 | JL | E96080 |
| Endrin | | 0.099 U | ug/L | 0.099 | EPA 505 | PEST4794 | 09/25/06 13:52 | 09/26/06 5:06 | JL | E96080 |
| gamma-BHC (Lindane) | | 0.019 U | ug/L | 0.019 | EPA 505 | PEST4794 | 09/25/06 13:52 | 09/26/06 5:06 | JL | E96080 |
| Heptachlor | | 0.035 U | ug/L | 0.035 | EPA 505 | PEST4794 | 09/25/06 13:52 | 09/26/06 5:06 | JL | E96080 |
| Heptachlor 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 | PEST4794 | 09/25/06 13:52 | 09/26/06 5:06 | JL | E96080 |
| PCB | | 0.13 U | ug/L | 0.13 | EPA 505 | PEST4794 | 09/25/06 13:52 | 09/26/06 5:06 | JL | E96080 |
| Toxaphene | | 0.59 U | ug/L | 0.59 | EPA 505 | PEST4794 | 09/25/06 13:52 | 09/26/06 5:06 | JL | E96080 |
| 2,4,5-TP | | 0.19 U | ug/L | 0.19 | EPA 515.1 | PEST4797 | 09/26/06 10:24 | 10/3/06 23:42 | JL | E96080 |
| 2,4-D | | 0.22 U | ug/L | 0.22 | EPA 515.1 | PEST4797 | 09/26/06 10:24 | 10/3/06 23:42 | JL | E96080 |
| Dalapon | | 2.3 U | ug/L | 2.3 | EPA 515.1 | PEST4797 | 09/26/06 10:24 | 10/3/06 23:42 | JL | E96080 |
| Dinoseb | | 0.23 U | ug/L | 0.23 | EPA 515.1 | PEST4797 | 09/26/06 10:24 | 10/3/06 23:42 | JL | E96080 |

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CERTIFICATE OF ANALYSIS

[2126871]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

| Parameter | Qualifier | Result | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|----------------------------|-----------|------------------|-------|-----------------|------------|------------------|----------------|--------------------|---------|--------|
| Pentachlorophenol | | 0.39 U | ug/L | 0.39 | EPA 515.1 | PEST4797 | 09/26/06 10:24 | 10/3/06 23:42 | JL | E96080 |
| Picloram | | 0.23 U | ug/L | 0.23 | EPA 515.1 | PEST4797 | 09/26/06 10:24 | 10/3/06 23:42 | JL | E96080 |
| 1,1,1-Trichloroethane | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| 1,1,2-Trichloroethane | | 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 | ug/L | 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 U | ug/L | 0.40 | EPA 524.2 | VOC2702 | | 10/2/06 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 U | ug/L | 0.20 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| Carbon tetrachloride | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| Chlorobenzene | | 0.30 U | ug/L | 0.30 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| cis-1,2-Dichloroethene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| Ethylbenzene | | 0.21 U | 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 | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| Tetrachloroethene | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| Toluene | | 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 |
| trans-1,2-Dichloroethene | | 0.35 U | ug/L | 0.35 | EPA 524.2 | VOC2702 | | 10/2/06 21:25 | WR | E96080 |
| Trichloroethene | | 0.36 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 |
| Alachlor | | 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 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| Benzo(a)pyrene | | 0.070 U | ug/L | 0.070 | EPA 525.2 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| bis(2-ethylhexyl)phthalate | | 0.85 U | ug/L | 0.85 | EPA 525.2 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| Di(2-ethylhexyl)adipate | | 0.68 U | ug/L | 0.68 | EPA 525.2 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| Hexachlorobenzene | | 0.31 U | ug/L | 0.31 | EPA 525.2 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| Hexachlorocyclopentadiene | | 0.24 U | ug/L | 0.24 | EPA 525.2 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| Simazine | | 0.63 U | ug/L | 0.63 | EPA 525.2 | SVOC2440 | 09/27/06 10:25 | 10/3/06 12:49 | WR | E96080 |
| Carbofuran | | 0.18 U | ug/L | 0.18 | EPA 531.1 | HPLC2338 | | 10/3/06 18:52 | JJM | E96080 |
| Oxamyl | | 0.41 U | ug/L | 0.41 | EPA 531.1 | HPLC2338 | | 10/3/06 18:52 | JJM | E96080 |
| Glyphosate | | 26 U | ug/L | 26 | EPA 547 | HPLC2337 | | 09/28/06 17:37 | JJM | 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 | 09/26/06 15:15 | JJM | E96080 |
| Gross Alpha | | 0.9 U +/- 0.6 | pCi/L | | EPA 900.0 | KNL1360 | | 10/5/06 8:00 | KNL | E84025 |
| Radium 226 | | 1.2 U +/- 0.7 | pCi/L | | EPA 903.1 | KNL1360 | | 10/5/06 15:00 | KNL | E84025 |
| Radium 228 | | 1.0 U +/- 0.7 | pCi/L | | 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 | TCL | E96080 |

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Phone: (772) 467-2400, Ext. 235 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS
[2126871]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Welaka MHP DW Scan

| Parameter | Qualifier | Result | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|-----------|-----------|----------|-------|-----------------|-----------|------------------|----------------|--------------------|---------|--------|
| Cyanide | | 0.0047 U | mg/L | 0.0047 | SM4500CNE | WCGE26362 | 10/3/06 9:15 | 10/3/06 14:22 | GG | E96080 |

Laboratory ID: 2126871002
Sample ID: TRIP BLANK

Sampled: Received: 09/20/06 12:40
Matrix: Water Results reported on Wet Weight Basis

| | | | | | | | | | | |
|--------------------------|--|--------|------|------|-----------|---------|--|---------------|----|--------|
| 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 U | ug/L | 0.44 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| 1,1-Dichloroethene | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| 1,2,4-Trichlorobenzene | | 0.41 U | ug/L | 0.41 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| 1,2-Dichlorobenzene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| 1,2-Dichloroethane | | 0.29 U | ug/L | 0.29 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| 1,2-Dichloropropane | | 0.40 U | ug/L | 0.40 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| 1,4-Dichlorobenzene | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Benzene | | 0.20 U | ug/L | 0.20 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Carbon tetrachloride | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Chlorobenzene | | 0.30 U | ug/L | 0.30 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| cis-1,2-Dichloroethene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Ethylbenzene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Methylene chloride | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Styrene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Tetrachloroethene | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Toluene | | 0.22 U | ug/L | 0.22 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Total Xylenes | | 0.46 U | ug/L | 0.46 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| trans-1,2-Dichloroethene | | 0.35 U | ug/L | 0.35 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Trichloroethene | | 0.36 U | ug/L | 0.36 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | WR | E96080 |
| Vinyl chloride | | 0.32 U | ug/L | 0.32 | EPA 524.2 | VOC2702 | | 10/2/06 21:59 | 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.

Q Sample held beyond the accepted holding time.

5600 US 1 North
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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

307 Coofidge Avenue
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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain of Custody
and
Agreement to Perform Services

USE BALLPOINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL INFORMATION REAS-
ONABLE

Laboratory not responsible for omitted information

___ FDOH # E98080 ___ FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33936

___ FDOH # E83509 ___ FDOH # E84418
4155 St. Johns Pkwy. 18331 Cortez Blvd.
Suite 1300 Brooksville, FL 34601
Sanford, FL 32771

Company: Aqua Utilities Fla.
Address: 930 S. Sh. A. Suite #3
Palatka Fla. Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Wetland Mobil Home Park

Sampled By: R. Marriott

Method(s) of Shipment: _____

Standard Laboratory Turn Around Time _____

Or _____

Rush in _____ Business Days
Requires Laboratory Approval

Temperature: _____
Customer: _____
LAB # 2416571

PRESERVATIVE

ANALYSES REQUESTED

Preservation Key
H-Hydrochloric Acid P-Phosphoric Acid
Na-Nitric Acid ST-Sodium
S-Sulfuric Acid Thiocyanate
SH-Sodium Hydroxide U-Unpreserved

| LAB ID | COLLECTION | | Sample Type* | MATRIX** | Containers | SAMPLE DESCRIPTION As Will Appear On Report | 50% EPC/DSPC | 525.1 | 525.2 | Organics 33.1 | Inorganic 34 | Enrichment 378 | Pigment 349 | SAS | COMMENTS |
|--------|------------|---------|--------------|----------|------------|--|-----------------|-------|-------|------------------|-----------------|-------------------|----------------|-----|----------|
| | DATE | TIME | | | | | | | | | | | | | |
| 001 | 9-19-06 | 4:00 PM | G | DW | | DDE | 3 | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

* Sample Type: G-Grab C-Composite ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

| | | | |
|-----------------------|--------------------------------------|--------------------------------------|--|
| Report Page 6 of 6 | RELINQUISHED BY <u>Paul Thompson</u> | RELINQUISHED BY <u>Paul Thompson</u> | RELINQUISHED BY <u>Paul</u> |
| | DATE/TIME <u>9-20-06 10:00 AM</u> | DATE/TIME <u>9/20/06 12:40</u> | DATE/TIME <u>9-20-06 16:00</u> |
| | RECEIVED BY <u>Paul</u> | RECEIVED BY <u>Paul</u> | RECEIVED FOR CHAIN OF CUSTODY BY <u>Paul</u> |
| | DATE/TIME <u>9/20/06 12:15</u> | DATE/TIME <u>9/20/06 12:40</u> | DATE/TIME <u>9/20/06 12:40</u> |

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7525 Baymeadows Way, Suite B-200
Jacksonville Florida 32256-7500

Colleen Castle
Secretary

May 3, 2006

SENT VIA EMAIL: CMMCCCLURE@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 Ms. McClure:

A sanitary survey of the above referenced Community Public Water System was conducted on April 19, 2006 with the courteous assistance of Mr. Paul Thompson. The Department is pleased to inform you that your facility is in compliance with the Florida 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 use 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, Volatile Organic Contaminants, Bacteriological (monthly), and disinfectant residual levels (monthly with Bacti's).

DOCUMENT NUMBER-DATE

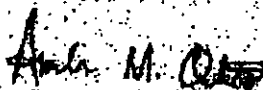
04330 MAY 22 06

FPSC-COMMISSION CLERK

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

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

Sincerely,



Amber Otto
Environmental Specialist

JJD:BRR:AMQ:so

Correspondence File

cc: Paul Thompson, operator (via mail)

enclosed: Sanitary Survey, CCCP examples, Bacti plan example

State of Florida
 Department of Environmental Protection
 Northeast District
SANITARY SURVEY REPORT

Plant Name Welaka Mobile Home Park County Pulnam PWS ID # 2511242
 Plant Location Hamilton Road, Seaboard, FL Phone _____
 Owner Name Candice McClure Phone 352-732-0827
 Owner Address P.O. Box 480310, Leesburg, FL 34749
 Designated Rep. Paul Thompson Title Lead Operator Phone 888-837-1143
 Facility Contact Paul Thompson Title Lead Operator Phone 888-837-1143
 This Survey Date 4/18/2008 Last Survey Date 11/17/2006 Last C.I. Date 7/2/02

PWS TYPE & CLASS: Community - (5D)

SERVICE AREA CHARACTERISTICS

Mobile Home Park
 Food Service: Yes No N/A

GENERAL INFORMATION

Number of Service Connections 110
 Population Served 250 Basis estimate
 Plant Design Capacity 88,000 gpd
 Basis MORs
 Average Day (from MORs) 13,577 gpd
 Max. Day (from MORs) 32,130 gpd
 Total Storage Capacity 1,800 gallons
 Comments Based on March 2006 data

LOCATION

Latitude 29° 31' 53.75" North
 Longitude 81° 40' 7.48" West
 GPS: Yes Date: 7/18/1997
 Directions HWY. 17 South, Right on CR309, Right on Hamilton Road, Plant is on left past Welaka MHP sign

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Paul Thompson A-7261

O & M Log: Yes No Not required
 Operator Visitation Frequency
 Hrs/day: Required _____ Actual _____
 Days/wk: Required 2 Actual 5
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Date missing from MORs? No Yes N/A

RAW WATER SOURCE

GROUND; Number of Wells _____
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source Seaboard Harbor
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
 Source _____
 Capacity of Standby (kW) _____
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load _____
 What equipment does it operate?
 Well pumps
 High Service Pumps
 Treatment Equipment
 Satisfy 1/2 max-day demand? Yes No Unk
 Comments _____

TREATMENT PROCESSES IN USE

Hydro-chlorination
 What additional treatment is needed?
None
 For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type 4" Neptune Meter
 Backflow Prevention Devices: Yes No
 Cross-connections None Seen
 Written Cross-connection Control Program No
 Coliform Sampling Plan: Yes No N/A
 Comments Please submit a cross-connection control plan, and a coliform sampling plan - neither could be found in our files.

Wesaka Mobile Home Park

PWS ID # 254-242

Survey Date 4/19/008

GROUND WATER SOURCE

| | | |
|---|-----------------------|------------------|
| Well Number (PWS Identification) | 2541242 | |
| Well Name (System Identification) | 1 | |
| Year Drilled | 1963 | |
| Depth Drilled | 183' | |
| Latitude | 29° 31' 53.75"N | |
| Longitude | 81° 40' 7.49"W | |
| GPS (Y or N) / Date (if applicable) | Yes 7/16/1997 | |
| Florida Well ID | AAC1852 | |
| Static Water Level | Unknown | |
| Actual Yield (if different than rated capacity) | | |
| Strainer | Unknown | |
| Length (outside casing) | 85' | |
| Diameter (outside casing) | 4" | |
| Material (outside casing) | Steel | |
| Well Contamination History | None | |
| Is Inundation of well possible? | Not Likely | |
| 8' X 6' X 4" Concrete Pad | Yes | |
| SET BACKS | Septic Tank | None seen |
| | Reuse Water | None seen |
| | WW Plumbing | None seen |
| | Other Sanitary Hazard | None seen |
| PUMP | Type | Submersible |
| | Manufacturer Name | Unknown |
| | Model Number | Unknown |
| | Rated Capacity (gpm) | 76 (last survey) |
| | Motor Horsepower | 5 (last survey) |
| Well casing 12" above grade? | Yes | |
| Well Casing Sanitary Seal | Yes | |
| Raw Water Sampling Tap | Yes - Smooth | |
| Above Ground Check Valve | Yes | |
| Fence/Housing | Both | |
| Well Vent Protection | Yes | |

COMMENTS

Welaka Mobile Home Park

PWS ID # 2-1242
 Survey Date 4/1/2006

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make Slanner Capacity 10 gpd
 Chlorine Feed Rate _____
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.5 Remote 1.6
 Remote tap location 116 Cherokee Road
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Upstream of hydrotank
 Booster Pump Info _____
 Comments _____

| Chlorine Gas Use Requirements | YES | NO | Comments |
|------------------------------------|--------------------------|--------------------------|----------|
| Dual System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Auto-switchover | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alarms: | | | |
| Loss of Cl ₂ capability | <input type="checkbox"/> | <input type="checkbox"/> | |
| Loss of Cl ₂ residual | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cl ₂ leak detection | <input type="checkbox"/> | <input type="checkbox"/> | |
| Scale | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chained Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reserve Supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate Air-pak | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sign of Leaks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fresh Ammonia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ventilation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Room Lighting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Warning Signs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Repair Kits | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fitted Wrench | <input type="checkbox"/> | <input type="checkbox"/> | |
| Housing/Protection | <input type="checkbox"/> | <input type="checkbox"/> | |

AERATION (Gases, Fe, & Mn Removal)

Type N/A Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydro pneumatic (S.C.) See Comments

| Tank Type/Number | H | | |
|-----------------------------------|-------|--|--|
| Capacity (gal) | 3,000 | | |
| Material | Steel | | |
| Gravity Drain | Yes | | |
| By-pass Piping | No | | |
| Pressure Gauge | Yes | | |
| Sight Glass or Level Indicator | S.G. | | |
| Fittings for Sight Glass | Yes | | |
| Protected Openings | Yes | | |
| PRV/ARV | PRV | | |
| On/Off Pressure | 40/58 | | |
| Access Padlocked | Yes | | |
| Height to Bottom of Elevated Tank | N/A | | |
| Height to Max. Water Level | N/A | | |

Comments _____

HIGH SERVICE PUMPS

| Pump Number | | | |
|----------------|--|--|--|
| Type | | | |
| Make | | | |
| Model | | | |
| Capacity (gpm) | | | |
| Motor HP | | | |
| Date Installed | | | |
| Maintenance | | | |

Comments _____

Welaks Mobile Home Park

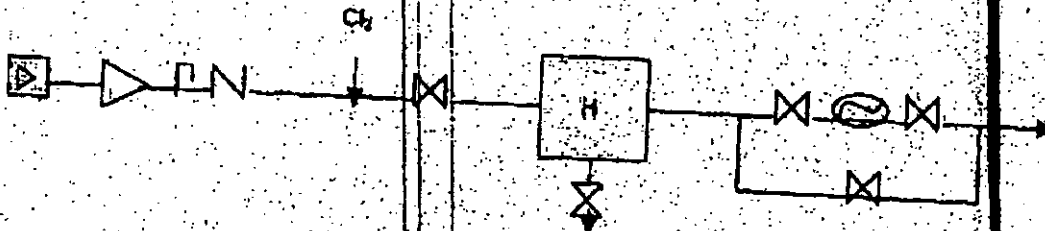
PWS ID # 251242

Survey Date 4/15/2008

| COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS | | | |
|---|--------------|----------|--|
| CONTAMINANT | Last Sampled | Due Date | COMMENTS |
| Microbiological (Bacteria) | xxxxxxx | Monthly | 2 distribution samples + 1 from each raw source (distribution number based upon the population served) |
| Disinfectant Levels | xxxxxxx | Monthly | 2 field readings (i.e. one taken with each micro sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings. |
| Disinfection Byproducts (DBPs) | 2004 | waiver | Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5) |
| Nitrate & Nitrite (as N) | 2005 | 2008 | taken in accordance with your ODSPP Monitoring Plan. |
| Inorganic Contaminants | 2003 | 2008 | Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent) |
| Volatile Organic Contaminants | 2003 | 2008 | Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent) |
| Synthetic Organic Contaminants | 2003 | 2008 | Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). |
| Radionuclides | 2003 | waiver | 2 quarterly samples required if > 2,500 people served. |
| Secondary Standards | 2003 | 2008 | Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent) |
| Lead and Copper | 2005 | 2008 | Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent) |
| Asbestos | waiver | 2010 | Samples taken from pre-approved sample sites. 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.

SCHEMATIC:



Welaka Mobile Home Park

PWS ID # 254242
 Survey Date 4/19/2008

| MONITORING VIOLATIONS | MCL VIOLATIONS |
|-----------------------|----------------|
| None | None |
| | |
| | |
| | |
| | |

DEFICIENCIES:

Cross-connection control plan should be submitted

Coliform Sampling plan should be submitted

Inspector Amber M. Otto

Amber Otto

Approved by Blanca R. Rodriguez

Blanca R. Rodriguez

Title Environmental Specialist I

Date 5/3/08

Title Engineer Specialist IV

Date 5/3/08



Job Bush
Governor

Department of Environmental Protection

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

Colleen 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.

1. 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.
2. 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.

Sincerely,

Blanca R. Rodriguez
Potable Water Section

 BRR:brr

"More Protection, Less Process"

Printed on recycled paper.

State of Florida
Department of Environmental Protection
Northeast District
SANITARY SURVEY REPORT

Plant Name Saratoga Harbor WTP County Putnam PWS ID # 2541008
 Plant Location Gibbs Road, Satsuma, Florida Phone 386-937-1143
 Owner Name Aqua Utilities Inc. - Candice McClure Phone 352-435-4020
 Owner Address P.O. Box 490310, Leesburg, FL 34749-0310
 Designated Rep. Paul Thompson, Lead Operator Title Supervisor Phone 386-937-1143
 Facility Contact Paul Thompson Title Lead Operator Phone 800-250-7532 emerg.
 This Survey Date 11/2/2005 Last Survey Date 6/18/01 Last C.I. Date _____

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS

subdivision _____

Food Service: Yes No N/A

GENERAL INFORMATION

Number of Service Connections 46
 Population Served 160 Basis _____
 Plant Design Capacity 158,400
 Basis _____
 Average Day (from MORs) 20,500 gpd
 Max. Day (from MORs) 58,800 gpd
 Total Storage Capacity 45,000
 Comments _____

LOCATION

Latitude 29° 31' 55.16" North
 Longitude 81° 40' 59.47" West
 GPS: Yes Date: 7/16/97
 Directions US 17 South, pass Palatka and continue to Satsuma. Turn right on CR-309 (light in Satsuma). Turn right on Hamilton Rd. Turn left on Saratoga Dr. Turn right on Gibbs Avenue. Plant is on the right on Gibbs Ave.

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Mr. Paul Thompson, C-7251, Aqua Utilities
 Operator/Utj superv. 386-937-1143 (cell)
 O & M Log: Yes No Not required
 Operator Visitation Frequency
 Hrs/day: Required _____ Actual _____
 Days/wk: Required 5 Actual 5
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

RAW WATER SOURCE

GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
 Source _____
 Capacity of Standby (kW) _____
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load _____
 What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
 Satisfy 1/2 max-day demand? Yes No Unk
 Comments _____

TREATMENT PROCESSES IN USE

Aeration and hypo-chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type 3" Master Meter
 Backflow Prevention Devices: Yes No
 Cross-connections none noted
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments _____

Saratoga Harbor WTP

PWS ID # 2541008

Survey Date 11/2/2005

GROUND WATER SOURCE

| | | | |
|---|-----------------------|------------------|--|
| Well Number (PWS Identification) | 1 | | |
| Well Name (System Identification) | 1 | | |
| Year Drilled | 1971 | | |
| Depth Drilled | 179' | | |
| Latitude | 29 31' 55.156 | | |
| Longitude | 81 40' 59.467" | | |
| GPS (Y or N) / Date (if applicable) | Yes-1997 | | |
| Florida Well ID | AAC1853 | | |
| Static Water Level | Unk | | |
| Actual Yield (if different than rated capacity) | | | |
| Strainer | Unk | | |
| Length (outside casing) | Unk | | |
| Diameter (outside casing) | 4" | | |
| Material (outside casing) | Steel | | |
| Well Contamination History | None | | |
| Is inundation of well possible? | No | | |
| 6' X 6' X 4" Concrete Pad | Yes | | |
| SET BACKS | Septic Tank | Ok | |
| | Reuse Water | NA | |
| | WW Plumbing | Ok | |
| | Other Sanitary Hazard | Ok | |
| PUMP | Type | Centrifugal -two | |
| | Manufacturer Name | Goulds | |
| | Model Number | 3556 | |
| | Rated Capacity (gpm) | 110 each | |
| | Motor Horsepower | 7.5 each | |
| Well casing 12" above grade? | Yes | | |
| Well Casing Sanitary Seal | Yes | | |
| Raw Water Sampling Tap | Yes | | |
| Above Ground Check Valve | Yes | | |
| Fence/Housing | Fence | | |
| Well Vent Protection | No | | |

COMMENTS

One well and two well pumps, same type.

Saratoga Harbor WTP

PWS ID # 2541008

Survey Date 11/2/2005

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make Stenner Capacity 3 gpd
 Chlorine Feed Rate 50%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.6 Remote 1.5
 Remote tap location _____
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points prior hydrotank
 Booster Pump Info _____
 Comments CL2 analyzer is not used anymore

| Chlorine Gas Use Requirements | YES | NO | Comments |
|------------------------------------|--------------------------|--------------------------|----------|
| Dual System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Auto-switchover | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alarms: | | | |
| Loss of Cl ₂ capability | <input type="checkbox"/> | <input type="checkbox"/> | |
| Loss of Cl ₂ residual | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cl ₂ leak detection | <input type="checkbox"/> | <input type="checkbox"/> | |
| Scale | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chained Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reserve Supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate Air-pak | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sign of Leaks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fresh Ammonia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ventilation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Room Lighting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Warning Signs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Repair Kits | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fitted Wrench | <input type="checkbox"/> | <input type="checkbox"/> | |
| Housing/Protection | <input type="checkbox"/> | <input type="checkbox"/> | |

AERATION (Gases, Fe, & Mn Removal)

Type cascade Capacity 215 gpm
 Aerator Condition good
 Bloodworm Presence none
 Visible Algae Growth none
 Protective Screen Condition good
 Comments _____

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydropneumatic (S.C.) See Comments

| Tank Type/Number | G | H | |
|-----------------------------------|-------|-------|--|
| Capacity (gal) | 40000 | 5000 | |
| Material | steel | steel | |
| Gravity Drain | Yes | Yes | |
| By-pass Piping | Yes | No | |
| Pressure Gauge | N/A | Yes | |
| Sight Glass or Level Indicator | No | S.G. | |
| Fittings for Sight Glass | N/A | Yes | |
| Protected Openings | Yes | Yes | |
| PRV/ARV | N/A | PRV | |
| On/Off Pressure | NA | 40-60 | |
| Access Padlocked | Yes | Yes | |
| Height to Bottom of Elevated Tank | | NA | |
| Height to Max. Water Level | | | |

Comments _____

Pressure, good.

HIGH SERVICE PUMPS

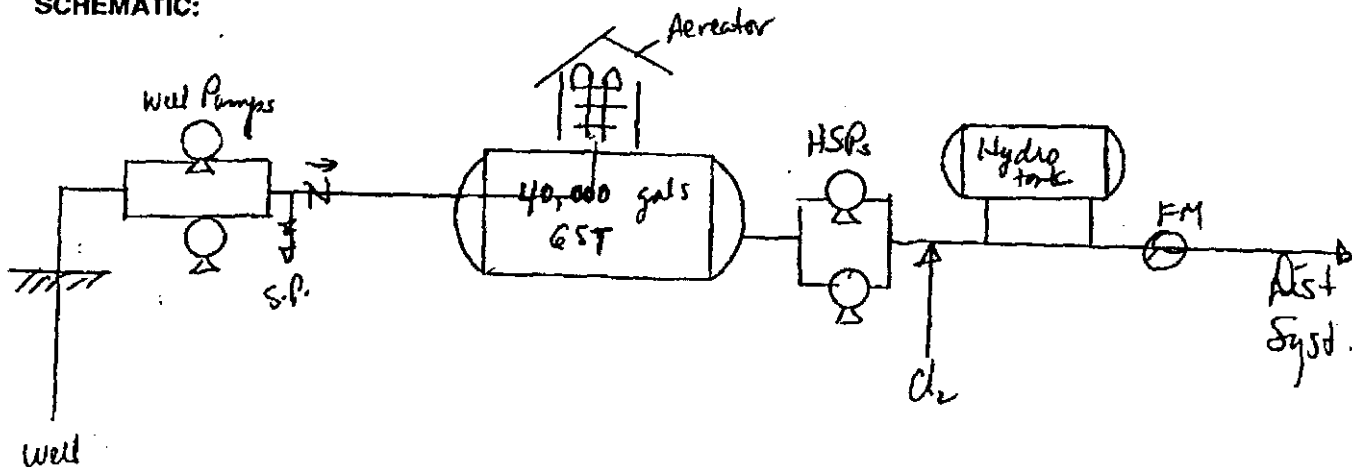
| Pump Number | 1 | 2 | |
|----------------|--------|--------|--|
| Type | centr | centr | |
| Make | Goulds | Goulds | |
| Model | | | |
| Capacity (gpm) | 140 | 140 | |
| Motor HP | 7.5 | 7.5 | |
| Date Installed | | | |
| Maintenance | fair | fair | |

Comments _____

| COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS | | | |
|---|--------------|----------------|--|
| CONTAMINANT | Last Sampled | Due Date | COMMENTS |
| Microbiological (Bacteria) | xxxxxxx | Monthly | distribution samples + 1 from each raw source (distribution number based upon the population served) |
| Disinfectant Levels | xxxxxxx | 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.

SCHEMATIC:



Saratoga Harbor WTP

PWS ID # 2541008

Survey Date 11/2/2005

| 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/or painted as soon as possible.

[This section contains multiple horizontal lines for additional notes or details regarding deficiencies, which are currently blank.]

Inspector Blanca R. Rodriguez
Blanca R. Rodriguez

Title Engineer IV

Date 12/22/05

Approved by John J. Davis
John J. Davis, P.G.

Title Potable Water Supervisor

Date 12/22/05

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: January, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|-----------------------|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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 |
| Contact Person's Telephone Number: (352) 787-098 | | Zip Code: 34749 | |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | Contact Person's Fax Number: (352) 787-6333 | |

B. Water Treatment Plant Information

| Plant Name: Wootens | | Plant Telephone Number: (352) 787-0980 | | |
|--|-----------------------|--|-----------------------|------------------------|
| Plant Address: Hess Road | | City: Georgetown | State: Florida | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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.): D | | |
| 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 | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator | Paul Thompson | A | 7251 | Days 1st Shift |
| Other Operator | David Haring | C | 14091 | Days 1st Shift |
| | Ralph Marriott | C | 7527 | Days 1st Shift |
| | | | | |
| | | | | |
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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, together with copies of this report, at a convenient location for at least ten years.

2/7/07
 DOCUMENT NUMBER-DATE

 Paul Thompson

 Printed or Typed Name

 A7251

 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: January, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place 'X') | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|---|---|--|---|-------------------------------|--------------------------|----------------------------|--|---|--|---|--|
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | CT Calculations | | | | UV Dose | | Minimum UV Dose Required, mW·sec/cm ² | | |
| | | | | | | | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Minimum CT Required, mg·min/L | Temperature of Water, °C | pH of Water, if Applicable | Minimum UV Dose Required, mJ/cm ² | Operating UV Dose, mW·sec/cm ² | | | |
| | X | 24.0 | 3,686 | | 1.7 | | | | | | | | | 0.8 | |
| | X | 24.0 | 5,100 | | 1.3 | | | | | | | | | 0.7 | |
| | X | 24.0 | 3,540 | | 1.2 | | | | | | | | | 0.5 | |
| | X | 24.0 | 3,020 | | 1.3 | | | | | | | | | 0.5 | |
| | X | 24.0 | 3,190 | | 1.2 | | | | | | | | | 0.5 | |
| | | 24.0 | 3,007 | | | | | | | | | | | | |
| | | 24.0 | 3,007 | | | | | | | | | | | | |
| | X | 24.0 | 3,007 | | 1.3 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,930 | | 1.2 | | | | | | | | | 0.5 | |
| | X | 24.0 | 3,060 | | 0.6 | | | | | | | | | 0.3 | |
| | X | 24.0 | 3,090 | | 2.0 | | | | | | | | | 0.6 | |
| | X | 24.0 | 4,220 | | 1.0 | | | | | | | | | 0.3 | |
| | | 24.0 | 4,017 | | | | | | | | | | | | |
| | | 24.0 | 4,017 | | | | | | | | | | | | |
| | X | 24.0 | 4,017 | | 2.5 | | | | | | | | | 1.9 | |
| | X | 24.0 | 3,770 | | 1.0 | | | | | | | | | 0.3 | |
| | X | 24.0 | 3,170 | | 1.5 | | | | | | | | | 0.5 | |
| | X | 24.0 | 2,620 | | 1.5 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,700 | | 1.3 | | | | | | | | | 0.5 | |
| | | 24.0 | 3,600 | | | | | | | | | | | | |
| | | 24.0 | 3,600 | | | | | | | | | | | | |
| | X | 24.0 | 3,600 | | 1.4 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,740 | | 1.5 | | | | | | | | | 0.8 | |
| | X | 24.0 | 3,800 | | 1.4 | | | | | | | | | 0.7 | |
| | X | 24.0 | 3,070 | | 1.7 | | | | | | | | | 0.9 | |
| | X | 24.0 | 3,700 | | 1.5 | | | | | | | | | 0.7 | |
| | | 24.0 | 3,173 | | | | | | | | | | | | |
| | | 24.0 | 3,173 | | | | | | | | | | | | |
| | X | 24.0 | 3,173 | | 1.3 | | | | | | | | | 0.5 | |
| | X | 24.0 | 3,450 | | 1.4 | | | | | | | | | 0.5 | |
| | X | 24.0 | 2,360 | | 1.5 | | | | | | | | | 0.7 | |
| | | | 104,606 | | | | | | | | | | | | |
| | | | 3,374 | | | | | | | | | | | | |
| | | | 5,100 | | | | | | | | | | | | |

* 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

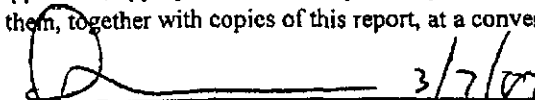
| | | | |
|---|--|---|----------------|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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 |
| Contact Person's Telephone Number: (352) 787-098 | | Zip Code: 34749 | |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | Contact Person's Fax Number: (352) 787-6333 | |

B. Water Treatment Plant Information

| Plant Name: Wootens | | Plant Telephone Number: (352) 787-0980 | |
|--|----------------|---|----------------|
| Plant Address: Hess Road | | City: Georgetown | State: Florida |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32139 | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 60,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| 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: | Name | License Class | License Number |
| Lead/Chief Operator: | Paul Thompson | A | 7251 |
| Other Operators: | David Haring | C | 14091 |
| | Ralph Marriott | C | 7527 |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  3/7/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

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 Other (Describe):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations; or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | |
| 1 | X | 24.0 | 3,300 | | 1.3 | | | | | | | | | 0.7 | |
| 2 | X | 24.0 | 2,700 | | 1.3 | | | | | | | | | 0.7 | |
| 3 | | 24.0 | 3,720 | | | | | | | | | | | | |
| 4 | | 24.0 | 3,720 | | | | | | | | | | | | |
| 5 | X | 24.0 | 3,720 | | 1.7 | | | | | | | | | 0.9 | |
| 6 | X | 24.0 | 3,630 | | 1.3 | | | | | | | | | 0.8 | |
| 7 | X | 24.0 | 3,060 | | 1.1 | | | | | | | | | 0.6 | |
| 8 | X | 24.0 | 3,510 | | 2.0 | | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 3,960 | | 1.1 | | | | | | | | | 0.4 | |
| 10 | | 24.0 | 3,970 | | | | | | | | | | | | |
| 11 | | 24.0 | 3,970 | | | | | | | | | | | | |
| 12 | X | 24.0 | 3,970 | | 1.1 | | | | | | | | | 0.4 | |
| 13 | X | 24.0 | 3,110 | | 2.0 | | | | | | | | | 1.4 | |
| 14 | X | 24.0 | 3,470 | | 1.5 | | | | | | | | | 0.6 | |
| 15 | X | 24.0 | 3,850 | | 2.3 | | | | | | | | | 1.7 | |
| 16 | X | 24.0 | 6,520 | | 1.0 | | | | | | | | | 0.4 | |
| 17 | | 24.0 | 5,513 | | | | | | | | | | | | |
| 18 | | 24.0 | 5,513 | | | | | | | | | | | | |
| 19 | X | 24.0 | 5,513 | | 2.0 | | | | | | | | | 1.0 | |
| 20 | X | 24.0 | 3,180 | | 1.6 | | | | | | | | | 0.9 | |
| 21 | X | 24.0 | 6,430 | | 1.6 | | | | | | | | | 1.0 | |
| 22 | X | 24.0 | 4,200 | | 1.6 | | | | | | | | | 1.0 | |
| 23 | X | 24.0 | 3,560 | | 1.5 | | | | | | | | | 1.0 | |
| 24 | | 24.0 | 3,540 | | | | | | | | | | | | |
| 25 | | 24.0 | 3,540 | | | | | | | | | | | | |
| 26 | X | 24.0 | 3,540 | | 1.2 | | | | | | | | | 0.7 | |
| 27 | X | 24.0 | 3,310 | | 1.5 | | | | | | | | | 0.8 | |
| 28 | X | 24.0 | 3,480 | | 0.8 | | | | | | | | | 0.4 | |
| 29 | | 24.0 | | | | | | | | | | | | | |
| 30 | | 24.0 | | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 111,500 | | | | | | | | | | | | |
| Average | | | 3,597 | | | | | | | | | | | | |
| Maximum | | | 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.

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

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--|
| PWS Name: <u>Wootens</u> | | PWS Identification Number: <u>2541280</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>29</u> | | Total Population Served at End of Month: <u>87</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: <u>(352) 787-098</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| Plant Name: <u>Wootens</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | | | |
|--|-----------------------|--|--|----------------|--------------------------|
| Plant Address: <u>Hess Road</u> | | City: <u>Georgetown</u> | State: <u>Florida</u> Zip Code: <u>32139</u> | | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>60,000</u> | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | | | |
| Licensed Operators: | | Name | License Class | License Number | Day(s) / Shift(s) Worked |
| Lead/Chief Operator: | <u>Paul Thompson</u> | | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| Other Operators: | <u>David Haring</u> | | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|------------------------|---------------------------------|-------------------------|
| Signature and Date | 4/5/07 Printed or Typed Name | A7251 License Number |
|------------------------|---------------------------------|-------------------------|

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

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: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | | |
| 1 | X | 24.0 | 3,000 | | 1.8 | | | | | | | 1.1 | |
| 2 | X | 24.0 | 3,510 | | 1.0 | | | | | | | 0.4 | |
| 3 | | 24.0 | 2,847 | | | | | | | | | | |
| 4 | | 24.0 | 2,847 | | | | | | | | | | |
| 5 | X | 24.0 | 2,847 | | 1.5 | | | | | | | 1.0 | |
| 6 | X | 24.0 | 3,380 | | 1.3 | | | | | | | 0.8 | |
| 7 | X | 24.0 | 2,410 | | 1.6 | | | | | | | 1.0 | |
| 8 | X | 24.0 | 3,550 | | 1.6 | | | | | | | 1.0 | |
| 9 | X | 24.0 | 2,370 | | 1.6 | | | | | | | 1.0 | |
| 10 | | 24.0 | 4,067 | | | | | | | | | | |
| 11 | | 24.0 | 4,067 | | | | | | | | | | |
| 12 | X | 24.0 | 4,067 | | 1.4 | | | | | | | 0.8 | |
| 13 | X | 24.0 | 2,400 | | 1.3 | | | | | | | 0.8 | |
| 14 | X | 24.0 | 3,770 | | 1.8 | | | | | | | 1.0 | |
| 15 | X | 24.0 | 2,650 | | 1.0 | | | | | | | 0.4 | |
| 16 | X | 24.0 | 2,940 | | 0.8 | | | | | | | 0.3 | |
| 17 | | 24.0 | 4,647 | | | | | | | | | | |
| 18 | | 24.0 | 4,647 | | | | | | | | | | |
| 19 | X | 24.0 | 4,647 | | 1.5 | | | | | | | 0.7 | |
| 20 | X | 24.0 | 8,710 | | 1.3 | | | | | | | 0.4 | |
| 21 | X | 24.0 | 3,200 | | 1.1 | | | | | | | 0.3 | |
| 22 | X | 24.0 | 3,260 | | 2.0 | | | | | | | 0.8 | |
| 23 | X | 24.0 | 3,700 | | 2.7 | | | | | | | 1.3 | |
| 24 | | 24.0 | 4,057 | | | | | | | | | | |
| 25 | | 24.0 | 4,057 | | | | | | | | | | |
| 26 | X | 24.0 | 4,057 | | 1.1 | | | | | | | 0.3 | |
| 27 | X | 24.0 | 3,250 | | 1.8 | | | | | | | 0.7 | |
| 28 | X | 24.0 | 4,030 | | 1.7 | | | | | | | 0.7 | |
| 29 | X | 24.0 | 3,070 | | 1.6 | | | | | | | 0.7 | |
| 30 | X | 24.0 | 4,950 | | 2.0 | | | | | | | 1.1 | |
| 31 | | 24.0 | 5,873 | | | | | | | | | | |
| Total: | | | 116,873 | | | | | | | | | | |
| Average: | | | 3,770 | | | | | | | | | | |
| Maximum: | | | 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

A. Public Water System (PWS) Information

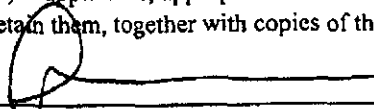
| | | | |
|--|--|--|-----------------------|
| PWS Name: <u>Wootens</u> | | PWS Identification Number: <u>2541280</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community | | <input type="checkbox"/> Non-Transient Non-Community | |
| <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: <u>29</u> | | Total Population Served at End of Month: <u>87</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> |
| | | Zip Code: <u>34749</u> | |
| Contact Person's Telephone Number: <u>(352) 787-098</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| | | | |
|--|-----------------------|--|-----------------------|
| Plant Name: <u>Wootens</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
| Plant Address: <u>Hess Road</u> | | City: <u>Georgetown</u> | State: <u>Florida</u> |
| | | Zip Code: <u>32139</u> | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>60,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | |
| Licensed Operators | Name | License Class | License Number |
| Lead/Chief Operator: | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> |
| | | | <u>Days 1st Shift</u> |
| Other Operators: | <u>David Haring</u> | <u>C</u> | <u>14091</u> |
| | | | <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> |
| | | | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

 5/3/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: April, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demostat. Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l | | |
| 1 | | 24.0 | 8,810 | | | | | | | | | | | | |
| 2 | X | 24.0 | 8,810 | | 1.4 | | | | | | | | | 0.8 | |
| 3 | X | 24.0 | 7,600 | | 0.8 | | | | | | | | | 0.4 | |
| 4 | X | 24.0 | 3,410 | | 2.0 | | | | | | | | | 1.1 | |
| 5 | X | 24.0 | 3,600 | | 2.2 | | | | | | | | | 1.4 | |
| 6 | X | 24.0 | 6,160 | | 1.3 | | | | | | | | | 0.8 | |
| 7 | | 24.0 | 5,980 | | | | | | | | | | | | |
| 8 | | 24.0 | 5,980 | | | | | | | | | | | | |
| 9 | X | 24.0 | 5,980 | | 1.5 | | | | | | | | | 0.9 | |
| 10 | X | 24.0 | 2,500 | | 1.5 | | | | | | | | | 0.8 | |
| 11 | X | 24.0 | 4,090 | | 1.7 | | | | | | | | | 0.8 | |
| 12 | X | 24.0 | 6,870 | | 1.1 | | | | | | | | | 0.5 | |
| 13 | X | 24.0 | 4,530 | | 1.7 | | | | | | | | | 0.7 | |
| 14 | | 24.0 | 4,037 | | | | | | | | | | | | |
| 15 | | 24.0 | 4,037 | | | | | | | | | | | | |
| 16 | X | 24.0 | 4,037 | | 2.2 | | | | | | | | | 1.3 | |
| 17 | X | 24.0 | 3,470 | | 1.2 | | | | | | | | | 0.6 | |
| 18 | X | 24.0 | 5,240 | | 1.3 | | | | | | | | | 0.6 | |
| 19 | X | 24.0 | 3,060 | | 1.5 | | | | | | | | | 0.8 | |
| 20 | X | 24.0 | 2,180 | | 1.5 | | | | | | | | | 0.8 | |
| 21 | | 24.0 | 2,690 | | | | | | | | | | | | |
| 22 | | 24.0 | 2,690 | | | | | | | | | | | | |
| 23 | X | 24.0 | 2,690 | | 1.3 | | | | | | | | | 0.7 | |
| 24 | X | 24.0 | 2,720 | | 1.3 | | | | | | | | | 0.6 | |
| 25 | X | 24.0 | 4,690 | | 1.4 | | | | | | | | | 0.6 | |
| 26 | X | 24.0 | 3,280 | | 1.5 | | | | | | | | | 0.7 | |
| 27 | X | 24.0 | 5,060 | | 1.2 | | | | | | | | | 0.5 | |
| 28 | | 24.0 | 5,133 | | | | | | | | | | | | |
| 29 | | 24.0 | 5,133 | | | | | | | | | | | | |
| 30 | X | 24.0 | 5,133 | | 1.7 | | | | | | | | | 1.0 | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Totals | | | 139,600 | | | | | | | | | | | | |
| Average | | | 4,503 | | | | | | | | | | | | |
| Maximum | | | 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 Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

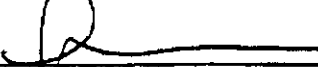
| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Wootens | | | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | | | Total Population Served at End of Month: | 87 |
| 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 |
| Contact Person's Telephone Number: | (352) 787-098 | | | Zip Code: | 34749 |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | | | | |
| Contact Person's Fax Number: | (352) 787-6333 | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|----------------------|---|---|----------------|--|
| Plant Name: | Wootens | | | Plant Telephone Number: | (352) 787-0980 | |
| Plant Address: | Hess Road | City: | Georgetown | State: | Florida | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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 | |
| Licensed Operators | Name | License Class | License Number | 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 | | |
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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, together with copies of this report, at a convenient location for at least ten years.

 6/5/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

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):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|---|--|--|
| | | | | CT Calculations | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | | | Minimum UV Dose Required, mW-sec/cm ² |
| 1 | X | 24.0 | 3,980 | | 1.3 | | | | | | | | 0.8 | |
| 2 | X | 24.0 | 4,470 | | 1.0 | | | | | | | | 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 | | 24.0 | 4,453 | | | | | | | | | | | |
| 7 | X | 24.0 | 4,453 | | 1.8 | | | | | | | | 1.0 | |
| 8 | X | 24.0 | 3,150 | | 0.8 | | | | | | | | 0.4 | |
| 9 | X | 24.0 | 2,740 | | 1.1 | | | | | | | | 0.4 | |
| 10 | X | 24.0 | 3,660 | | 1.2 | | | | | | | | 0.4 | |
| 11 | X | 24.0 | 3,280 | | 1.7 | | | | | | | | 0.8 | |
| 12 | | 24.0 | 4,703 | | | | | | | | | | | |
| 13 | | 24.0 | 4,703 | | | | | | | | | | | |
| 14 | X | 24.0 | 4,703 | | 1.6 | | | | | | | | 0.7 | |
| 15 | X | 24.0 | 4,270 | | 1.5 | | | | | | | | 0.7 | |
| 16 | X | 24.0 | 3,740 | | 0.8 | | | | | | | | 0.3 | |
| 17 | X | 24.0 | 3,640 | | 2.5 | | | | | | | | 1.6 | |
| 18 | X | 24.0 | 3,030 | | 2.0 | | | | | | | | 1.3 | |
| 19 | | 24.0 | 4,000 | | | | | | | | | | | |
| 20 | | 24.0 | 4,000 | | | | | | | | | | | |
| 21 | X | 24.0 | 4,000 | | 1.3 | | | | | | | | 0.6 | |
| 22 | X | 24.0 | 3,000 | | 1.3 | | | | | | | | 0.6 | |
| 23 | X | 24.0 | 3,670 | | 1.5 | | | | | | | | 0.7 | |
| 24 | X | 24.0 | 3,580 | | 1.5 | | | | | | | | 0.8 | |
| 25 | X | 24.0 | 3,000 | | 1.3 | | | | | | | | 0.6 | |
| 26 | | 24.0 | 4,840 | | | | | | | | | | | |
| 27 | | 24.0 | 4,840 | | | | | | | | | | | |
| 28 | X | 24.0 | 4,840 | | 1.0 | | | | | | | | 0.4 | |
| 29 | X | 24.0 | 4,450 | | 1.5 | | | | | | | | 0.7 | |
| 30 | X | 24.0 | 3,270 | | 1.7 | | | | | | | | 0.8 | |
| 31 | X | 24.0 | 3,810 | | 2.1 | | | | | | | | 0.8 | |
| Total | | | 121,650 | | | | | | | | | | | |
| Average | | | 3,924 | | | | | | | | | | | |
| Maximum | | | 4,840 | | | | | | | | | | | |

* 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: June, 2007

A. Public Water System (PWS) Information

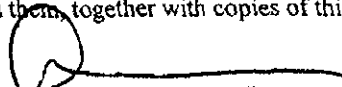
| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Wootens | | | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | | | Total Population Served at End of Month: | 87 |
| 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) 787-098 | | | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | | | | |

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: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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 |
| Licensed Operators: | Name | License Class | License Number | 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 | |
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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, together with copies of this report, at a convenient location for at least ten years.

 7/6/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: June, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--------------------------------------|--------------------------------------|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg·min/L | Lowest Operating UV Dose, mW·sec/cm² | Minimum UV Dose Required, mW·sec/cm² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 3,830 | | 1.7 | | | | | | | | | 0.7 | |
| 2 | | 24.0 | 3,070 | | | | | | | | | | | | |
| 3 | | 24.0 | 3,070 | | | | | | | | | | | | |
| 4 | X | 24.0 | 3,070 | | 1.5 | | | | | | | | | 0.6 | |
| 5 | X | 24.0 | 4,820 | | 2.5 | | | | | | | | | 1.3 | |
| 6 | X | 24.0 | 2,880 | | 0.8 | | | | | | | | | 0.3 | |
| 7 | X | 24.0 | 5,880 | | 0.5 | | | | | | | | | 0.2 | |
| 8 | X | 24.0 | 5,800 | | 2.5 | | | | | | | | | 1.3 | |
| 9 | | 24.0 | 6,053 | | | | | | | | | | | | |
| 10 | | 24.0 | 6,053 | | | | | | | | | | | | |
| 11 | X | 24.0 | 6,053 | | 0.7 | | | | | | | | | 0.4 | |
| 12 | X | 24.0 | 4,790 | | 1.0 | | | | | | | | | 0.5 | |
| 13 | X | 24.0 | 3,580 | | 0.8 | | | | | | | | | 0.3 | |
| 14 | X | 24.0 | 3,330 | | 1.0 | | | | | | | | | 0.5 | |
| 15 | X | 24.0 | 2,630 | | 1.0 | | | | | | | | | 0.4 | |
| 16 | | 24.0 | 4,810 | | | | | | | | | | | | |
| 17 | | 24.0 | 4,810 | | | | | | | | | | | | |
| 18 | X | 24.0 | 4,810 | | 1.2 | | | | | | | | | 0.6 | |
| 19 | X | 24.0 | 3,860 | | 1.3 | | | | | | | | | 0.6 | |
| 20 | X | 24.0 | 3,650 | | 1.1 | | | | | | | | | 0.5 | |
| 21 | X | 24.0 | 2,680 | | 1.3 | | | | | | | | | 0.6 | |
| 22 | X | 24.0 | 5,870 | | 1.4 | | | | | | | | | 0.6 | |
| 23 | | 24.0 | 6,457 | | | | | | | | | | | | |
| 24 | | 24.0 | 6,457 | | | | | | | | | | | | |
| 25 | X | 24.0 | 6,457 | | 1.1 | | | | | | | | | 0.4 | |
| 26 | X | 24.0 | 5,520 | | 1.0 | | | | | | | | | 0.4 | |
| 27 | X | 24.0 | 4,590 | | 2.0 | | | | | | | | | 0.9 | |
| 28 | X | 24.0 | 6,160 | | 1.3 | | | | | | | | | 0.8 | |
| 29 | X | 24.0 | 6,170 | | 1.1 | | | | | | | | | 0.6 | |
| 30 | | 24.0 | 6,090 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 143,300 | | | | | | | | | | | | |
| Average | | | 4,623 | | | | | | | | | | | | |
| Maximum | | | 6,457 | | | | | | | | | | | | |

* 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: July, 2007

A. Public Water System (PWS) Information

| | | | |
|--|---|--|----------------|
| PWS Name: | Wootens | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | Total Population Served at End of Month: | 87 |
| 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) 787-098 | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | | |

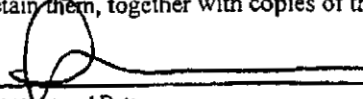
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 |

| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.


8/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: July, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--|---|--|
| | | | | CT Calculations | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | | |
| 1 | | 24.0 | 6,090 | | | | | | | | | | |
| 2 | X | 24.0 | 6,090 | | | 1.2 | | | | | | 0.6 | |
| 3 | X | 24.0 | 6,170 | | | 1.5 | | | | | | 0.7 | |
| 4 | X | 24.0 | 4,830 | | | 1.4 | | | | | | 0.7 | |
| 5 | X | 24.0 | 3,250 | | | 1.1 | | | | | | 0.6 | |
| 6 | X | 24.0 | 3,630 | | | 1.3 | | | | | | 0.6 | |
| 7 | | 24.0 | 6,763 | | | | | | | | | | |
| 8 | | 24.0 | 6,763 | | | | | | | | | | |
| 9 | X | 24.0 | 6,763 | | | 0.6 | | | | | | 0.3 | |
| 10 | X | 24.0 | 5,070 | | | 1.0 | | | | | | 0.6 | |
| 11 | X | 24.0 | 2,760 | | | 1.5 | | | | | | 0.7 | |
| 12 | X | 24.0 | 3,110 | | | 1.3 | | | | | | 0.5 | |
| 13 | X | 24.0 | 5,190 | | | 1.3 | | | | | | 0.6 | |
| 14 | | 24.0 | 4,167 | | | | | | | | | | |
| 15 | | 24.0 | 4,167 | | | | | | | | | | |
| 16 | X | 24.0 | 4,167 | | | 1.2 | | | | | | 0.5 | |
| 17 | X | 24.0 | 2,190 | | | 1.1 | | | | | | 0.5 | |
| 18 | X | 24.0 | 2,480 | | | 1.5 | | | | | | 0.8 | |
| 19 | X | 24.0 | 2,270 | | | 1.2 | | | | | | 0.6 | |
| 20 | X | 24.0 | 5,700 | | | 0.8 | | | | | | 0.4 | |
| 21 | | 24.0 | 3,447 | | | | | | | | | | |
| 22 | | 24.0 | 3,447 | | | | | | | | | | |
| 23 | X | 24.0 | 3,447 | | | 1.0 | | | | | | 0.5 | |
| 24 | X | 24.0 | 2,880 | | | 1.8 | | | | | | 1.0 | |
| 25 | X | 24.0 | 2,760 | | | 1.6 | | | | | | 1.0 | |
| 26 | X | 24.0 | 5,100 | | | 1.7 | | | | | | 1.0 | |
| 27 | X | 24.0 | 3,070 | | | 1.1 | | | | | | 0.4 | |
| 28 | | 24.0 | 3,193 | | | | | | | | | | |
| 29 | | 24.0 | 3,193 | | | | | | | | | | |
| 30 | X | 24.0 | 3,193 | | | 1.5 | | | | | | 0.6 | |
| 31 | X | 24.0 | 2,810 | | | 1.3 | | | | | | 0.5 | |
| Total | | | 128,160 | | | | | | | | | | |
| Average | | | 4,134 | | | | | | | | | | |
| Maximum | | | 6,763 | | | | | | | | | | |

* 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: August, 2007

A. Public Water System (PWS) Information

| | | | |
|--|---|--|----------------|
| PWS Name: | Wootens | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | Total Population Served at End of Month: | 87 |
| 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) 787-098 |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | Contact Person's Fax Number: | (352) 787-6333 |

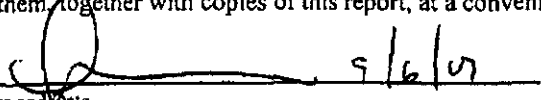
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 |

| Licensed Operators: | Name | License Class | License Number | 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 |
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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 together with copies of this report, at a convenient location for at least ten years.


 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Woolens

III. Daily Data for the Month/Year of: August, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|--------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 1,950 | | 1.3 | | | | | | | | | 0.5 | |
| 2 | X | 24.0 | 3,300 | | 1.4 | | | | | | | | | 0.5 | |
| 3 | X | 24.0 | 2,750 | | 1.5 | | | | | | | | | 0.6 | |
| 4 | | 24.0 | 4,407 | | | | | | | | | | | | |
| 5 | | 24.0 | 4,407 | | | | | | | | | | | | |
| 6 | X | 24.0 | 4,407 | | 1.5 | | | | | | | | | 0.6 | |
| 7 | X | 24.0 | 4,740 | | 2.2 | | | | | | | | | 1.1 | |
| 8 | X | 24.0 | 5,140 | | 1.2 | | | | | | | | | 0.7 | |
| 9 | X | 24.0 | 5,790 | | 1.2 | | | | | | | | | 0.6 | |
| 10 | X | 24.0 | 5,050 | | 1.2 | | | | | | | | | 0.5 | |
| 11 | | 24.0 | 6,347 | | | | | | | | | | | | |
| 12 | | 24.0 | 6,347 | | | | | | | | | | | | |
| 13 | X | 24.0 | 6,347 | | 1.0 | | | | | | | | | 0.4 | |
| 14 | X | 24.0 | 4,670 | | 1.0 | | | | | | | | | 0.4 | |
| 15 | X | 24.0 | 4,050 | | 1.7 | | | | | | | | | 0.6 | |
| 16 | X | 24.0 | 4,370 | | 1.5 | | | | | | | | | 0.7 | |
| 17 | X | 24.0 | 4,190 | | 1.7 | | | | | | | | | 0.6 | |
| 18 | | 24.0 | 7,767 | | | | | | | | | | | | |
| 19 | | 24.0 | 7,767 | | | | | | | | | | | | |
| 20 | X | 24.0 | 7,767 | | 0.8 | | | | | | | | | 0.2 | |
| 21 | X | 24.0 | 10,660 | | 0.9 | | | | | | | | | 0.4 | |
| 22 | X | 24.0 | 2,910 | | 1.0 | | | | | | | | | 0.4 | |
| 23 | X | 24.0 | 3,270 | | 2.0 | | | | | | | | | 0.9 | |
| 24 | X | 24.0 | 3,330 | | 1.5 | | | | | | | | | 0.6 | |
| 25 | | 24.0 | 3,600 | | | | | | | | | | | | |
| 26 | | 24.0 | 3,600 | | | | | | | | | | | | |
| 27 | X | 24.0 | 3,600 | | 1.8 | | | | | | | | | 0.7 | |
| 28 | X | 24.0 | 2,200 | | 1.8 | | | | | | | | | 0.7 | |
| 29 | X | 24.0 | 3,660 | | 2.0 | | | | | | | | | 0.7 | |
| 30 | X | 24.0 | 4,200 | | 1.3 | | | | | | | | | 0.5 | |
| 31 | X | 24.0 | 5,820 | | 1.3 | | | | | | | | | 0.5 | |
| Total | | | 148,410 | | | | | | | | | | | | |
| Average | | | 4,787 | | | | | | | | | | | | |
| Maximum | | | 10,660 | | | | | | | | | | | | |

* 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: September, 2007

A. Public Water System (PWS) Information

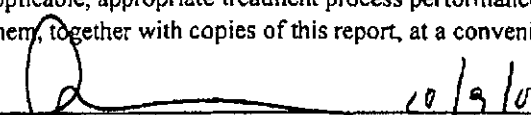
| | | | |
|--|--|---|--|
| PWS Name: <u>Wootens</u> | | PWS Identification Number: <u>2541280</u> | |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: <u>29</u> | Total Population Served at End of Month: <u>87</u> | | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | Contact Person's Title: <u>Area Manager</u> | | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u> | | |
| Contact Person's Telephone Number: <u>(352) 787-098</u> | Contact Person's Fax Number: <u>(352) 787-6333</u> | | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| Plant Name: <u>Wootens</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | | |
|--|-----------------------|--|----------------|--------------------------|
| Plant Address: <u>Hess Road</u> | | City: <u>Georgetown</u> State: <u>Florida</u> Zip Code: <u>32139</u> | | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>60,000</u> | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | | |
| Licensed Operators: | Name | License Class | License Number | Day(s) / Shift(s) Worked |
| Lead/Chief Operator: | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| Other Operators: | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  10/9/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: September, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced gal | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | 24.0 | 5,853 | | | | | | | | | | | | |
| 2 | | 24.0 | 5,853 | | | | | | | | | | | | |
| 3 | X | 24.0 | 5,853 | | 2.4 | | | | | | | | | 0.9 | |
| 4 | X | 24.0 | 4,310 | | 2.8 | | | | | | | | | 1.3 | |
| 5 | X | 24.0 | 2,930 | | 1.5 | | | | | | | | | 1.0 | |
| 6 | X | 24.0 | 2,790 | | 1.7 | | | | | | | | | 0.8 | |
| 7 | X | 24.0 | 4,410 | | 1.5 | | | | | | | | | 0.6 | |
| 8 | | 24.0 | 3,443 | | | | | | | | | | | | |
| 9 | | 24.0 | 3,443 | | | | | | | | | | | | |
| 10 | X | 24.0 | 3,443 | | 2.0 | | | | | | | | | 0.6 | |
| 11 | X | 24.0 | 4,040 | | 2.0 | | | | | | | | | 0.3 | |
| 12 | X | 24.0 | 3,230 | | 1.2 | | | | | | | | | 0.2 | |
| 13 | X | 24.0 | 2,960 | | 2.3 | | | | | | | | | 0.6 | |
| 14 | X | 24.0 | 2,850 | | 1.8 | | | | | | | | | 0.6 | |
| 15 | | 24.0 | 2,920 | | | | | | | | | | | | |
| 16 | | 24.0 | 2,920 | | | | | | | | | | | | |
| 17 | X | 24.0 | 2,920 | | 1.8 | | | | | | | | | 0.7 | |
| 18 | X | 24.0 | 2,490 | | 1.8 | | | | | | | | | 0.6 | |
| 19 | X | 24.0 | 3,270 | | 1.5 | | | | | | | | | 0.5 | |
| 20 | X | 24.0 | 2,410 | | 1.8 | | | | | | | | | 0.5 | |
| 21 | X | 24.0 | 3,970 | | 2.3 | | | | | | | | | 0.9 | |
| 22 | | 24.0 | 3,933 | | | | | | | | | | | | |
| 23 | | 24.0 | 3,933 | | | | | | | | | | | | |
| 24 | X | 24.0 | 3,933 | | 1.3 | | | | | | | | | 0.5 | |
| 25 | X | 24.0 | 2,550 | | 2.0 | | | | | | | | | 0.8 | |
| 26 | X | 24.0 | 2,710 | | 2.3 | | | | | | | | | 0.8 | |
| 27 | X | 24.0 | 3,140 | | 1.8 | | | | | | | | | 0.7 | |
| 28 | X | 24.0 | 2,680 | | 1.8 | | | | | | | | | 0.6 | |
| 29 | | 24.0 | 5,077 | | | | | | | | | | | | |
| 30 | | 24.0 | 5,077 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 109,343 | | | | | | | | | | | | |
| Average | | | 3,527 | | | | | | | | | | | | |
| Maximum | | | 5,853 | | | | | | | | | | | | |

* 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: October, 2007

A. Public Water System (PWS) Information

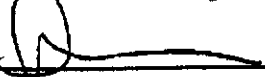
| | | | | | |
|--|---|--|--|--|--------------|
| PWS Name: | Wootens | | | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | | | Total Population Served at End of Month: | 87 |
| 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 |
| Contact Person's Telephone Number: | (352)-787-098 | Zip Code: | 34749 | | |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | | | | |
| Contact Person's Fax Number: | (352)-787-6333 | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|---------------|----------------|---|---------------|
| Plant Name: | Wootens | | | Plant Telephone Number: | (352)787-0980 |
| Plant Address: | Hess Road | City: | Georgetown | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | | <input type="checkbox"/> 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.): | 60,000 | | | | |
| Plant Class (per subsection 62-699.310(4), F.A.C.): | P, S, D | | | | |
| Licensed Operators: | (Name) | License Class | License Number | 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 | |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  11/08/07

Printed or Typed Name: Paul Thompson

License Number: 7251

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: October, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place 'X' in Operation) | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations or UV Dose to Demstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions or Maintenance Work that Involves Taking Water System Components Out of Operation | | | |
|------------------|--|--------------------------|--|--|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|--|--|
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | | |
| 1 | X | 24.0 | 5,076 | | 2.5 | | | | | | | | | | | | |
| 2 | X | 24.0 | 2,600 | | 1.3 | | | | | | | | | | | | |
| 3 | X | 24.0 | 3,060 | | 2.0 | | | | | | | | | | | | |
| 4 | X | 24.0 | 2,760 | | 1.8 | | | | | | | | | | | | |
| 5 | X | 24.0 | 2,660 | | 1.5 | | | | | | | | | | | | |
| 6 | | 24.0 | 3,550 | | | | | | | | | | | | | | |
| 7 | | 24.0 | 3,550 | | | | | | | | | | | | | | |
| 8 | X | 24.0 | 3,550 | | 0.6 | | | | | | | | | | | | |
| 9 | X | 24.0 | 1,800 | | 1.5 | | | | | | | | | | | | |
| 10 | X | 24.0 | 2,810 | | 1.8 | | | | | | | | | | | | |
| 11 | X | 24.0 | 4,320 | | 1.5 | | | | | | | | | | | | |
| 12 | X | 24.0 | 3,150 | | 1.7 | | | | | | | | | | | | |
| 13 | | 24.0 | 3,247 | | | | | | | | | | | | | | |
| 14 | | 24.0 | 3,247 | | | | | | | | | | | | | | |
| 15 | X | 24.0 | 3,247 | | 1.5 | | | | | | | | | | | | |
| 16 | X | 24.0 | 2,860 | | 1.3 | | | | | | | | | | | | |
| 17 | X | 24.0 | 2,140 | | 1.8 | | | | | | | | | | | | |
| 18 | X | 24.0 | 2,630 | | 1.8 | | | | | | | | | | | | |
| 19 | X | 24.0 | 2,490 | | 1.5 | | | | | | | | | | | | |
| 20 | | 24.0 | 2,903 | | | | | | | | | | | | | | |
| 21 | | 24.0 | 2,903 | | | | | | | | | | | | | | |
| 22 | X | 24.0 | 2,903 | | 1.7 | | | | | | | | | | | | |
| 23 | X | 24.0 | 2,970 | | 2.0 | | | | | | | | | | | | |
| 24 | X | 24.0 | 2,640 | | 1.2 | | | | | | | | | | | | |
| 25 | X | 24.0 | 2,800 | | 2.3 | | | | | | | | | | | | |
| 26 | X | 24.0 | 2,890 | | 2.0 | | | | | | | | | | | | |
| 27 | | 24.0 | 3,213 | | | | | | | | | | | | | | |
| 28 | | 24.0 | 3,213 | | | | | | | | | | | | | | |
| 29 | X | 24.0 | 3,213 | | 1.5 | | | | | | | | | | | | |
| 30 | X | 24.0 | 1,840 | | 2.1 | | | | | | | | | | | | |
| 31 | X | 24.0 | 3,010 | | 1.7 | | | | | | | | | | | | |
| Total | | | 93,246 | | | | | | | | | | | | | | |
| Average | | | 3,008 | | | | | | | | | | | | | | |
| Maximum | | | 5,076 | | | | | | | | | | | | | | |

* 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: November, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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) 787-098 | | Contact Person's Fax Number: (352) 787-6333 | |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | | |

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 | | |
| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | |
|--|--|---|
| <p><u></u> <u>12/7/07</u></p> <p>Signature and Date</p> | <p><u>Paul Thompson</u></p> <p>Printed or Typed Name</p> | <p><u>A7251</u></p> <p>License Number</p> |
|--|--|---|

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: November, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|---------------------------------|----------------------------|-------------------------------|--|---|--|--|
| | | | | CT Calculations | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C if Applicable | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | | | Minimum UV Dose Required, mW-sec/cm ² |
| 1 | X | 24.0 | 2,890 | | 1.5 | | | | | | | | 0.5 | |
| 2 | X | 24.0 | 2,250 | | 1.8 | | | | | | | | 0.6 | |
| 3 | | 24.0 | 2,770 | | | | | | | | | | | |
| 4 | | 24.0 | 2,770 | | | | | | | | | | | |
| 5 | X | 24.0 | 2,770 | | 1.5 | | | | | | | | 0.4 | |
| 6 | X | 24.0 | 2,300 | | 1.8 | | | | | | | | 0.6 | |
| 7 | X | 24.0 | 1,610 | | 2.0 | | | | | | | | 0.8 | |
| 8 | X | 24.0 | 2,620 | | 2.1 | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 2,600 | | 2.0 | | | | | | | | 0.8 | |
| 10 | | 24.0 | 3,530 | | | | | | | | | | | |
| 11 | | 24.0 | 3,530 | | | | | | | | | | | |
| 12 | X | 24.0 | 3,530 | | 1.5 | | | | | | | | 0.6 | |
| 13 | X | 24.0 | 2,800 | | 1.5 | | | | | | | | 0.6 | |
| 14 | X | 24.0 | 2,560 | | 1.2 | | | | | | | | 0.4 | |
| 15 | X | 24.0 | 4,300 | | 3.1 | | | | | | | | 1.9 | |
| 16 | X | 24.0 | 2,530 | | 2.4 | | | | | | | | 1.6 | |
| 17 | | 24.0 | 2,987 | | | | | | | | | | | |
| 18 | | 24.0 | 2,987 | | | | | | | | | | | |
| 19 | X | 24.0 | 2,987 | | 2.2 | | | | | | | | 1.5 | |
| 20 | X | 24.0 | 2,400 | | 1.5 | | | | | | | | 0.7 | |
| 21 | X | 24.0 | 3,020 | | 1.8 | | | | | | | | 0.7 | |
| 22 | X | 24.0 | 2,490 | | 2.0 | | | | | | | | 0.9 | |
| 23 | X | 24.0 | 3,560 | | 1.4 | | | | | | | | 0.6 | |
| 24 | | 24.0 | 3,583 | | | | | | | | | | | |
| 25 | | 24.0 | 3,583 | | | | | | | | | | | |
| 26 | X | 24.0 | 3,583 | | 1.5 | | | | | | | | 0.6 | |
| 27 | X | 24.0 | 3,040 | | 1.5 | | | | | | | | 0.8 | |
| 28 | X | 24.0 | 3,160 | | 1.5 | | | | | | | | 0.9 | |
| 29 | X | 24.0 | 2,300 | | 1.4 | | | | | | | | 0.7 | |
| 30 | X | 24.0 | 3,130 | | 1.5 | | | | | | | | 0.8 | |
| 31 | | 24.0 | | | | | | | | | | | | |
| Total | | | 88,170 | | | | | | | | | | | |
| Average | | | 2,844 | | | | | | | | | | | |
| Maximum | | | 4,300 | | | | | | | | | | | |

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General information for the Month/Year of: December, 2007

A. Public Water System (PWS) Information

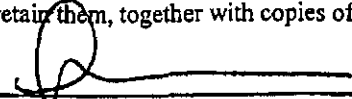
| | | | |
|--|---|--|----------------|
| PWS Name: | Wootens | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | Total Population Served at End of Month: | 87 |
| 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) 787-098 | Contact Person's Fax Number: | (352) 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 | City: | Georgetown | |
| | | State: | Florida | |
| | | Zip Code: | 32139 | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 | | | |
| Licensed Operators | Name | License Class | License Number | 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

 01/09/08
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: December, 2007

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|--|---|--|---|-------------------|----------------------------|-------------------------------|--|--|-----|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg·min/L | Lowest Operating UV Dose, mW·sec/cm ² | Minimum UV Dose Required, mW·sec/cm ² | | | |
| 1 | | 24.0 | 2,940 | | | | | | | | | | | | |
| 2 | | 24.0 | 2,940 | | | | | | | | | | | | |
| 3 | X | 24.0 | 2,940 | | 1.1 | | | | | | | | 0.3 | | |
| 4 | X | 24.0 | 1,980 | | 1.6 | | | | | | | | 0.6 | | |
| 5 | X | 24.0 | 2,250 | | 1.7 | | | | | | | | 0.6 | | |
| 6 | X | 24.0 | 1,980 | | 1.9 | | | | | | | | 0.9 | | |
| 7 | X | 24.0 | 2,240 | | 1.6 | | | | | | | | 0.7 | | |
| 8 | | 24.0 | 2,990 | | | | | | | | | | | | |
| 9 | | 24.0 | 2,990 | | | | | | | | | | | | |
| 10 | X | 24.0 | 2,990 | | 0.8 | | | | | | | | 0.4 | | |
| 11 | X | 24.0 | 1,890 | | 0.6 | | | | | | | | 0.3 | | |
| 12 | X | 24.0 | 3,830 | | 1.7 | | | | | | | | 0.8 | | |
| 13 | X | 24.0 | 2,430 | | 1.3 | | | | | | | | 0.5 | | |
| 14 | X | 24.0 | 3,180 | | 1.6 | | | | | | | | 0.8 | | |
| 15 | | 24.0 | 2,860 | | | | | | | | | | | | |
| 16 | | 24.0 | 2,860 | | | | | | | | | | | | |
| 17 | X | 24.0 | 2,860 | | 1.9 | | | | | | | | 1.0 | | |
| 18 | X | 24.0 | 2,490 | | 2.2 | | | | | | | | 1.2 | | |
| 19 | X | 24.0 | 2,810 | | 1.2 | | | | | | | | 0.5 | | |
| 20 | X | 24.0 | 2,810 | | 1.1 | | | | | | | | 0.5 | | |
| 21 | X | 24.0 | 3,520 | | 1.6 | | | | | | | | 0.8 | | |
| 22 | | 24.0 | 4,813 | | | | | | | | | | | | |
| 23 | | 24.0 | 4,813 | | | | | | | | | | | | |
| 24 | X | 24.0 | 4,813 | | 1.6 | | | | | | | | 0.8 | | |
| 25 | X | 24.0 | 2,680 | | 1.7 | | | | | | | | 0.8 | | |
| 26 | X | 24.0 | 3,320 | | 1.0 | | | | | | | | 0.4 | | |
| 27 | X | 24.0 | 3,230 | | 1.0 | | | | | | | | 0.8 | | |
| 28 | X | 24.0 | 3,540 | | 1.3 | | | | | | | | 0.6 | | |
| 29 | | 24.0 | 4,547 | | | | | | | | | | | | |
| 30 | | 24.0 | 4,547 | | | | | | | | | | | | |
| 31 | X | 24.0 | 4,547 | | 1.3 | | | | | | | | 0.7 | | |
| Total | | | 98,630 | | | | | | | | | | | | |
| Maximum | | | 3,182 | | | | | | | | | | | | |
| Maximum | | | 4,813 | | | | | | | | | | | | |

* 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

| | | | |
|---------|---------|-------------|---------|
| PWS ID: | 2541280 | Plant Name: | Wootens |
|---------|---------|-------------|---------|

| | |
|---|-------------|
| IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * | 2005 |
|---|-------------|

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| |
|--|
| Type of Sequestrant (polyphosphate or sodium silicate): |
| Sequestrant Dose, mg/L of phosphate 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.

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: January, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|-----------------------|
| PWS Name: <u>Wootens</u> | | PWS Identification Number: <u>2541280</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: <u>29</u> | | Total Population Served at End of Month: <u>87</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> |
| | | Zip Code: <u>34749</u> | |
| Contact Person's Telephone Number: <u>(352) 787-0980</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| Plant Name: <u>Wootens</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | |
|--|---------------|--|--------------------------|
| Plant Address: <u>Hess Road</u> | | City: <u>Georgetown</u> | State: <u>Florida</u> |
| | | Zip Code: <u>32139</u> | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>60,000</u> | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | |
| Licensed Operator's Name | License Class | License Number | Day(s) & Shift(s) Worked |
| Lead/Chief Operator: <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| Other Operator: <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 2/7/06 Printed or Typed Name: Paul Thompson License Number: A7251

DOCUMENT NUMBER - DATE

04330 MAY 22 06

FPSC-COMMISSION CLERK

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: January, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced (gal) | C/L Calculations, with a Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|--|--|--|-------------------|-------------------|-------------------------------|-------------------------------------|---|---|--|---|
| | | | | C/L Calculations | | | | | C/L Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow, mg/l | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or After Customer During Peak Flow, mg-min/l | Temp of Water, °C | Temp of Water, °F | Minimum CT Required, mg-min/l | Minimum Operating CT Dose, mg-min/l | Minimum CT Dose, mg-min/cm ³ | Minimum CT Dose, mg-min/cm ³ | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L |
| 1 | | 24.0 | 4,885 | | | | | | | | | | | | |
| 2 | X | 24.0 | 4,885 | | | | | | | | | | | | |
| 3 | X | 24.0 | 3,290 | | | | | | | | | | | | 0.3 |
| 4 | X | 24.0 | 3,000 | | | | | | | | | | | | 0.4 |
| 5 | X | 24.0 | 2,250 | | | | | | | | | | | | 0.3 |
| 6 | X | 24.0 | 3,570 | | | | | | | | | | | | 0.3 |
| 7 | | 24.0 | 5,560 | | | | | | | | | | | | |
| 8 | | 24.0 | 5,560 | | | | | | | | | | | | |
| 9 | X | 24.0 | 5,560 | | | | | | | | | | | | 0.3 |
| 10 | X | 24.0 | 2,810 | | | | | | | | | | | | 0.6 |
| 11 | X | 24.0 | 2,840 | | | | | | | | | | | | 0.4 |
| 12 | X | 24.0 | 1,840 | | | | | | | | | | | | 0.4 |
| 13 | X | 24.0 | 3,870 | | | | | | | | | | | | 0.4 |
| 14 | | 24.0 | 2,963 | | | | | | | | | | | | |
| 15 | | 24.0 | 2,963 | | | | | | | | | | | | |
| 16 | X | 24.0 | 2,963 | | | | | | | | | | | | 0.3 |
| 17 | X | 24.0 | 2,330 | | | | | | | | | | | | 0.3 |
| 18 | X | 24.0 | 2,980 | | | | | | | | | | | | 0.3 |
| 19 | X | 24.0 | 1,780 | | | | | | | | | | | | 0.3 |
| 20 | X | 24.0 | 3,610 | | | | | | | | | | | | 0.3 |
| 21 | | 24.0 | 2,707 | | | | | | | | | | | | 0.3 |
| 22 | | 24.0 | 2,707 | | | | | | | | | | | | |
| 23 | X | 24.0 | 2,707 | | | | | | | | | | | | 1.2 |
| 24 | X | 24.0 | 1,760 | | | | | | | | | | | | 1.1 |
| 25 | X | 24.0 | 3,320 | | | | | | | | | | | | 1.2 |
| 26 | X | 24.0 | 2,380 | | | | | | | | | | | | 1.2 |
| 27 | X | 24.0 | 2,340 | | | | | | | | | | | | 1.2 |
| 28 | | 24.0 | 3,027 | | | | | | | | | | | | 1.2 |
| 29 | | 24.0 | 3,027 | | | | | | | | | | | | |
| 30 | X | 24.0 | 3,027 | | | | | | | | | | | | |
| 31 | X | 24.0 | 2,690 | | | | | | | | | | | | 0.8 |
| Total | | | 99,200 | | | | | | | | | | | | 0.7 |
| Average | | | 3,200 | | | | | | | | | | | | |
| Maximum | | | 5,560 | | | | | | | | | | | | |

* 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, 2006

A. Public Water System (PWS) Information

| | | | |
|---|--|---|----------------|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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 |
| Contact Person's Telephone Number: (352) 787-098 | | Zip Code: 34749 | |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | Contact Person's Fax Number: (352) 787-6333 | |

B. Water Treatment Plant Information

| Plant Name: Wootens | | Plant Telephone Number: (352) 787-0980 | | |
|--|---------------|---|----------------|------------------------|
| Plant Address: Hess Road | | City: Georgetown | State: Florida | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32139 | | |
| 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 | | |
| Licensed Operator | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| Lead/Chief Operator | Paul Thompson | A | 7251 | Days 1st Shift |
| Other Operator | David Haring | C | 14091 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 3/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: **2541280** Plant Name: **Wootens**

III. Daily Data for the Month/Year of: **February, 2006**

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced (gal) | CT Calculations | | | | UV Dose | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|----------------------|--|-------------------------------------|--|---------------------|---------------------|--|--|--|--|--|
| | | | | Peak Flow Rate (gpd) | Lowest Residual Disinfectant Concentration (mg/L) Before or at Remote Customer During Peak Flow (mg/L) | Disinfectant Contact Time (minutes) | Lowest CT Provided Before or at Remote Customer During Peak Flow (min/L) | Temp. of Water (°C) | Temp. of Water (°F) | Minimum UV Required (min/cm ²) | Lowest Operating UV Dose (mW-sec/cm ²) | | | Minimum UV Dose Required (mW-sec/cm ²) |
| 1 | X | 24.0 | 3,460 | | 1.8 | | | | | | | | 0.7 | |
| 2 | X | 24.0 | 3,140 | | 1.3 | | | | | | | | 0.4 | |
| 3 | X | 24.0 | 3,030 | | 1.4 | | | | | | | | 0.4 | |
| 4 | | 24.0 | 2,620 | | | | | | | | | | | |
| 5 | | 24.0 | 2,620 | | | | | | | | | | | |
| 6 | X | 24.0 | 2,620 | | 1.2 | | | | | | | | 0.3 | |
| 7 | X | 24.0 | 2,100 | | 1.3 | | | | | | | | 0.5 | |
| 8 | X | 24.0 | 3,430 | | 1.3 | | | | | | | | 0.3 | |
| 9 | X | 24.0 | 2,180 | | 1.8 | | | | | | | | 0.6 | |
| 10 | X | 24.0 | 4,310 | | 2.4 | | | | | | | | 0.7 | |
| 11 | | 24.0 | 11,770 | | | | | | | | | | | |
| 12 | | 24.0 | 11,770 | | | | | | | | | | | |
| 13 | X | 24.0 | 11,770 | | 0.3 | | | | | | | | 0.3 | |
| 14 | X | 24.0 | 3,890 | | 1.5 | | | | | | | | 0.4 | |
| 15 | X | 24.0 | 3,100 | | 1.5 | | | | | | | | 0.4 | |
| 16 | X | 24.0 | 2,660 | | 1.2 | | | | | | | | 0.3 | |
| 17 | X | 24.0 | 2,840 | | 1.1 | | | | | | | | 0.3 | |
| 18 | | 24.0 | 3,013 | | | | | | | | | | | |
| 19 | | 24.0 | 3,013 | | | | | | | | | | | |
| 20 | X | 24.0 | 3,013 | | 1.2 | | | | | | | | 0.3 | |
| 21 | X | 24.0 | 2,560 | | 1.2 | | | | | | | | 0.3 | |
| 22 | X | 24.0 | 2,390 | | 1.3 | | | | | | | | 0.3 | |
| 23 | X | 24.0 | 1,650 | | 1.3 | | | | | | | | 0.3 | |
| 24 | X | 24.0 | 3,330 | | 1.7 | | | | | | | | 0.4 | |
| 25 | | 24.0 | 2,723 | | | | | | | | | | | |
| 26 | | 24.0 | 2,723 | | | | | | | | | | | |
| 27 | X | 24.0 | 2,723 | | 1.5 | | | | | | | | 0.4 | |
| 28 | X | 24.0 | 2,240 | | 1.6 | | | | | | | | 0.4 | |
| 29 | | 24.0 | | | | | | | | | | | | |
| 30 | | 24.0 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | |
| Total | | | 106,690 | | | | | | | | | | | |
| Average | | | 3,442 | | | | | | | | | | | |
| Maximum | | | 11,770 | | | | | | | | | | | |

* 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: March, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--------------------------------------|--------------|
| PWS Name: | Wootens | | | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | Total Population Served at End of Month: | 87 | | |
| 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 |
| Contact Person's Telephone Number: | (352) 787-098 | Contact Person's Fax Number: | (352) 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 | City: | Georgetown | State: | Florida | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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 | |
| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked | | |
| Lead/Chief Operator | Paul Thompson | A | 7251 | Days 1st Shift | | |
| Other Operators | David Haring | C | 14091 | Days 1st Shift | | |
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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, together with copies of this report, at a convenient location for at least ten years.

| | | | |
|--------------------|--------|-----------------------|----------------|
| | 4/6/06 | 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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: March, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced (gal) | CI Calculations for UV Dose to Demolish Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions? Repair or Maintenance Work that Involves Taking Water System Components Out of Operation: |
|------------------|---|--------------------------|---|--|--|-------------------------------------|--|---------------------------|--|--|--|---|-----|---|
| | | | | CI Calculations | | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate (gpd) | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L) | Disinfectant Contact Time (T) (min) | Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L) | Minimum CT Required (min) | Minimum UV Dose Required (mW-sec/cm ²) | Lowest Operating UV Dose (mW-sec/cm ²) | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | Conditions? Repair or Maintenance Work that Involves Taking Water System Components Out of Operation: | | |
| 1 | X | 24.0 | 2,920 | | 1.8 | | | | | | | | 0.4 | |
| 2 | X | 24.0 | 2,570 | | 1.5 | | | | | | | | 0.3 | |
| 3 | X | 24.0 | 2,530 | | 1.5 | | | | | | | | 0.3 | |
| 4 | | 24.0 | 3,297 | | | | | | | | | | | |
| 5 | | 24.0 | 3,297 | | | | | | | | | | | |
| 6 | X | 24.0 | 3,297 | | 2.5 | | | | | | | | 1.0 | |
| 7 | X | 24.0 | 3,810 | | 2.4 | | | | | | | | 1.0 | |
| 8 | X | 24.0 | 2,390 | | 2.4 | | | | | | | | 1.2 | |
| 9 | X | 24.0 | 2,160 | | 2.2 | | | | | | | | 1.0 | |
| 10 | X | 24.0 | 2,990 | | 2.4 | | | | | | | | 1.1 | |
| 11 | | 24.0 | 3,227 | | | | | | | | | | | |
| 12 | | 24.0 | 3,227 | | | | | | | | | | | |
| 13 | X | 24.0 | 3,227 | | 1.8 | | | | | | | | 0.4 | |
| 14 | X | 24.0 | 3,270 | | 1.6 | | | | | | | | 0.6 | |
| 15 | X | 24.0 | 2,020 | | 1.5 | | | | | | | | 0.3 | |
| 16 | X | 24.0 | 3,020 | | 0.6 | | | | | | | | 0.3 | |
| 17 | X | 24.0 | 2,920 | | 1.3 | | | | | | | | 0.4 | |
| 18 | | 24.0 | 3,483 | | | | | | | | | | | |
| 19 | | 24.0 | 3,483 | | | | | | | | | | | |
| 20 | X | 24.0 | 3,483 | | 1.4 | | | | | | | | 0.3 | |
| 21 | X | 24.0 | 2,560 | | 1.5 | | | | | | | | 0.3 | |
| 22 | X | 24.0 | 3,160 | | 1.3 | | | | | | | | 0.3 | |
| 23 | X | 24.0 | 2,330 | | 1.5 | | | | | | | | 0.4 | |
| 24 | X | 24.0 | 4,960 | | 1.5 | | | | | | | | 0.4 | |
| 25 | | 24.0 | 3,510 | | | | | | | | | | | |
| 26 | | 24.0 | 3,510 | | | | | | | | | | | |
| 27 | X | 24.0 | 3,510 | | 1.5 | | | | | | | | 0.3 | |
| 28 | X | 24.0 | 3,040 | | 1.5 | | | | | | | | 0.4 | |
| 29 | X | 24.0 | 3,810 | | 1.5 | | | | | | | | 0.3 | |
| 30 | X | 24.0 | 4,060 | | 1.5 | | | | | | | | 0.5 | |
| 31 | X | 24.0 | 5,570 | | 1.6 | | | | | | | | 0.4 | |
| Total | | | 100,640 | | | | | | | | | | | |
| Average | | | 3,246 | | | | | | | | | | | |
| Maximum | | | 5,570 | | | | | | | | | | | |

* 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, 2006

A. Public Water System (PWS) Information

| | | | | | | | |
|--|--|--|----------------|--------|---------|-----------|-------|
| PWS Name: | Wootens | PWS Identification Number: | 2541280 | | | | |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | | | | |
| Number of Service Connections at End of Month: | 29 | Total Population Served at End of Month: | 87 | | | | |
| 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) 787-098 | Contact Person's Fax Number: | (352) 787-6333 | | | | |
| Contact Person's E-Mail Address: | bheath@aquaaamerica.com | | | | | | |

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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 | | | | | |
| Licensed Operators: | Name | License Class | License Number | 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 | | | |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date 5/4/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

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

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place 'X') | Hours plant in Operation | Net Quantity of Finished Water Produced (gal) | Ct Calculations on UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|--|---|---|--|------------------|------------------|----------------------------|---|---|---|--|--|
| | | | | Ct Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration Before or After Customer, During Peak Flow, mg/L | Disinfectant Contact Time (T ₉₀) Measurement Point, During Peak Flow, minutes | Lowest Ct Provided Before or After Customer, During Peak Flow, min/L | Temp of Water, C | Temp of Water, F | Minimum Ct Required, min/L | Minimum UV Dose Required, mWsec/cm ² | Lowest Operating UV Dose, mWsec/cm ² | Minimum UV Dose Required, mWsec/cm ² | | Lowest Residual Disinfectant Concentration Remote Point in Distribution System, mg/L |
| 1 | | 24.0 | 4,913 | | | | | | | | | | | | |
| 2 | | 24.0 | 4,913 | | | | | | | | | | | | |
| 3 | X | 24.0 | 4,913 | | | 1.5 | | | | | | | | 0.3 | |
| 4 | X | 24.0 | 3,800 | | | 1.5 | | | | | | | | 0.4 | |
| 5 | X | 24.0 | 2,290 | | | 1.4 | | | | | | | | 0.3 | |
| 6 | X | 24.0 | 1,800 | | | 1.5 | | | | | | | | 0.4 | |
| 7 | X | 24.0 | 3,860 | | | 1.4 | | | | | | | | 0.3 | |
| 8 | | 24.0 | 3,073 | | | | | | | | | | | | |
| 9 | | 24.0 | 3,073 | | | | | | | | | | | | |
| 10 | X | 24.0 | 3,073 | | | 1.5 | | | | | | | | 0.3 | |
| 11 | X | 24.0 | 4,780 | | | 1.5 | | | | | | | | 0.3 | |
| 12 | X | 24.0 | 3,820 | | | 1.4 | | | | | | | | 0.3 | |
| 13 | X | 24.0 | 4,100 | | | 1.4 | | | | | | | | 0.3 | |
| 14 | X | 24.0 | 4,270 | | | 1.3 | | | | | | | | 0.3 | |
| 15 | | 24.0 | 4,430 | | | | | | | | | | | 0.3 | |
| 16 | | 24.0 | 4,430 | | | | | | | | | | | | |
| 17 | X | 24.0 | 4,430 | | | 1.4 | | | | | | | | 0.3 | |
| 18 | X | 24.0 | 3,470 | | | 1.4 | | | | | | | | 0.3 | |
| 19 | X | 24.0 | 3,700 | | | 1.0 | | | | | | | | 0.3 | |
| 20 | X | 24.0 | 3,760 | | | 1.6 | | | | | | | | 0.3 | |
| 21 | X | 24.0 | 3,520 | | | 1.7 | | | | | | | | 0.3 | |
| 22 | | 24.0 | 4,467 | | | | | | | | | | | | |
| 23 | | 24.0 | 4,467 | | | | | | | | | | | | |
| 24 | X | 24.0 | 4,467 | | | 1.7 | | | | | | | | 0.3 | |
| 25 | X | 24.0 | 3,100 | | | 1.8 | | | | | | | | 0.2 | |
| 26 | X | 24.0 | 3,430 | | | 1.7 | | | | | | | | 0.4 | |
| 27 | X | 24.0 | 2,640 | | | 2.5 | | | | | | | | 1.1 | |
| 28 | X | 24.0 | 3,920 | | | 2.3 | | | | | | | | 1.3 | |
| 29 | | 24.0 | 3,827 | | | | | | | | | | | | |
| 30 | | 24.0 | 3,827 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 114,563 | | | | | | | | | | | | |
| Minimum | | | 3,696 | | | | | | | | | | | | |
| Maximum | | | 4,913 | | | | | | | | | | | | |

* 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: May, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|---------------------|
| PWS Name: | <u>Wootens</u> | | | PWS Identification Number: | <u>2541280</u> |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | <u>29</u> | | | Total Population Served at End of Month: | <u>87</u> |
| PWS Owner: | <u>Aqua Utilities Florida</u> | | | | |
| Contact Person: | <u>Brian Heath</u> | | | Contact Person's Title: | <u>Area Manager</u> |
| Contact Person's Mailing Address: | <u>PO Box 490310</u> | City: | <u>Leesburg</u> | State: | <u>Florida</u> |
| Contact Person's Telephone Number: | <u>(352) 787-098</u> | Contact Person's Fax Number: | <u>(352) 787-6333</u> | | |
| Contact Person's E-Mail Address: | <u>bheath@aquaaamerica.com</u> | | | | |

B. Water Treatment Plant Information

| | | | | | |
|-----------------------------------|--|-------|---|-------------------------|-----------------------|
| Plant Name: | <u>Wootens</u> | | | Plant Telephone Number: | <u>(352) 787-0980</u> |
| Plant Address: | <u>Hess Road</u> | City: | <u>Georgetown</u> | State: | <u>Florida</u> |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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

| Licensed Operator | Name | License Class | License Number | Day(s) / Shift(s) Worked |
|-------------------|-----------------------|---------------|----------------|--------------------------|
| | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

[Signature] 5/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: May, 2006

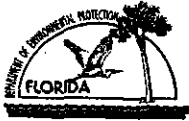
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

| Day of the Month | Days Plant Staffed or Visited by Operator (Place X) | Hours in Plant Operations | Net Quantity of Finished Water Produced (gal) | C) Calculations on UV Dose to Demstrate Four Log Virus Inactivation if Applicable | | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|------------------|---|---------------------------|---|---|-------------------------|-----------------------------------|-------------------------------------|---|---|--------------------------|-----------------------------|--|--|--|--|---|-----|
| | | | | C1) Calculations | | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate (gpd) | Minimum Flow Rate (gpd) | Disinfectant Concentration (mg/L) | Disinfectant Contact Time (minutes) | Lowest CT Provided Before Peak Flow (min/L) | Lowest CT Provided During Peak Flow (min/L) | Temperature of Water (C) | pH of Water (if applicable) | Minimum UV Dose Required (mJ/cm ²) | Lowest Operating UV Dose (mJ/cm ²) | Minimum UV Dose Required (mJ/cm ²) | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | |
| | X | 24.0 | 3,827 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 2,930 | | | | | | | | | | | | | | 1.2 |
| | X | 24.0 | 3,270 | | | | | | | | | | | | | | 0.5 |
| | X | 24.0 | 3,390 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 5,120 | | | | | | | | | | | | | | 0.3 |
| | | 24.0 | 5,453 | | | | | | | | | | | | | | |
| | | 24.0 | 5,453 | | | | | | | | | | | | | | |
| | X | 24.0 | 5,453 | | | | | | | | | | | | | | 0.5 |
| | X | 24.0 | 4,800 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 3,600 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 3,570 | | | | | | | | | | | | | | 0.5 |
| | X | 24.0 | 2,840 | | | | | | | | | | | | | | 0.3 |
| | | 24.0 | 3,850 | | | | | | | | | | | | | | |
| | | 24.0 | 3,850 | | | | | | | | | | | | | | |
| | X | 24.0 | 3,850 | | | | | | | | | | | | | | 0.8 |
| | X | 24.0 | 3,090 | | | | | | | | | | | | | | 0.4 |
| | X | 24.0 | 3,468 | | | | | | | | | | | | | | 0.4 |
| | X | 24.0 | 2,450 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 3,880 | | | | | | | | | | | | | | 0.4 |
| | | 24.0 | 3,470 | | | | | | | | | | | | | | |
| | | 24.0 | 3,470 | | | | | | | | | | | | | | |
| | X | 24.0 | 3,470 | | | | | | | | | | | | | | 0.4 |
| | X | 24.0 | 2,940 | | | | | | | | | | | | | | 0.5 |
| | X | 24.0 | 4,320 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 3,870 | | | | | | | | | | | | | | 0.5 |
| | X | 24.0 | 3,600 | | | | | | | | | | | | | | 0.4 |
| | | 24.0 | 7,243 | | | | | | | | | | | | | | |
| | | 24.0 | 7,243 | | | | | | | | | | | | | | |
| | X | 24.0 | 7,243 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 5,180 | | | | | | | | | | | | | | 0.3 |
| | X | 24.0 | 3,510 | | | | | | | | | | | | | | 0.6 |
| | | | 129,607 | | | | | | | | | | | | | | |
| | | | 4,181 | | | | | | | | | | | | | | |
| | | | 7,243 | | | | | | | | | | | | | | |

* 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: June, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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) 787-098 | | Contact Person's Fax Number: (352) 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 | | City: Georgetown | State: Florida Zip Code: 32139 |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 | |
| Licensed Operators | Name | License Class | License Number / 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 |
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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 together with copies of this report, at a convenient location for at least ten years.

7/6/06
 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: June, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | X | 24.0 | 4,400 | | 1.5 | | | | | | | | | 0.8 | |
| 2 | X | 24.0 | 3,830 | | 1.5 | | | | | | | | | 0.6 | |
| 3 | | 24.0 | 3,367 | | | | | | | | | | | | |
| 4 | | 24.0 | 3,367 | | | | | | | | | | | | |
| 5 | X | 24.0 | 3,367 | | 1.8 | | | | | | | | | 0.8 | |
| 6 | X | 24.0 | 3,700 | | 1.5 | | | | | | | | | 0.7 | |
| 7 | X | 24.0 | 3,090 | | 2.5 | | | | | | | | | 0.8 | |
| 8 | X | 24.0 | 4,240 | | 1.3 | | | | | | | | | 0.3 | |
| 9 | X | 24.0 | 4,560 | | 1.8 | | | | | | | | | 0.7 | |
| 10 | | 24.0 | 4,320 | | | | | | | | | | | | |
| 11 | | 24.0 | 4,320 | | | | | | | | | | | | |
| 12 | X | 24.0 | 4,320 | | 1.5 | | | | | | | | | 0.4 | |
| 13 | X | 24.0 | 2,480 | | 1.5 | | | | | | | | | 0.4 | |
| 14 | X | 24.0 | 2,950 | | 1.5 | | | | | | | | | 0.4 | |
| 15 | X | 24.0 | 2,920 | | 2.0 | | | | | | | | | 1.0 | |
| 16 | X | 24.0 | 3,620 | | 1.6 | | | | | | | | | 0.8 | |
| 17 | | 24.0 | 3,687 | | | | | | | | | | | | |
| 18 | | 24.0 | 3,687 | | | | | | | | | | | | |
| 19 | X | 24.0 | 3,687 | | 1.3 | | | | | | | | | 0.5 | |
| 20 | X | 24.0 | 3,010 | | 1.7 | | | | | | | | | 0.6 | |
| 21 | X | 24.0 | 4,910 | | 1.7 | | | | | | | | | 0.5 | |
| 22 | X | 24.0 | 1,920 | | 1.5 | | | | | | | | | 0.4 | |
| 23 | X | 24.0 | 3,950 | | 2.5 | | | | | | | | | 1.5 | |
| 24 | | 24.0 | 3,623 | | | | | | | | | | | | |
| 25 | | 24.0 | 3,623 | | | | | | | | | | | | |
| 26 | X | 24.0 | 3,623 | | 0.7 | | | | | | | | | 0.3 | |
| 27 | X | 24.0 | 2,980 | | 1.5 | | | | | | | | | 0.5 | |
| 28 | X | 24.0 | 2,220 | | 1.3 | | | | | | | | | 0.4 | |
| 29 | X | 24.0 | 4,020 | | 2.1 | | | | | | | | | 0.5 | |
| 30 | X | 24.0 | 4,580 | | 1.0 | | | | | | | | | 0.3 | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 108,370 | | | | | | | | | | | | |
| Average | | | 3,496 | | | | | | | | | | | | |
| Maximum | | | 4,910 | | | | | | | | | | | | |

* 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: July, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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) 787-098 | | Contact Person's Fax Number: (352) 787-6333 | |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | | |

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 | |
| Licensed Operators | Name | License Class | License Number / 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

8/8/06

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: July, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced gal | CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|--|--|--|---|--------------------|----------------------------|-------------------------------|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or During Customer's Peak Flow, mg/L | Disinfectant Contact Time (T) at C/T Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| 1 | | 24.0 | 5,203 | | | | | | | | | | | | |
| 2 | | 24.0 | 5,203 | | | | | | | | | | | | |
| 3 | X | 24.0 | 5,203 | | 1.5 | | | | | | | | | 0.6 | |
| 4 | X | 24.0 | 4,550 | | 1.5 | | | | | | | | | 0.4 | |
| 5 | X | 24.0 | 3,770 | | 1.3 | | | | | | | | | 0.4 | |
| 6 | X | 24.0 | 3,850 | | 1.4 | | | | | | | | | 0.5 | |
| 7 | X | 24.0 | 2,810 | | 1.5 | | | | | | | | | 0.6 | |
| 8 | | 24.0 | 3,190 | | | | | | | | | | | | |
| 9 | | 24.0 | 3,190 | | | | | | | | | | | | |
| 10 | X | 24.0 | 3,190 | | 1.5 | | | | | | | | | 0.3 | |
| 11 | X | 24.0 | 2,520 | | 1.3 | | | | | | | | | 0.4 | |
| 12 | X | 24.0 | 3,200 | | 2.0 | | | | | | | | | 1.2 | |
| 13 | X | 24.0 | 2,780 | | 1.0 | | | | | | | | | 0.4 | |
| 14 | X | 24.0 | 3,050 | | 1.5 | | | | | | | | | 0.4 | |
| 15 | | 24.0 | 4,113 | | | | | | | | | | | 0.5 | |
| 16 | | 24.0 | 4,113 | | | | | | | | | | | | |
| 17 | X | 24.0 | 4,113 | | 1.5 | | | | | | | | | 0.4 | |
| 18 | X | 24.0 | 1,590 | | 1.0 | | | | | | | | | 0.4 | |
| 19 | X | 24.0 | 3,450 | | 1.5 | | | | | | | | | 0.6 | |
| 20 | X | 24.0 | 4,310 | | 2.0 | | | | | | | | | 0.4 | |
| 21 | X | 24.0 | 3,900 | | 1.5 | | | | | | | | | 0.5 | |
| 22 | | 24.0 | 4,323 | | | | | | | | | | | | |
| 23 | | 24.0 | 4,323 | | | | | | | | | | | | |
| 24 | X | 24.0 | 4,323 | | 1.5 | | | | | | | | | 0.4 | |
| 25 | X | 24.0 | 4,410 | | 1.5 | | | | | | | | | 0.5 | |
| 26 | X | 24.0 | 3,370 | | 2.5 | | | | | | | | | 1.5 | |
| 27 | X | 24.0 | 3,660 | | 1.5 | | | | | | | | | 0.4 | |
| 28 | X | 24.0 | 4,250 | | 1.5 | | | | | | | | | 0.4 | |
| 29 | | 24.0 | 3,990 | | | | | | | | | | | | |
| 30 | | 24.0 | 3,990 | | | | | | | | | | | | |
| 31 | X | 24.0 | 3,990 | | 1.3 | | | | | | | | | 0.4 | |
| Total | | | 117,930 | | | | | | | | | | | | |
| Average | | | 3,804 | | | | | | | | | | | | |
| Maximum | | | 5,203 | | | | | | | | | | | | |

* 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: August, 2006

A. Public Water System (PWS) Information

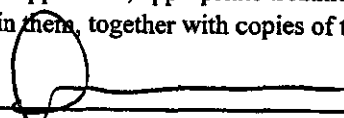
| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Wootens | | | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | | | Total Population Served at End of Month: | 87 |
| 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 |
| Contact Person's Telephone Number: | (352) 787-098 | | | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|---------------|---|---|----------------|--|
| Plant Name: | Wootens | | | Plant Telephone Number: | (352) 787-0980 | |
| Plant Address: | Hess Road | City: | Georgetown | State: | Florida | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> 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 | |
| Licensed Operators: | Name | License Class | License Number | Day(s) / Shift(s) Worked | | |
| Lead/Chief Operator: | Paul Thompson | A | 7251 | Days 1st Shift | | |
| Chief Operator: | David Haring | C | 14091 | Days 1st Shift | | |
| | Ralph Marriott | C | 7527 | Days 1st Shift | | |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  9/6/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541280 Plant Name: Wootens

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

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place X) | Hours plant in Operation | Net Quantity of Finished Water Produced (gallons) | CT/Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|------------------|---|--------------------------|---|---|---|--|--|-------------------|----------------------------|-------------------------------|--|--|--|---|--|-----|--|
| | | | | Peak Flow Rate, gpd | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | | Lowest Residual Disinfectant Concentration (C) Before or After Customer, During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or After Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | | | |
| | X | 24.0 | 4,010 | | | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 3,970 | | | | | | | | | | | | | 0.7 | |
| | X | 24.0 | 4,290 | | | | | | | | | | | | | 0.3 | |
| | X | 24.0 | 4,820 | | | | | | | | | | | | | 0.8 | |
| | | 24.0 | 4,570 | | | | | | | | | | | | | | |
| | | 24.0 | 4,570 | | | | | | | | | | | | | | |
| | X | 24.0 | 4,570 | | | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 3,240 | | | | | | | | | | | | | 0.8 | |
| | X | 24.0 | 5,400 | | | | | | | | | | | | | 1.0 | |
| | X | 24.0 | 3,790 | | | | | | | | | | | | | 0.4 | |
| | X | 24.0 | 3,180 | | | | | | | | | | | | | 0.5 | |
| | | 24.0 | 4,250 | | | | | | | | | | | | | | |
| | | 24.0 | 4,250 | | | | | | | | | | | | | | |
| | X | 24.0 | 4,250 | | | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,560 | | | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 5,610 | | | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 3,560 | | | | | | | | | | | | | 0.5 | |
| | X | 24.0 | 2,870 | | | | | | | | | | | | | 0.6 | |
| | | 24.0 | 2,923 | | | | | | | | | | | | | | |
| | | 24.0 | 2,923 | | | | | | | | | | | | | | |
| | X | 24.0 | 2,923 | | | | | | | | | | | | | 0.6 | |
| | X | 24.0 | 4,680 | | | | | | | | | | | | | 0.5 | |
| | X | 24.0 | 2,280 | | | | | | | | | | | | | 1.0 | |
| | X | 24.0 | 2,770 | | | | | | | | | | | | | 0.7 | |
| | X | 24.0 | 3,150 | | | | | | | | | | | | | 0.7 | |
| | | 24.0 | 4,160 | | | | | | | | | | | | | | |
| | | 24.0 | 4,160 | | | | | | | | | | | | | | |
| | X | 24.0 | 4,160 | | | | | | | | | | | | | 0.3 | |
| | X | 24.0 | 3,640 | | | | | | | | | | | | | 0.4 | |
| | X | 24.0 | 2,930 | | | | | | | | | | | | | 0.4 | |
| | X | 24.0 | 3,470 | | | | | | | | | | | | | 0.4 | |
| | | | 117,850 | | | | | | | | | | | | | | |
| | | | 3,802 | | | | | | | | | | | | | | |
| | | | 5,610 | | | | | | | | | | | | | | |

* 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: September, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: | Wootens | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 29 | Total Population Served at End of Month: | 87 |
| 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) 787-0988 | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | bheath@aquamerica.com | | |

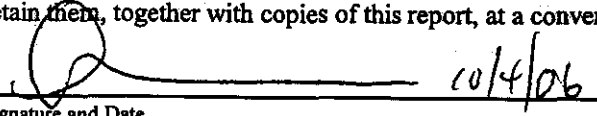
B. Water Treatment Plant Information

| | | | |
|---|--|---|----------------|
| 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: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 |

| Licensed Operators | Name | License Class | License Number | Day(s)/Shift(s) Worked |
|--------------------|----------------|---------------|----------------|------------------------|
| | Paul Thompson | A | 7251 | Days 1st Shift |
| | David Haring | C | 14091 | Days 1st Shift |
| | Ralph Marriott | C | 7527 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date  10/4/06

Printed or Typed Name Paul Thompson

License Number A7251

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: September, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Status Visited by Operator (Place X) | Hours Plant in Operation | Quantity of Finished Water Produced, gal | CT Calculations for UV Dose to Demolish Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|--------------------------|--|--|---|--|--|------------------|----------------------------|-------------------------------|--|--|--|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or After Customer/ During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or After Customer During Peak Flow, mg-min/L | Temp of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | |
| | X | 24.0 | 4,170 | | 1.2 | | | | | | | | | 0.4 | |
| | | 24.0 | 3,900 | | | | | | | | | | | | |
| | | 24.0 | 3,900 | | | | | | | | | | | | |
| | X | 24.0 | 3,900 | | 1.2 | | | | | | | | | 0.4 | |
| | X | 24.0 | 3,240 | | 1.0 | | | | | | | | | 0.4 | |
| | X | 24.0 | 2,580 | | 2.0 | | | | | | | | | 0.7 | |
| | X | 24.0 | 2,250 | | 2.0 | | | | | | | | | 0.8 | |
| | X | 24.0 | 2,010 | | 2.5 | | | | | | | | | 1.1 | |
| | | 24.0 | 3,053 | | | | | | | | | | | | |
| | | 24.0 | 3,053 | | | | | | | | | | | | |
| | X | 24.0 | 3,053 | | 1.5 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,090 | | 1.4 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,570 | | 1.3 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,180 | | 1.5 | | | | | | | | | 0.7 | |
| | X | 24.0 | 2,410 | | 1.3 | | | | | | | | | 0.5 | |
| | | 24.0 | 3,190 | | | | | | | | | | | | |
| | | 24.0 | 3,190 | | | | | | | | | | | | |
| | X | 24.0 | 3,190 | | 1.3 | | | | | | | | | 0.5 | |
| | X | 24.0 | 2,430 | | 1.3 | | | | | | | | | 0.5 | |
| | X | 24.0 | 2,930 | | 0.6 | | | | | | | | | 0.3 | |
| | X | 24.0 | 1,910 | | 1.5 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,090 | | 0.8 | | | | | | | | | 0.3 | |
| | | 24.0 | 2,560 | | | | | | | | | | | | |
| | | 24.0 | 2,560 | | | | | | | | | | | | |
| | X | 24.0 | 2,560 | | 2.2 | | | | | | | | | 0.9 | |
| | X | 24.0 | 2,480 | | 1.5 | | | | | | | | | 0.3 | |
| | X | 24.0 | 2,380 | | 1.3 | | | | | | | | | 0.9 | |
| | X | 24.0 | 1,820 | | 1.6 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,170 | | 1.7 | | | | | | | | | 0.6 | |
| | | 24.0 | 2,920 | | | | | | | | | | | | |
| | | 24.0 | 82,740 | | | | | | | | | | | | |
| | | | 2,669 | | | | | | | | | | | | |
| | | | 4,170 | | | | | | | | | | | | |

* 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: October, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Wootens | | | PWS Identification Number: | 2541280 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 29 | | | Total Population Served at End of Month: | 87 |
| 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 |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | bheath@aquamerica.com | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|----------------|---------------|---|------------------------|
| Plant Name: | Wootens | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Hess Road | | | City: | Georgetown |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | | <input type="checkbox"/> Purchased Finished Water | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 66,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | D | | | | |
| Licensed Operators | | Name | License Class | License Number | Day(s)/Shift(s) Worked |
| | | Paul Thompson | A | 7251 | Days 1st Shift |
| | | David Haring | C | 14091 | Days 1st Shift |
| | | Ralph Marriott | C | 7527 | Days 1st Shift |
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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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 11/3/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: October, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Started or Operator Place (C) | Hours/Minute of Operation | New Volume of Water Produced (mgd) | G1 Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|--|---------------------------|------------------------------------|--|-----------------------------------|------------------------|---|-----------------------------------|------------------|---------------------------|-----------------------------|--|--|---|--|
| | | | | G1 Calculations | | | | | UV Dose | | | | | | |
| | | | | Flow to End of Mainline (mgd) | Disinfectant Concentration (mg/L) | Contact Time (minutes) | Disinfectant Provided Before Peak Flowing (mgd) | Customs During Peak Flowing (mgd) | Temp of Water, C | pH of Water if Applicable | Minimum Ct Required (min/L) | Lowest Operating UV Dose (mW-sec/cm ²) | Minimum UV Dose Required (mW-sec/cm ²) | | |
| | | 24.0 | 4,385 | | | | | | | | | | | | |
| X | | 24.0 | 4,385 | | | 1.5 | | | | | | | | | 0.6 |
| X | | 24.0 | 2,200 | | | 1.5 | | | | | | | | | 0.7 |
| X | | 24.0 | 2,400 | | | 1.5 | | | | | | | | | 0.6 |
| X | | 24.0 | 2,590 | | | 1.3 | | | | | | | | | 0.6 |
| X | | 24.0 | 2,390 | | | 1.3 | | | | | | | | | 0.6 |
| | | 24.0 | 2,873 | | | | | | | | | | | | |
| | | 24.0 | 2,873 | | | | | | | | | | | | |
| X | | 24.0 | 2,873 | | | 1.5 | | | | | | | | | 0.6 |
| X | | 24.0 | 9,130 | | | 0.4 | | | | | | | | | 0.3 |
| X | | 24.0 | 2,440 | | | 2.6 | | | | | | | | | 1.8 |
| X | | 24.0 | 2,890 | | | 2.5 | | | | | | | | | 1.1 |
| X | | 24.0 | 4,920 | | | 1.3 | | | | | | | | | 1.0 |
| | | 24.0 | 3,370 | | | | | | | | | | | | |
| | | 24.0 | 3,370 | | | | | | | | | | | | |
| | | 24.0 | 3,370 | | | 1.7 | | | | | | | | | 0.6 |
| X | | 24.0 | 3,430 | | | 1.1 | | | | | | | | | 0.5 |
| X | | 24.0 | 3,070 | | | 1.3 | | | | | | | | | 0.5 |
| X | | 24.0 | 2,610 | | | 1.3 | | | | | | | | | 0.5 |
| X | | 24.0 | 3,130 | | | 1.2 | | | | | | | | | 0.4 |
| | | 24.0 | 3,753 | | | | | | | | | | | | |
| | | 24.0 | 3,753 | | | | | | | | | | | | |
| | | 24.0 | 3,753 | | | | | | | | | | | | 0.4 |
| X | | 24.0 | 5,320 | | | 2.0 | | | | | | | | | 0.7 |
| X | | 24.0 | 3,060 | | | 1.8 | | | | | | | | | 0.7 |
| X | | 24.0 | 1,770 | | | 1.9 | | | | | | | | | 0.8 |
| X | | 24.0 | 3,280 | | | 1.4 | | | | | | | | | 0.7 |
| | | 24.0 | 3,140 | | | | | | | | | | | | |
| | | 24.0 | 3,140 | | | | | | | | | | | | |
| X | | 24.0 | 3,140 | | | 1.5 | | | | | | | | | 0.7 |
| X | | 24.0 | 2,930 | | | 1.7 | | | | | | | | | 0.8 |
| | | | 105,740 | | | | | | | | | | | | |
| | | | 3,411 | | | | | | | | | | | | |
| | | | 9,130 | | | | | | | | | | | | |

* 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: November, 2006

A. Public Water System (PWS) Information

| | | | |
|--|--|--|--|
| PWS Name: Wootens | | PWS Identification Number: 2541280 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 29 | | Total Population Served at End of Month: 87 | |
| 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) 787-098 | | Contact Person's Fax Number: (352) 787-6333 | |
| Contact Person's E-Mail Address: beheath@aquaaamerica.com | | | |

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 | |
| Licensed Operators | Name | License Class | License Number / 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 |
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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, together with copies of this report, at a convenient location for at least ten years.

12/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: November, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place X) | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd. | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | | |
| 1 | X | 24.0 | 3,470 | | 1.7 | | | | | | | | | 0.8 | | |
| 2 | X | 24.0 | 8,410 | | 1.2 | | | | | | | | | 0.5 | | |
| 3 | X | 24.0 | 3,170 | | 2.3 | | | | | | | | | 1.2 | | |
| 4 | | 24.0 | 3,460 | | | | | | | | | | | | | |
| 5 | | 24.0 | 3,460 | | | | | | | | | | | | | |
| 6 | X | 24.0 | 3,460 | | 1.5 | | | | | | | | | 0.8 | | |
| 7 | X | 24.0 | 2,360 | | 1.5 | | | | | | | | | 0.8 | | |
| 8 | X | 24.0 | 2,710 | | 1.5 | | | | | | | | | 0.7 | | |
| 9 | X | 24.0 | 3,610 | | 1.5 | | | | | | | | | 0.7 | | |
| 10 | X | 24.0 | 3,500 | | 1.5 | | | | | | | | | 0.7 | | |
| 11 | | 24.0 | 3,710 | | | | | | | | | | | | | |
| 12 | | 24.0 | 3,710 | | | | | | | | | | | | | |
| 13 | X | 24.0 | 3,710 | | 1.5 | | | | | | | | | 0.7 | | |
| 14 | X | 24.0 | 7,500 | | 2.0 | | | | | | | | | 0.9 | | |
| 15 | X | 24.0 | 4,710 | | 1.6 | | | | | | | | | 0.7 | | |
| 16 | X | 24.0 | 2,320 | | 0.8 | | | | | | | | | 0.4 | | |
| 17 | X | 24.0 | 4,170 | | 1.5 | | | | | | | | | 0.7 | | |
| 18 | | 24.0 | 3,900 | | | | | | | | | | | | | |
| 19 | | 24.0 | 3,900 | | | | | | | | | | | | | |
| 20 | X | 24.0 | 3,900 | | 1.2 | | | | | | | | | 0.4 | | |
| 21 | X | 24.0 | 3,620 | | 3.0 | | | | | | | | | 1.5 | | |
| 22 | X | 24.0 | 4,660 | | 3.0 | | | | | | | | | 1.5 | | |
| 23 | X | 24.0 | 3,320 | | 1.8 | | | | | | | | | 1.0 | | |
| 24 | X | 24.0 | 3,320 | | 2.0 | | | | | | | | | 1.1 | | |
| 25 | | 24.0 | 2,983 | | | | | | | | | | | | | |
| 26 | | 24.0 | 2,983 | | | | | | | | | | | | | |
| 27 | X | 24.0 | 2,983 | | 0.8 | | | | | | | | | 0.3 | | |
| 28 | X | 24.0 | 2,350 | | 2.6 | | | | | | | | | 1.0 | | |
| 29 | X | 24.0 | 1,960 | | 2.8 | | | | | | | | | 1.4 | | |
| 30 | X | 24.0 | 5,080 | | 1.8 | | | | | | | | | 1.1 | | |
| 31 | | 24.0 | | | | | | | | | | | | | | |
| Total | | | 112,400 | | | | | | | | | | | | | |
| Average | | | 3,626 | | | | | | | | | | | | | |
| Maximum | | | 8,410 | | | | | | | | | | | | | |

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

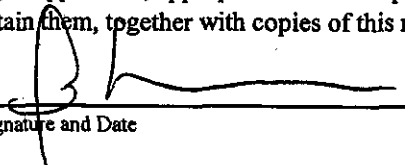
| | | | |
|---|--|--|--|
| PWS Name: <u>Wootens</u> | | PWS Identification Number: <u>2541280</u> | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: <u>29</u> | | Total Population Served at End of Month: <u>87</u> | |
| PWS Owner: <u>Aqua Utilities Florida</u> | | | |
| Contact Person: <u>Brian Heath</u> | | Contact Person's Title: <u>Area Manager</u> | |
| Contact Person's Mailing Address: <u>PO Box 490310</u> | | City: <u>Leesburg</u> | State: <u>Florida</u> Zip Code: <u>34749</u> |
| Contact Person's Telephone Number: <u>(352) 787-098</u> | | Contact Person's Fax Number: <u>(352) 787-6333</u> | |
| Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u> | | | |

B. Water Treatment Plant Information

| Plant Name: <u>Wootens</u> | | Plant Telephone Number: <u>(352) 787-0980</u> | | |
|--|-----------------------|--|--|--------------------------|
| Plant Address: <u>Hess Road</u> | | City: <u>Georgetown</u> | State: <u>Florida</u> Zip Code: <u>32139</u> | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>60,000</u> | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u> | | Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u> | | |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked |
| Lead/Chief Operator | <u>Paul Thompson</u> | <u>A</u> | <u>7251</u> | <u>Days 1st Shift</u> |
| Chief Operators | <u>David Haring</u> | <u>C</u> | <u>14091</u> | <u>Days 1st Shift</u> |
| | <u>Ralph Marriott</u> | <u>C</u> | <u>7527</u> | <u>Days 1st Shift</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, together with copies of this report, at a convenient location for at least ten years.

 1/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2541280 Plant Name: Wootens

III. Daily Data for the Month/Year of: December, 2006

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 System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced gal. | CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|--|---|---|-------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer Peak Flow, mg/L | Disinfectant Contact Time (T) at C, Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm | Minimum UV Dose Required, mW-sec/cm | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| | X | 24.0 | 3,270 | | 2.5 | | | | | | | | | 1.3 | |
| | | 24.0 | 2,797 | | | | | | | | | | | | |
| | | 24.0 | 2,797 | | | | | | | | | | | | |
| | X | 24.0 | 2,797 | | 1.3 | | | | | | | | | 0.7 | |
| | X | 24.0 | 2,210 | | 1.0 | | | | | | | | | 0.5 | |
| | X | 24.0 | 3,000 | | 3.0 | | | | | | | | | 1.3 | |
| | X | 24.0 | 3,920 | | 2.2 | | | | | | | | | 1.0 | |
| | X | 24.0 | 3,950 | | 2.2 | | | | | | | | | 1.0 | |
| | | 24.0 | 4,060 | | | | | | | | | | | | |
| | | 24.0 | 4,060 | | | | | | | | | | | | |
| | X | 24.0 | 4,060 | | 2.0 | | | | | | | | | 1.0 | |
| | X | 24.0 | 2,780 | | 2.5 | | | | | | | | | 1.2 | |
| | X | 24.0 | 2,510 | | 1.0 | | | | | | | | | 0.6 | |
| | X | 24.0 | 5,530 | | 0.8 | | | | | | | | | 0.3 | |
| | X | 24.0 | 6,920 | | 2.0 | | | | | | | | | 1.1 | |
| | | 24.0 | 6,087 | | | | | | | | | | | | |
| | | 24.0 | 6,087 | | | | | | | | | | | | |
| | X | 24.0 | 6,087 | | 1.3 | | | | | | | | | 0.6 | |
| | X | 24.0 | 2,860 | | 2.1 | | | | | | | | | 1.4 | |
| | X | 24.0 | 2,330 | | 1.2 | | | | | | | | | 0.7 | |
| | X | 24.0 | 2,770 | | 1.2 | | | | | | | | | 0.7 | |
| | X | 24.0 | 2,800 | | 1.2 | | | | | | | | | 0.6 | |
| | | 24.0 | 2,313 | | | | | | | | | | | | |
| | | 24.0 | 2,313 | | | | | | | | | | | | |
| | X | 24.0 | 2,313 | | 1.3 | | | | | | | | | 0.6 | |
| | X | 24.0 | 3,140 | | 1.8 | | | | | | | | | 1.0 | |
| | X | 24.0 | 2,780 | | 1.4 | | | | | | | | | 0.9 | |
| | X | 24.0 | 3,730 | | 1.5 | | | | | | | | | 0.9 | |
| | X | 24.0 | 3,410 | | 1.4 | | | | | | | | | 0.8 | |
| | | 24.0 | 3,686 | | | | | | | | | | | | |
| | | 24.0 | 3,686 | | | | | | | | | | | | |
| | | | 111,052 | | | | | | | | | | | | |
| | | | 3,582 | | | | | | | | | | | | |
| | | | 6,920 | | | | | | | | | | | | |

* 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

| | | | |
|---------|---------|-------------|---------|
| PWS ID: | 2541280 | Plant Name: | Wootens |
|---------|---------|-------------|---------|

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| |
|--|
| Type of Sequestrant (polyphosphate or sodium silicate): |
| Sequestrant Dose, mg/L of phosphate 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.

RINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33836 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

BEL Report Number: 2130098 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Coliform Membrane Filtration PWS I.D. 2541280

System Name: Wootens
 System Address: Wootens Rd

City: Fruitland System or Owner's Phone #: 386-329-1122 Fax #: 386-329-9977

Collector: R. Marriott Collector's Phone #: 386-937-0187

Relinquished By: R. Marriott Received By: _____ Relinquished By: _____
 Date/Time: 12-5-07 12:00 PM Date/Time: 12-5-07 1010 Date/Time: 12-5-07 1230

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check only one)
 Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date(s): 12-4-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B
 Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coliform) SM9223B

| Non Coliform | Total Coliform | Fecal or E. Coll | Data Qual. ? | Lab Sample Number |
|--------------|----------------|------------------|--------------|-------------------|
| | A | | | 2130098001 |
| | A | | | 1002 |
| | A | | | 2130098003 |
| | | | | |
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TO BE COMPLETED BY COLLECTOR OF SAMPLE

| Sample Number | SAMPLE POINT (Location or Specific Address) | Collection Time | Sample Type | Disinfect Res'd mg/L | pH |
|---------------|---|-----------------|-------------|----------------------|----|
| 11 | well | 2:40 PM | R | none | |
| 12 | 156 Wooten Rd | 2:50 PM | D | 0.6 | |
| 13 | 137 Sunset | 3:00 PM | D | 0.6 | |
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Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.6

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Person performing analysis is:
 A certified operator (# 3527) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth
 TNTC-Too Numerous to Count TA-Turbid
 L.C.A. Absence of gas or acid
 Analyst: paol

Report authorized by: _____
 Technical Director or Designee

Date: 12/9/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities Ft.
PO Bx 490310
Leesburg Fl. 34748

Page 1 of 1

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

DOCUMENT NUMBER - DATE
 014330 MAY 22 08

FPSC-COMMISSION CLERK

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

Public Water System information (to be completed by sampler)

System Name: Nashers PWS ID #: 2541280

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: Hess Road

City: Georgetown State: FL ZIP Code: 32130

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 48122DW1 Location Code (if known): 131 Sunset

Sample Date: 9/11/07 Sample Time: 3:45 AM PM (circle one)

Sample Location (be specific): 131 Sunset

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.9

| | | |
|---|--|--|
| <p>Sample Type (check only one)</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input type="checkbox"/> Entry Point (for Distribution)</p> <p><input type="checkbox"/> Plant Tap (not for compliance with 62-550)</p> <p><input type="checkbox"/> Raw (at well or intake)</p> <p><input type="checkbox"/> Max Residence Time</p> <p><input type="checkbox"/> Avg Residence Time</p> <p><input type="checkbox"/> Near First Customer</p> | <p>Sample Reason(s) (check all that apply)</p> <p><input checked="" type="checkbox"/> Routine Compliance (with 62-550)</p> <p><input type="checkbox"/> Confirmation of MCL Exceedance *</p> <p><input type="checkbox"/> Composite of Multiple Sites **</p> <p><input type="checkbox"/> Clearance (permitting)</p> <p><input type="checkbox"/> Other: _____</p> <p>Sampling Procedure Used or Other Comments: _____</p> | <p><input type="checkbox"/> Quarterly (which quarter?) _____</p> <p><input type="checkbox"/> Special (not for compliance with 62-550)</p> <p><input type="checkbox"/> Violation Resolution</p> <p><input type="checkbox"/> Replacement (of invalidated sample)</p> |
|---|--|--|

* See 62-550.500(8) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements

attach a results page for each site.

for nitrate or nitrate MCL exceedances.

Sampler's Name: Ralph Harriott

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson for Ralph Harriott field coordinator

(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 10/09/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 48122DW1

Report Number: 48122
Date Sample Received: 09/12/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 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).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 10/03/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte 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 radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Secondary Contaminants: 62-550.320 Lab ID: 48122DW1 PWS ID: _____ Sample ID: 131 Sunset

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab 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 |

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

OTHER CONTAMINANTS

Report Number / Job ID: 48122DW1

PWS ID (From Page 1

Wootens

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|-----------|---------------------------------|-----|----------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| N/A | Alkalinity as CaCO ₃ | 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 |
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*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 period.

Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5864
Fax: 407-280-6110

Flowers Chemical Labs-South
8263 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8008
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

FLOWERS
CHEMICAL
LABORATORIES
INCORPORATED



Client: AUF Putnam Co. Project Name: Winters 131 Sunset Dr
 Address: PO Box 490310 Contact: Paul Thompson P.O.#
 Location: Leesburg Fl. 34749 FCL Lab Coordinator
 Phone: 386-329-1122 Fax: 386-329-9977 Requested Due Date: **PICK UP**
 Sampled By (PRINT): Ralph Marrieff \$0

Sampler Signature: Ralph Marrieff Date Sampled: 9-11-07
 GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

| ITEM NO. | SAMPLE DESCRIPTION | DATE | TIME | MATRIX | LAB NO. | PRESERVATIVES | | | | | ANALYSES REQUEST | COMMENTS | Total # |
|----------|--------------------|---------|---------|--------|----------|---------------|-------------------------------|------------------|-----|--------------------------------|--|--|---------|
| | | | | | | NONE | H ₂ O ₂ | HNO ₃ | HCl | H ₂ SO ₄ | | | |
| 1 | 131 Sunset | 9/11/07 | 3:30 PM | DW | H8122DW1 | ✓ | | | | | Conductivity Calcium Alkalinity TDS Chloride | Temp - 0.6 mg/L Temp - 24.5°C pH - 7.5 | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | | |

| Relinquished By / Affiliation | Date | Time | Accepted By / Affiliation | Date | Time | Relinquished By / Affiliation | Date | Time | Accepted By / Affiliation | Date | Time |
|-------------------------------|---------|----------|---------------------------|---------|------|-------------------------------|---------|------|---------------------------|---------|------|
| <u>Ralph Marrieff</u> | 9/11/07 | 10:00 AM | <u>[Signature]</u> | 9/12/07 | 1:30 | <u>[Signature]</u> | 9/12/07 | 2:46 | <u>[Signature]</u> | 9/12/07 | 1:45 |

• WHITE - Original - To Be Returned

• YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Wootens PWS ID #: 2541280

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: Hess Road

City: Georgetown State: FL ZIP Code: 32139

Phone #: 352-787-0980 Fax #: 352-787-6233

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47612DW1 Location Code (if known): 133 Sunset Rd.

Sample Date: 9/10/07 Sample Time: 8:15 AM PM (circle one)

Sample Location (be specific): 133 Sunset Rd.

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: _____

| Sample Type (check only one) | Sample Reason(s) (check all that apply) |
|---|--|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) |
| <input type="checkbox"/> Entry Point (for Distribution) | <input type="checkbox"/> Quarterly (which quarter?) _____ |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Confirmation of MCL Exceedance * |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Composite of Multiple Sites ** |
| <input type="checkbox"/> Avg Residence Time | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Near First Customer | <input type="checkbox"/> Clearance (permitting) |
| | <input type="checkbox"/> Replacement (of invalidated sample) |
| | <input type="checkbox"/> Other: _____ |
| | Sampling Procedure Used or Other Comments: _____ |

* See 62-550.500(8) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements

attach a results page for each site.

for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6233

Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson field coordinator

(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 9/19/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 8/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47612DW1

Report Number: 47612
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

| | | | |
|-----------------------------------|--|--|--|
| <u>Inorganics</u> | <u>Volatile Organics</u> | <u>Radionuclides</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 21 <input type="checkbox"/> Partial | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | | <input type="checkbox"/> Qtrly Composite** | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <u>Synthetic Organics</u> | <u>Secondaries</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> All 30 <input type="checkbox"/> Partial | <input type="checkbox"/> All 14 <input type="checkbox"/> Partial | |

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 09/13/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte 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 radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab 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 | Monobromoacetic 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 | 09/06/07 | | 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: 772-343-8006
 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.flowerslabs.com

Client: **FLORA UTILITIES Putnam County**
 Address: **P.O. Box 490310**
LEESBURG, FL 34749
 Phone: **386-937-1143** **FAX 386-329-9927**
 Sampled By (PRINT): **Paul Thompson**
 Sampler Signature: *[Signature]* Date Sampled: **9/5/07**
 Project Name: **WOODS PWS 10# 2541280**
 Contact: **PAUL THOMPSON** P.O.#
 FCL Lab Coordinator: ***0 PICK UP**
 Requested Due Date:

| ITEM NO. | SAMPLE DESCRIPTION | DATE | TIME | MATRIX | LAB NO. | PRESERVATIVES | | | | | ANALYSES REQUEST | COMMENTS | Total # |
|----------|--------------------|--------|-------|--------|----------|---------------|--------------------------------|------------------|-----|---|------------------|-----------------|---------|
| | | | | | | NONE | H ₂ SO ₄ | HNO ₃ | HCl | Na ₂ S ₂ O ₃ | | | |
| 1 | 133 SW88R RA | 9/5/07 | 8:15A | DW | 47612DW1 | | | | X | X | XX | CL-0.7 | 3 |
| 2 | | | | | | | | | | | | FIELD PRESERVED | |
| 3 | | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|-------------------------------|--------|-------|---------------------------|------|-------|-------------------------------|------|------|---------------------------|--------|-------|
| Relinquished By / Affiliation | Date | Time | Accepted By / Affiliation | Date | Time | Relinquished By / Affiliation | Date | Time | Accepted By / Affiliation | Date | Time |
| <i>[Signature]</i> | 9/5/07 | 10:05 | <i>[Signature]</i> | 9/5 | 11:47 | <i>[Signature]</i> | 9/5 | 3:06 | <i>[Signature]</i> | 9/5/07 | 15:00 |

• WHITE - Original - To Be Returned • YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Wootens PWS ID #: 2541280
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Hess Rd
City: Georgetown State: FL ZIP Code: 32139
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47219DW1 Location Code (if known): POE
Sample Date: 8/29/07 Sample Time: 10:05 AM PM (circle one)
Sample Location (be specific): _____
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one) Sample Reason(s) (check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (which quarter?) _____ |
| <input checked="" type="checkbox"/> Entry Point (for Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance * | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites ** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Avg Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

* See 62-550.500(6) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements

attach a results page for each site.

for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson field coordinator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: _____ Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E8301B
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47219DW1

Report Number: 47219
Date Sample Received: 08/29/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)


- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Volatile Organics</u> | <u>Radionuclides</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 21 <input type="checkbox"/> Partial | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | | | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <u>Synthetic Organics</u> | <u>Secondaries</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> All 30 <input type="checkbox"/> Partial | <input type="checkbox"/> All 14 <input type="checkbox"/> Partial | |

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 09/06/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte 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 radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
- Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
- Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
- Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

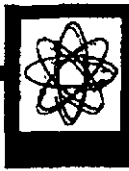
| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert # |
|-----------|----------------|-----|-------|-----------------|-----------|-------------------|---------|---------------|---------------|----------------|
| 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 | mg/L | 0.0500 | U | EPA300.0 | 0.0500 | 08/30/07 | 03:00 PM | E83018 |

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-280-6110

Flowers 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

FLOWERS
CHEMICAL LABORATORIES
 INCORPORATED



www.flowerslabs.com

| | |
|---|---|
| Client ADVA UTILITIES - PUTNAM COUNTY | Project Name WOOTEN'S PWS ID# 2541280 |
| Address P.O. Box 490310 | Contact PAUL THOMPSON |
| LEESBURG, FL 34748 | FCL Lab Coordinator |
| Phone 386-937-1143 FAX 386-329-9977 | Requested Due Date 80 |
| Sampled By (PRINT) PAUL THOMPSON | |

PICK UP

| ITEM NO. | SAMPLE DESCRIPTION | DATE | TIME | MATRIX | LAB NO. | PRESERVATIVES | | | | | ANALYSES REQUEST | COMMENTS | Total # |
|----------|--------------------|---------|-------|--------|----------|---------------|--------------------------------|------------------|-----|---|------------------------------------|----------|---------|
| | | | | | | NONE | H ₂ SO ₄ | HNO ₃ | HCl | Na ₂ S ₂ O ₅ | | | |
| 1 | P.O.E. | 8/29/07 | 10:05 | DW | 47219DW1 | | | | | | X NO ₂ /NO ₃ | <4-c | |
| 2 | | | | | | | | | | | | | |
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• WHITE - Original - To Be Returned • YELLOW - Duplicate

FORM 10/01

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 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,


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: 6/8/07



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 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

| <u>HBEL Sample</u> | | <u>Method Narratives (If Applicable)</u> | |
|--------------------|------------------|--|--------------------|
| <u>Number</u> | <u>Sample ID</u> | <u>Analytical Method</u> | <u>Description</u> |

Quality Control Summary

| <u>Method</u> | <u>HBEL Batch</u> | <u>Analyte</u> | <u>Analytical Issue</u> |
|---------------|-------------------|----------------|-------------------------|
|---------------|-------------------|----------------|-------------------------|

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: 6/8/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2128812]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens WTP Odor/TDS DE

| Parameter | Qualifier | Result ¹ | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID | |
|---------------------------|-----------|---------------------|--------|-----------------|-----------|-------------------------|----------------|--------------------------------------|---------|--------|--|
| Laboratory ID: 2128812001 | | | | | | Sampled: 06/05/07 19:15 | | Received: 06/06/07 11:30 | | | |
| Sample ID: POE Grab | | | | | | Matrix: Water | | Results reported on Wet Weight Basis | | | |
| Odor - Dechlorinated | | 1.4 | T.O.N. | 1.0 | EPA 140.1 | WCDE16168 | | 06/6/07 13:08 | PA | E83509 | |
| Total Dissolved Solids | | 510 | mg/L | 5.0 | EPA 160.1 | WCDE16175 | | 06/6/07 15:13 | PA | E83509 | |

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.

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: 6/8/07



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

Chain of Custody
 and
Agreement to Perform Services

USE BALL-POINT PEN
 PRESS HARD
 COMPLETELY FILL OUT
 ALL NON-GREYED AREAS
 BEING REGISTERED

Laboratory not responsible for omitted information

| | |
|------------------------|------------------------|
| ___ FDOH # E96080 | ___ FDOH # E85370 |
| 5600 U.S. 1 North | 307 Coolidge Avenue |
| Fort Pierce, FL 34948 | Lahigh Acres, FL 33936 |
| <u>L</u> FDOH # E83509 | ___ FDOH # E84418 |
| 4155 St. Johns Pkwy. | 18331 Cortez Blvd. |
| Suite 1300 | Brooksville, FL 34601 |
| Sanford, FL 32771 | |

Company: Aqua Utilities Fl

Address: 930 S. SR 19 Suite #3
Palatka Fl Zip: 32127

Phone: 386-324-1122 Fax: 386-324-9977

Client Contact: Paul Thompson

Project Name: Wooten WTP

Sampled By: R. Macriett

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time _____

Or _____

Rush in _____ Business Days
 Requires Laboratory Approval



| LAB ID | | COLLECTION | | | SAMPLE DESCRIPTION | | | | ANALYSES REQUESTED | | COMMENTS | |
|--------|--|------------|--------------------|--------------|--------------------|--------------|--------------------------|--|-------------------------------------|-------------------------------------|----------|--|
| | | DATE | TIME | Sample Type* | MATRIX** | # Containers | As Will Appear On Report | | | | | |
| G01 | | 6-5-07 | 7 ¹⁵ PM | G | DW | 2 | POE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
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LAB # 212001A

PRESERVATIVE

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

ANALYSES REQUESTED

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

| Preservation Key | |
|---------------------|-------------------|
| H-Hydrochloric Acid | P-Phosphoric Acid |
| N-Nitric Acid | ST-Sodium |
| S-Sulfuric Acid | Thio-sulfate |
| SH-Sodium Hydroxide | U-Unpreserved |

* Sample Type: G-Grab C-Composite

** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

| | | |
|--|------------------------------------|---|
| RELINQUISHED BY <u>R. Macriett</u> | RELINQUISHED BY <u>[Signature]</u> | RELINQUISHED BY <u>[Signature]</u> |
| DATE/TIME <u>6-5-07 10⁰⁰ AM</u> | DATE/TIME <u>6/6/07 11:30</u> | DATE/TIME <u>[Signature]</u> |
| RECEIVED BY <u>[Signature]</u> | RECEIVED BY <u>[Signature]</u> | RECEIVED FOR FILE HISTORY BY <u>[Signature]</u> |
| DATE/TIME <u>6/6/07</u> | DATE/TIME <u>[Signature]</u> | DATE/TIME <u>[Signature]</u> |

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

CHAIN PAGE



AQUA PURE WATER & SEWAGE SERVICE, INC.

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
JMS
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 !



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83285 Certification Expiration Date: 6/30/2007
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 2541280 System Name: Wootens Sample Number: 2
Sample Date: 2/28/07 Sample Time: 235 PM Sample Location: Point of Entry
Laboratory Assigned Submission Number: 072705 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Revised Report

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: _____

Date: March 22, 2007

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No

Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP / DOH Reviewing Official: _____

Reporting Format 62-550.730

Effective January 1985, Revised January 2004



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert # |
|-----------|------------------------|-----|-------|-----------------|-----------|-------------------|---------|---------------|---------------|----------------|
| 1920 | Odor | 3 | TON | 2.0 | | SM2150B | 1.0 | 3/1/07 | 14:15 | E83079 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 490 | | SM2540C | 10 | 3/6/07 | | E83265 |



AQUA PURE WATER & SEWAGE SERVICE, INC.
 10865 East State Road 40
 Silver Springs, Florida 34488
 (352) 625-2822 • FAX (352) 625-6638

#072705

COPY

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.

Client Name: Aqua Utilities Fla
 Mailing Address: 930 S. SR 19 Suite #3
Palatka Fla 32177
 Telephone: 386-329-1122

PUBLIC WATER SYSTEM INFORMATION:

System Name: Wootens PWS ID No. 2541280
 Physical Address: 150 Point Pleasant Phone No. _____
Fruitland
 Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 2-28-07 2:35 PM
 Sample Location (be specific): Taint of entry
 Sampler Name and Phone (please print): Ralph Marriott
 Signature: Ralph Marriott Title Operator
 Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample -- Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY:

| Signature | Date | Time | Condition |
|-----------------------|---------------|----------------|-------------|
| <u>Ralph Marriott</u> | <u>3-1-07</u> | <u>8:30 AM</u> | <u>good</u> |
| <u>David Waring</u> | <u>3-1-07</u> | <u>0930</u> | <u>OK</u> |

PARAMETERS REQUESTED (check box):

Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulated:
 All 13 Partial: _____
 Group II Unregulated:
 All 23 Partial: _____
 Group III Unregulated:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs:
 All 30 Partial: _____
 Secondaries:
 All 14 Partial: TDS, odor
 Trihalomethanes:
 All 4 Partial: _____
 t-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: TDS & Odor

FIELD TEST RESULTS (if applicable):

Chlorine Residual: 0.8 mg/L pH: 7.1
 Dissolved Oxygen: _____ Temperature: _____
 Performed By: R. Marriott Date: 2-28-07

FOR LABORATORY USE ONLY

Received By: [Signature] Date 3-1-07 Time 9:35 AM Condition good
 Lab Number: 072705
 Comments: _____
Temp: 5C

Subcontracted To: _____
 Date Out: _____
 Parameters: _____
 Preservative: _____

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

072705

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Wooters PWS I.D. #: 2541280

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 150 Point Pleasant
Fruitland Fl.

City: 430 S. SR 19 Suite #3 Palatka State: Fla ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2 Location Code (if known): _____

Sample Date: 2-28-07 Sample Time: 2:35 PM AM PM (Circle One)

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.1

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Quarterly (Which Quarter? 1st)
- Confirmation of MCL Exceedance*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)

Other: TDS & Odor

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
 NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Ralph Marriott

Sampler's Phone #: Same Sampler's Fax #: Same

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ralph Marriott (Print Name) Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Ralph Marriott Date: 2-28-07



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

SYSTEM NAME: Wootens #6453

SYSTEM PWS ID #: 2541280

REPORT DATE: 12/6/06

SUBMISSION #: 0614629

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**.
- 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 !



AQUA PURE WATER & SEWAGE SERVICE, INC.
 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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007
 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 2541280 System Name: Wootens #6453 Sample Number: 601
 Laboratory Assigned Submission Number: 0614629 Date Sample(s) Received: 11/29/06

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
 Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
 The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: Lisa K. Saupp

Date: December 6, 2006

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____



AQUA PURE WATER & SEWAGE SERVICE, INC.

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: Wootans #6453
PWS ID: 2541280
Submission Number: 0614829

SECONDARY CONTAMINANTS 62-550.320

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert # |
|-----------|-------------|-----|-------|-----------------|-----------|-------------------|---------|---------------|---------------|----------------|
| 1920 | iOdor | 3 | TON | 2.0 | | SM2150B | 1.0 | 11/28/06 | 15:21 | E83079 |



AQUA PURE WATER & SEWAGE SERVICE, INC.

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.

Client Name: AQUA Utilities
Mailing Address: 930 South SR 19 Suite 3
Palatka FL 32177
Telephone: 386-329-1122

PUBLIC WATER SYSTEM INFORMATION:

System Name: Wooters #6453 PWS ID No. 2541280
Physical Address: Hess Ad Phone No. 386-329-1122
Fruitland FL

Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 29 Nov 06 / 0710
Sample Location (be specific): P.O.F.
Sampler Name and Phone (please print): David Haring
Signature: David Haring Title: Senior Facility Operator
Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample — Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY: Signature David Haring Date 29 Nov 06 Time 0942 Condition OK
Sampler Relinquished: _____
Transporter Relinquished: _____

PARAMETERS REQUESTED (check box):

Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulated:
 All 13 Partial: _____
 Group II Unregulated:
 All 23 Partial: _____
 Group III Unregulated:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs:
 All 30 Partial: _____
 Secondaries:
 All 14 Partial: Odor
 Trihalomethanes:
 All 4 Partial: _____
 t-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: _____

FIELD TEST RESULTS (if applicable):

Chlorine Residual: 2.8 pH: _____
Dissolved Oxygen: _____ Temperature: _____
Performed By: _____ Date: _____

FOR LABORATORY USE ONLY

Received By: M. Moran Date 11-29-06 Time 9:45am Condition Good / 5cc
Lab Number: 0614629
Comments: Temp = 5C

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

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

0614629

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Wooters #6453 PWS I.D. #: 2541280

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Hess Rd

City: Fruitland State: FL ZIP Code: _____
Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 601 Location Code (if known): _____
Sample Date: 29 Nov 06 Sample Time: 0710 AM PM (Circle One)

Sample Location (be specific): P.O.E.
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input checked="" type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ |
| <input type="checkbox"/> Near First Customer | |

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.
**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: David Haring
Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, David Haring (Print Name), Senior Facility Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: David Haring Date: 29 Nov 06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: January 5, 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 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
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 1/5/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 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 6453 TTHM
Received: 12/13/06 11:40

[2127519]

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

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

18331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 1/5/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127519]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 TTHM

| Parameter | Qualifier | Result ¹ | 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 13:20 Matrix: Water | | Received: 12/13/06 11:40 Results reported on Wet Weight Basis | | |
| Bromodichloromethane | | 19 | ug/L | 0.25 | EPA 524.2 | VOC2741 | | 12/24/06 15:13 | WR | E96080 |
| Bromoform | | 3.8 | ug/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 |
| Dibromochloromethane | | 19 | ug/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 | | 12/24/06 15:13 | 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.

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





**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody
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 # E98080 ____ FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lough Acres, FL 33938
 FDOH # E83509 ____ FDOH # E84418
4155 St. Johns Pkwy. 16331 Cortez Blvd.
Suite 1300 Brooksville, FL 34601
Sanford, FL 32771

Company: AQUA UTILITIES Method(s) of Shipment: _____

Address: 930 SOUTH S.R. 19 SUITE 3

PALATKA, FL zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977 e-mail: _____

Client Contact: PAUL THOMPSON

Project Name: WOODRYS #6453

Sampled By: PAUL THOMPSON

Standard Laboratory Turn Around Time
Or
Rush in _____ Business Days
Requires Laboratory Approval

For Field Use Only
Temperature _____ Glassy State _____
pH _____ Time _____
PRESERVATIVE

ANALYSES REQUESTED

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Preservation Key
H-Hydrochloric Acid P-Phosphoric Acid
N-Nitric Acid ST-Sodium
S-Sulfuric Acid Thio sulfate
SH-Sodium Hydroxide U-Unpreserved

| LAB ID | COLLECTION | | Sample Type | MATRIX** | # Containers | SAMPLE DESCRIPTION As Will Appear On Report | TTHM | PRESERVATIVE | | | | | | COMMENTS | |
|--------|------------|--------|-------------|----------|--------------|--|------|--------------|--|--|--|--|--|----------|----------|
| | DATE | TIME | | | | | | | | | | | | | |
| 001 | 12/14/06 | 1:20PM | G | DW | 3 | 137 SUNSET | X | | | | | | | | CL - 0.3 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

* Sample Type: G-Grip S-Compost ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WY-Water Yield

| | | | |
|---------------|------------------------------------|---------------------------------|---|
| Report Page 4 | RELINQUISHED BY <u>[Signature]</u> | RELINQUISHED BY <u>DM</u> | RELINQUISHED BY <u>[Signature]</u> |
| | DATE/TIME <u>12/13/06 8:00AM</u> | DATE/TIME <u>12/12/06</u> | DATE/TIME <u>12-19-06 16:10</u> |
| | RECEIVED BY <u>[Signature]</u> | RECEIVED BY <u>[Signature]</u> | RECEIVED FOR LABEL CUSTODY <u>[Signature]</u> |
| | DATE/TIME <u>12/19 9:45</u> | DATE/TIME <u>12/13/06 11:40</u> | DATE/TIME <u>12/14/06 10:30</u> |

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: WOOTENS PWS I.D. #: 2541280

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: HESS ROAD

City: GEORGETOWN State: FL ZIP Code: _____

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 12/12/06 Sample Time: 1:20 PM

Sample Location (be specific): 137 Sunset Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>4th</u>) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: PAUL THOMPSON

Sampler's Phone #: 386-937-1143 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON, FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is
completed and correct.

Signature: [Signature] Date: 4/7/07

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 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 Number or Job ID: 2127519001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 05-Jan-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Wootens 6453 TTMM
 Sample Location: 137 Sunset Grab Disinfectant Residual (mg/L) _____
 Sample Number: 2127519001 PWS ID _____
 Sampling Date: 12/12/06 13:20
 Date Received: 12/13/06 11:40

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | Lab ID |
|-----------|-----------------------|------|-------|-----------------|-----------|-------------------|---------|---------------|---------------|--------|
| 2941 | Chloroform | [NA] | ug/L | 9.5 | | EPA 524.2 | 0.25 | 12/24/06 | 3:13 PM | E96080 |
| 2942 | Bromoform | [NA] | ug/L | 3.8 | | EPA 524.2 | 0.41 | 12/24/06 | 3:13 PM | E96080 |
| 2943 | Bromodichloromethane | [NA] | ug/L | 19 | | EPA 524.2 | 0.25 | 12/24/06 | 3:13 PM | E96080 |
| 2944 | Dibromochloromethane | [NA] | 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 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.

5600 US 1 North
 Fort Pierce, FL 34946
 DOH # E96080
 Printed: 1/5/07

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



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E86370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

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 [2127056]
Received: 10/11/06 12:15

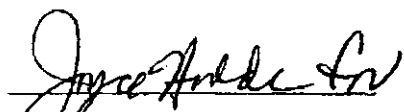
Dear Brian Heath;

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: 10/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Wootens TDS DE
Received: 10/11/06 12:15

[2127056]

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

| HBEL Sample Number | Sample ID | Analytical Method | Description |
|--------------------|-----------|-------------------|-------------|
|--------------------|-----------|-------------------|-------------|

Quality Control Summary

| Method | HBEL Batch | Analyte | Analytical Issue |
|--------|------------|---------|------------------|
|--------|------------|---------|------------------|

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 10/20/06

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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2127056]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens TDS DE

| Parameter | Qualifier | Result | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|---------------------------|-----------|--------|-------|-----------------|-----------|-------------------------|----------------|--------------------------------------|---------|--------|
| Laboratory ID: 2127056001 | | | | | | Sampled: 10/10/06 15:10 | | Received: 10/11/06 12:15 | | |
| Sample ID: POE Grab | | | | | | Matrix: Water | | Results reported on Wet Weight Basis | | |
| Total Dissolved Solids | | 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.

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: 10/20/06

Page 3 of 4



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

Chain-of-Custody

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 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607

Company: Aqua Utilities Fla.
 Address: 930 S. SR. 19 Suite #3
Palatka Fla Zip: 32177
 Phone: 386-329-1122 Fax: 386-329-9977
 Client Contact: Paul Thompson
 Project Name: Cicentus
 Sampled By: R. Marriott

Method(s) of Shipment: _____

e-mail: _____
 Standard Laboratory Turn Around Time _____
 Or _____
 Rush in _____ Business Days
 Requires Laboratory Approval



2.90C For Lab Use Only
 Temperature Custody Seals pH
 Checked Intact Checked
 Y N Y NA Y N

LAB # 2127056

| PRESERVATIVE | | ANALYSES REQUESTED | |
|--------------|--|--------------------|--|
| <u>U</u> | | | |

Preservation Key
 H=Hydrochloric Acid P=Phosphoric Acid
 N=Nitric Acid ST=Sodium
 S=Sulfuric Acid Thio sulfate
 SH=Sodium Hydroxide U=Unpreserved

| AB ID | COLLECTION DATE | COLLECTION TIME | Sample Type | MATRIX** | # Containers | SAMPLE DESCRIPTION As Will Appear On Report | COMMENTS |
|------------|-----------------|-----------------|-------------|-----------|--------------|--|----------|
| <u>SD1</u> | <u>10-10-06</u> | <u>3:10 PM</u> | <u>G</u> | <u>DW</u> | <u>1</u> | <u>PDE</u> | <u>✓</u> |

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

| | | |
|------------------------------------|------------------------------------|---|
| RELINQUISHED BY <u>R. Marriott</u> | RELINQUISHED BY <u>[Signature]</u> | RELINQUISHED BY _____ |
| DATE/TIME <u>10-11-06 10:55 AM</u> | DATE/TIME <u>10/11/06 12:18</u> | DATE/TIME _____ |
| RECEIVED BY <u>[Signature]</u> | RECEIVED BY _____ | RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u> |
| DATE/TIME <u>10/11/06</u> | DATE/TIME _____ | DATE/TIME <u>10-11-06 12:15</u> |

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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: October 9, 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
Received: 9/13/06 12:45

[2126799]


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.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-584

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

| <u>HBEL Sample</u> | | Method Narratives (if Applicable) | |
|--------------------|------------------|--|--------------------|
| <u>Number</u> | <u>Sample ID</u> | <u>Analytical Method</u> | <u>Description</u> |

Quality Control Summary

| <u>Method</u> | <u>HBEL Batch</u> | <u>Analyte</u> | <u>Analytical Issue</u> |
|---------------|-------------------|----------------|-------------------------|
|---------------|-------------------|----------------|-------------------------|

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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 235 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS
[2126799]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

| Parameter | Qualifier | Result ¹ | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|----------------------------|-----------|---------------------|-------|-----------------|-----------|--------------------------------------|----------------|--------------------|---------|--------|
| Laboratory ID: 2126799001 | | | | | | Sampled: 09/12/06 13:45 | | | | |
| Sample ID: 137 Sunset Grab | | | | | | Received: 09/13/06 12:45 | | | | |
| | | | | | | Matrix: Water | | | | |
| | | | | | | Results reported on Wet Weight Basis | | | | |
| Bromodichloromethane | | 19 | ug/L | 0.25 | EPA 524.2 | VOC2697 | | 09/26/06 13:31 | WR | E96080 |
| Bromoform | | 7.2 | ug/L | 0.41 | EPA 524.2 | VOC2697 | | 09/26/06 13:31 | WR | E96080 |
| Chloroform | | 8.9 | ug/L | 0.25 | EPA 524.2 | VOC2697 | | 09/26/06 13:31 | WR | E96080 |
| Dibromochloromethane | | 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 |

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.

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: 10/9/08



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody

and

Agreement to Perform Services

Company: AQUA UTILITIES
Address: 930 SOUTH S.R. 19 SUITE 3
PALATKA, FL Zip: 32177

Phone: 386-319-1122 Fax: 386-319-9977

Client Contact: PAUL THOMPSON

Project Name: WOODS # 6453

Sampled By: PAUL THOMPSON

Method(s) of Shipment: _____

e-mail: _____
Standard Laboratory Turn Around Time _____
Or _____
Rush in _____ Business Days
Requires Laboratory Approval

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

Laboratory not responsible for omitted information
____ FDOH # E96080 ____ FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33936
____ FDOH # E83509 ____ FDOH # E84418
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
Deltona, FL 32725 Spring Hill, FL 34607



| | | | | | |
|--|------|--|--|--|----------|
| <p>For Lab Use Only</p> Temperature Checked <input checked="" type="checkbox"/> N Custody Seals Intact <input checked="" type="checkbox"/> Y pH Checked <input checked="" type="checkbox"/> Y LAB # <u>2126799</u> | | | | | |
| PRESERVATIVE | | | | <p>Preservation Key</p> H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST= Sodium S=Sulfuric Acid Th= Sulfate SH= Sodium Hydroxide U=Unpreserved | |
| ANALYSES REQUESTED | | | | COMMENTS | |
| TH | HAAS | | | | ch - 0.6 |

| LAB ID | COLLECTION | | Sample Type* | MATRIX** | # Containers | SAMPLE DESCRIPTION As Will Appear On Report |
|--------|------------|---------|--------------|----------|--------------|--|
| | DATE | TIME | | | | |
| 001 | 9/14/06 | 1:52 PM | G | OW | 4 | 137 SUNSET |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Sample Type: G=Grab, C=Composite ** Matrix: S=Solid, SL=Sediment, DW=Drinking Water, GW=Ground Water, SW=Surface Water, WW=Wastewater, M=Marine

| | | | |
|-----------------------|-----------------|-----------------|------------------------------|
| Report Page 6 of 7 | RELINQUISHED BY | RELINQUISHED BY | RELINQUISHED BY |
| | DATE/TIME | DATE/TIME | DATE/TIME |
| | RECEIVED BY | RECEIVED BY | RECEIVED FOR HBEL CUSTODY BY |
| | DATE/TIME | DATE/TIME | DATE/TIME |

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**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

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

Printed: 10/12/06

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue
Lighthouse Point, FL 33936

FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601

FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 235 Fax: (772) 467-1584

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

| <u>HBEL Sample</u> | | Method Narratives (If Applicable) | |
|--------------------|------------------|--|---|
| <u>Number</u> | <u>Sample ID</u> | <u>Analytical Method</u> | <u>Description</u> |
| 2126751001 | P.O.E. Grab | EPA 548.1 | No MSMSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD |

Quality Control Summary

| <u>Method</u> | <u>HBEL Batch</u> | <u>Analyte</u> | <u>Analytical Issue</u> |
|------------------|------------------------|----------------|--|
| <u>EPA 504.1</u> | | | |
| | PEST4792 | | |
| 2126751001 | 1,2,3-Trichloropropane | | Surrogate - Outside acceptance Limits. |
| <u>EPA 505</u> | | | |
| | PEST4791 | | |
| 2126751001 | Decachlorobiphenyl | | Surrogate - Outside acceptance Limits. |

The above due to matrix effects.

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: 10/12/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 203 Fax (772) 467-584

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 |
|-----------------------------------|-----------|------------|--------|-----------------|-----------|---|----------------|--------------------|---------|--------|
| Laboratory ID: 2126751001 | | | | | | Sampled: 09/11/06 14:15 | | | | |
| Sample ID: P.O.E. Grab | | | | | | Received: 09/12/06 11:50 | | | | |
| | | | | | | Matrix: Water | | | | |
| | | | | | | Results reported on Wet Weight Basis | | | | |
| Odor - Dechlorinated | | 2.4 | T.O.N. | 1.0 | EPA 140.1 | WCDE15123 | | 09/12/06 13:45 | PA | E83509 |
| pH | 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 U | mg/L | 0.010 | EPA 200.7 | META8148 | | 09/28/06 13:19 | DM | E96080 |
| Barium | | 0.012 | mg/L | 0.0018 | EPA 200.7 | META8148 | | 09/28/06 13:19 | DM | E96080 |
| Beryllium | | 0.00010 U | mg/L | 0.00010 | EPA 200.7 | META8148 | | 09/28/06 13:19 | DM | E96080 |
| Cadmium | | 0.00070 U | mg/L | 0.00070 | EPA 200.7 | META8148 | | 09/28/06 13:19 | DM | E96080 |
| Chromium | | 0.0018 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 | META8148 | | 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 | | 09/28/06 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 | META8148 | | 09/28/06 13:19 | DM | E96080 |
| Zinc | | 0.056 | mg/L | 0.010 | EPA 200.7 | META8148 | | 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 |
| Thallium | | 0.0010 U | mg/L | 0.0010 | EPA 200.9 | META8150 | | 09/28/06 18:33 | DM | E96080 |
| Mercury | | 0.000060 U | mg/L | 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 | IC6946 | | 09/14/06 21:20 | JL | E96080 |
| Fluoride | | 0.11 | mg/L | 0.011 | EPA 300.0 | IC6940 | | 09/13/06 12:46 | JL | E96080 |
| Nitrate as N | | 0.083 | mg/L | 0.0030 | EPA 300.0 | IC6940 | | 09/13/06 12:46 | JL | E96080 |
| Nitrite as N | | 0.0022 U | mg/L | 0.0022 | EPA 300.0 | IC6940 | | 09/13/06 12:46 | JL | E96080 |
| Sulfate | | 9.8 | mg/L | 1.4 | EPA 300.0 | IC6946 | | 09/14/06 21:20 | JL | E96080 |
| Surfactants as LAS, Mol.wt.340 | | 0.042 U | mg/L | 0.042 | EPA 425.1 | WCDE15131 | 09/13/06 11:30 | 09/13/06 15:45 | RM | E83509 |
| 1,2-Dibromo-3- chloropropane | | 0.0010 U | ug/L | 0.0010 | EPA 504.1 | PEST4792 | 09/20/06 14:09 | 09/20/06 23:58 | JL | E96080 |
| 1,2-Dibromoethane | | 0.0024 U | ug/L | 0.0024 | EPA 504.1 | PEST4792 | 09/20/06 14:09 | 09/20/06 23:58 | JL | E96080 |
| Chlordane | | 0.14 U | ug/L | 0.14 | EPA 505 | PEST4791 | 09/19/06 14:54 | 09/19/06 2:01 | JL | E96080 |
| Endrin | | 0.11 U | ug/L | 0.11 | EPA 505 | PEST4791 | 09/19/06 14:54 | 09/19/06 2:01 | JL | E96080 |
| gamma-BHC (Lindane) | | 0.021 U | ug/L | 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 |
| Dalapon | | 2.3 U | ug/L | 2.3 | EPA 515.1 | PEST4793 | 09/20/06 14:08 | 09/20/06 21:27 | JL | E96080 |
| Dinoseb | | 0.23 U | ug/L | 0.23 | EPA 515.1 | PEST4793 | 09/20/06 14:08 | 09/20/06 21:27 | JL | E96080 |

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 235 Fax (772) 467-584

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 |
|----------------------------|-----------|------------------|-------|-----------------|------------|------------------|----------------|--------------------|---------|--------|
| Pentachlorophenol | | 0.39 U | ug/L | 0.39 | EPA 515.1 | PEST4793 | 09/20/06 14:08 | 09/20/06 21:27 | JL | E96080 |
| Picloram | | 0.23 U | ug/L | 0.23 | EPA 515.1 | PEST4793 | 09/20/06 14:08 | 09/20/06 21:27 | JL | E96080 |
| 1,1,1-Trichloroethane | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,1,2-Trichloroethane | | 0.44 U | ug/L | 0.44 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,1-Dichloroethene | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,2,4-Trichlorobenzene | | 0.41 U | ug/L | 0.41 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,2-Dichlorobenzene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,2-Dichloroethane | | 0.29 U | ug/L | 0.29 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,2-Dichloropropane | | 0.40 U | ug/L | 0.40 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| 1,4-Dichlorobenzene | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Benzene | | 0.20 U | ug/L | 0.20 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Carbon tetrachloride | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Chlorobenzene | | 0.30 U | ug/L | 0.30 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| cis-1,2-Dichloroethene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Ethylbenzene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Methylene chloride | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Styrene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Tetrachloroethene | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Toluene | | 0.22 U | ug/L | 0.22 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Total Xylenes | | 0.48 U | ug/L | 0.46 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| trans-1,2-Dichloroethene | | 0.35 U | ug/L | 0.35 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Trichloroethene | | 0.36 U | ug/L | 0.36 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Vinyl chloride | | 0.32 U | ug/L | 0.32 | EPA 524.2 | VOC2693 | | 09/25/06 0:07 | WR | E96080 |
| Alachlor | | 0.61 U | ug/L | 0.61 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Atrazine | | 0.48 U | ug/L | 0.48 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Benzo(a)pyrene | | 0.070 U | ug/L | 0.070 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| bis(2-ethylhexyl)phthalate | | 0.85 U | ug/L | 0.85 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Di(2-ethylhexyl)adipate | | 0.68 U | ug/L | 0.68 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Hexachlorobenzene | | 0.31 U | ug/L | 0.31 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Hexachlorocyclopentadiene | | 0.24 U | ug/L | 0.24 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Samazine | | 0.63 U | ug/L | 0.63 | EPA 525.2 | SVOC2441 | 09/22/06 9:05 | 10/3/06 1:45 | WR | E96080 |
| Carbofuran | | 0.18 U | ug/L | 0.18 | EPA 531.1 | HPLC2333 | | 09/18/06 15:54 | JJM | E96080 |
| Oxamyl | | 0.41 U | ug/L | 0.41 | EPA 531.1 | HPLC2333 | | 09/18/06 15:54 | JJM | E96080 |
| Glyphosate | | 26 U | ug/L | 26 | EPA 547 | HPLC2335 | | 09/20/06 13:58 | JJM | E96080 |
| Endothal | | 2.8 U | ug/L | 2.8 | EPA 548.1 | SVOC2439 | 09/15/06 11:08 | 09/20/06 1:19 | WR | E96080 |
| Diquat | | 4.8 U | ug/L | 4.8 | EPA 549.2 | HPLC2334 | 09/15/06 11:10 | 09/20/06 13:47 | JJM | E96080 |
| Gross Alpha | | 1.9 U +/- 1.1 | pCi/L | | EPA 900.0 | KNL1360 | | 10/13/06 8:00 | KNL | E84025 |
| Radium 226 | | 2.8 +/- 1.0 | pCi/L | | EPA 903.1 | KNL1360 | | 10/4/06 15:00 | KNL | E84025 |
| Radium 228 | | 1.0 U +/- 0.7 | pCi/L | | EPA Alter. | KNL1360 | | 10/5/06 14:00 | KNL | E84025 |
| Arsenic | | 0.0010 U | mg/L | 0.0010 | SM 3113 B | SAL1031 | | 09/26/06 9:48 | SAL | E84129 |
| Color | | 4.0 | CU | 1.8 | SM2120 B | WCGE26264 | | 09/13/06 16:15 | TCL | E96080 |
| Cyanide | | 0.0047 U | mg/L | 0.0047 | SM4500CN E | WCGE26317 | 09/18/06 12:45 | 09/21/06 15:41 | GG | E96080 |

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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

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 |
|---------------------------|-----------|--------|-------|-----------------|---------------|------------------|--------------------------------------|--------------------|---------|--------|
| Laboratory ID: 2126751002 | | | | | Sampled: | | Received: 09/12/06 11:50 | | | |
| Sample ID: TRIP BLANK | | | | | Matrix: Water | | Results reported on Wet Weight Basis | | | |
| 1,1,1-Trichloroethane | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| 1,1,2-Trichloroethane | | 0.44 U | ug/L | 0.44 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| 1,1-Dichloroethane | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| 1,2,4-Trichlorobenzene | | 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 | | 09/25/06 0:41 | WR | E96080 |
| 1,2-Dichloropropane | | 0.40 U | ug/L | 0.40 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| 1,4-Dichlorobenzene | | 0.23 U | ug/L | 0.23 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| Benzene | | 0.20 U | ug/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-Dichloroethene | | 0.21 U | ug/L | 0.21 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| Ethylbenzene | | 0.21 U | ug/L | 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 |
| Tetrachloroethane | | 0.24 U | ug/L | 0.24 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | WR | E96080 |
| Toluene | | 0.22 U | ug/L | 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-Dichloroethene | | 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 U | ug/L | 0.32 | EPA 524.2 | VOC2693 | | 09/25/06 0:41 | 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.
 Q Sample held beyond the accepted holding time.

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080
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 Sanford, FL 32771
 FDOH # E83509



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 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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Chain of Custody
 Agreement to Perform Services

USE BASE POINT PEN
 PRESS HARD
 COMPLETE FILL OUT
 ALL NON-GLEVED AREAS
 PEN INVISIBLE

Laboratory not responsible for omitted information
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 Fort Pierce, FL 34948 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 4155 St. Johns Pkwy. 16331 Cortez Blvd.
 Suite 1300 Brooksville, FL 34601
 Sanford, FL 32771



Company: Aqua Utilities FL

Address: 930 S. SR. 19 Suite #3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Waters

Sampled By: R. Marriott

Method(s) of Shipment: _____

e-mail: _____
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval

| PRESERVATIVE | | | | | | | | | | DAB | | | | |
|--------------------|---------|---------|-------------|--------|--------------|--|--------------|---------|---|--|-----------------|----------|-----------|----------|
| ANALYSES REQUESTED | | | | | | | | | | | | | | |
| | | | | | | | | | | Preservation Key H-Hydrochloric Acid P-Phosphoric Acid N-Nitric Acid ST-Sodium S-Sulfuric Acid Thio-sulfate SH-Sodium Hydroxide U-Unpreserved | | | | |
| | | | | | | | | | | | | | | |
| LAB ID | DATE | TIME | Sample Type | MATRIX | # Containers | SAMPLE DESCRIPTION As Will Appear On Report | 10520 METALS | CYANIDE | WITNESS SAMPLES OTHER THAN FLUORIDE PH SODIUM SILICATE COPPER | CDM | Color, pH, etc. | 2026/208 | REG VOC'S | COMMENTS |
| 001 | 9-11-06 | 2:15 PM | G | DW | 1 | P.O.E. | X | | | | | | | |
| | 9-11-06 | 2:15 PM | | | 1 | | | X | | | | | | |
| | 9-11-06 | 2:15 PM | | | 1 | | | | X | | | | | |
| | 9-11-06 | 2:15 PM | | | 1 | | | | | X | | | | |
| | 9-11-06 | 2:15 PM | | | 1 | | | | | | X | | | |
| | 9-11-06 | 2:15 PM | | | 2 | | | | | | | X | | |
| 001 | 9-11-06 | 2:15 PM | G | DW | 3 | | | | | | | | X | |
| 002 | | | | | 3 | Trip Blanks | | | | | | | X | |

* Sample Type: G-Grab C-Composite ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

| | | | |
|-----------------------|------------------------------------|--|---|
| Report Page 6 of 6 | RELINQUISHED BY <u>R. Marriott</u> | RELINQUISHED BY <u>Shirley A. Fisher</u> | RELINQUISHED BY _____ |
| | DATE/TIME <u>9-12-06 1150</u> | DATE/TIME <u>9-12-06 16:00</u> | DATE/TIME _____ |
| | RECEIVED BY <u>Madhe</u> | RECEIVED BY _____ | RECEIVED FOR CHAIN OF CUSTODY BY <u>[Signature]</u> |
| | DATE/TIME <u>9-12-06 1150</u> | DATE/TIME _____ | DATE/TIME _____ |



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain of Custody
Agreement for Environmental Laboratory Services

USE BALL POINT PEN
PRESS HARD
COMPLETE FILL OUT
ALONG THESE LINES

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 FDOH # E83509
 4155 St. Johns Pkwy.
 Suite 1300
 Sanford, FL 32771
 FDOH # E84418
 16331 Cortez Blvd.
 Brooksville, FL 34601

Company: Aqua Utilities Fla.
 Address: 930 S. SR19 Suite #3
Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Wootens

Sampled By: R. Mariett

Method(s) of Shipment: _____

e-mail: _____
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval



| PRESERVATIVE | | | | | | | | Preservation Key H-Hydrochloric Acid P-Phosphoric Acid N-Nitric Acid ST-Sodium S-Sulfuric Acid Thioulfate SH-Sodium Hydroxide U-Unpreserved |
|--------------------|-------|-------|-------|-----|-----|-----|-----|---|
| ANALYSES REQUESTED | | | | | | | | |
| 504 | 515.1 | 525.2 | 531.1 | 547 | 548 | 549 | 505 | COMMENTS |
| X | | | | | | | | |
| | X | | | | | | | |
| | | X | | | | | | |
| | | | X | | | | | |
| | | | | X | | | | |
| | | | | | X | | | |
| | | | | | | X | | |

| LAB ID | COLLECTION | | Sample Type* | MATRIX** | # Containers | SAMPLE DESCRIPTION As Will Appear On Report |
|--------|------------|---------|--------------|----------|--------------|--|
| | DATE | TIME | | | | |
| 001 | 9-11-06 | 2:15 PM | G | DW | 3 | P.O.E. |
| | 9-11-06 | 2:15 PM | | | 1 | |
| | 9-11-06 | 2:15 PM | | | 1 | |
| | 9-11-06 | 2:15 PM | | | 1 | |
| | 9-11-06 | 2:15 PM | | | 1 | |
| | 9-11-06 | 2:15 PM | | | 3 | |
| | 9-11-06 | 2:15 PM | | | 1 | |
| 007 | 9-11-06 | 2:15 PM | | | 3 | |

* Sample Type: G-Grab C-Composite

** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WY-Wastewater M-Marine

| | | | |
|-----------------------|-------------------------------------|---|--------------------------------|
| 6 of 6 Report Page | RELINQUISHED BY <u>R. Mariett</u> | RELINQUISHED BY <u>Judith A. Fisher</u> | RELINQUISHED BY _____ |
| | DATE/TIME <u>9-12-06 1150</u> | DATE/TIME <u>9/12/06 1600</u> | DATE/TIME _____ |
| | RECEIVED BY <u>Judith A. Fisher</u> | RECEIVED BY _____ | RECEIVED FOR CUSTOMER BY _____ |
| | DATE/TIME <u>9/12/06 1150</u> | DATE/TIME _____ | DATE/TIME _____ |

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

CHAIN PAGE 2 of 2

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

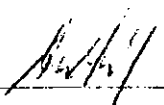
Dear Brian Heath;

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.

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FDOH # E96080

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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 6/8/06



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ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 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 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

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 3460
FDOH # E84418

Printed: 6/8/06

Page 2 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 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: 2125742001 Sample ID: 137 Sunset Road Grab | | | | | | Sampled: 05/16/06 14:50 Matrix: Water | | Received: 05/17/06 14:00 Results reported on Wet Weight Basis | | |
| Bromodichloromethane | | 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 | VOC2639 | | 05/30/06 16:34 | WR | E96080 |
| Dibromochloromethane | | 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 |

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.

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

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

307 Coolidge Avenue
Lahigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain-of-Custody
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 ___ FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 ___ FDOH # E83509 ___ FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607



Company: AQUA UTILITIES
 Address: 930 SOUTH S.R. 19 SW 173
PALATKA, FL Zip: 32177
 Phone: 386-329-1122 Fax: 386-329-9977
 Client Contact: PAUL THOMPSON
 Project Name: WOODENS # 6453
 Sampled By: PAUL THOMPSON

Method(s) of _____
 Shipment: _____
 e-mail: _____
 Standard Laboratory Turn Around Time _____
 Or _____
 Rush in _____ Business Days
 Requires Laboratory Approval

| Temperature Checked | | Custody Seals Intact | | pH Checked | | LAB # <u>212572</u> |
|----------------------|---|----------------------|---|------------|---|--|
| Y | N | Y | N | Y | N | |
| <u>Y</u> | | <u>Y</u> | | | | Preservation Key H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium S=Sulfuric Acid Thiosulfate SH=Sodium Hydroxide Ur=Unpreserved |
| PRESERVATIVE | | | | | | |
| ANALYSES REQUESTED | | | | | | COMMENTS |
| TTHM X d. - 02 | | | | | | |

| LAB ID | COLLECTION | | Sample Type* | MATRIX** | # Containers | SAMPLE DESCRIPTION As Will Appear On Report |
|--------|------------|------|--------------|----------|--------------|--|
| | DATE | TIME | | | | |
| 001 | 5/16/06 | 2:50 | G | DW | 3 | 137 SUNSET ROAD |
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* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

| | | | |
|-----------------------|--------------------------------|--------------------------------|------------------------------------|
| Report Page 4 of 4 | RELINQUISHED BY _____ | RELINQUISHED BY _____ | RELINQUISHED BY _____ |
| | DATE/TIME <u>5-17-06</u> | DATE/TIME <u>5-17-06</u> | DATE/TIME <u>5-18-06</u> |
| | RECEIVED BY _____ | RECEIVED BY _____ | RECEIVED FOR HBEL CUSTODY BY _____ |
| | DATE/TIME <u>5-17-06 10:15</u> | DATE/TIME <u>5-17-06 14:00</u> | DATE/TIME <u>5-19-06 10:00</u> |

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Wocaters PWS I.D. #: 25411280
System Type (check one) : Community Nontransient Noncommunity Transient Noncommunity
Address: Hess Road

City: Georgetown State: FL ZIP Code: 32139
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 05/16/06 Sample Time: 2:50 PM
Sample Location (be specific): 137 Sunset Road Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.2 mg/L Field pH: 7.5

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2nd</u>) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: PAUL Thompson
Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-369-9977
Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL Thompson, Field Coordinator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 6/15/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/17/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2125742001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|---|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17 <input type="checkbox"/> Partial <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30 <input type="checkbox"/> All Except Dioxin <input type="checkbox"/> Partial <input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21 <input type="checkbox"/> Partial <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample <input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes <input type="checkbox"/> Haloacetic Acids <input type="checkbox"/> Bromate <input type="checkbox"/> Chlorite <p><u>Secondaries</u></p> <input type="checkbox"/> All 14 <input type="checkbox"/> Partial |
|--|--|---|--|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 08-Jun-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-1584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Wootens 6453 TTHM
 Sample Location: 137 Sunset Road Grab Disinfectant Residual (mg/L) _____
 Sample Number: 2125742001 PWS ID _____
 Sampling Date: 5/16/06 14:50
 Date Received: 5/17/06 14:00

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | Lab ID |
|-----------|-----------------------|------|-------|-----------------|-----------|-------------------|---------|---------------|---------------|--------|
| 2941 | Chloroform | [NA] | ug/L | 9.0 | | EPA 524.2 | 0.25 | 5/30/06 | 4:34 PM | E96080 |
| 2942 | Bromoform | [NA] | ug/L | 9.4 | | EPA 524.2 | 0.41 | 5/30/06 | 4:34 PM | E96080 |
| 2943 | Bromodichloromethane | [NA] | ug/L | 20 | | EPA 524.2 | 0.25 | 5/30/06 | 4:34 PM | E96080 |
| 2944 | Dibromochloromethane | [NA] | ug/L | 28 | | EPA 524.2 | 0.30 | 5/30/06 | 4:34 PM | E96080 |
| 2950 | Total Trihalomethanes | [60] | 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 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.

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 3460
FDOH # E84418

Printed: 6/8/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (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;

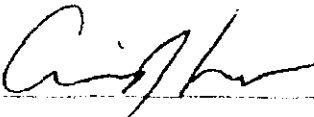
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory 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 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. 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

Printed: 3/14/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 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 6453 THM/HAA5
Received: 2/22/06 12:40

[2124849]

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

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 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

Printed: 3/14/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2124849]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Wootens 6453 THM/HAA5

| Parameter | Qualifier | Result ¹ | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|------------------------------|-----------|---------------------|-------|-----------------|-----------|-------------------------|----------------|--------------------------------------|---------|--------|
| Laboratory ID: 2124849001 | | | | | | Sampled: 02/21/06 13:50 | | Received: 02/22/06 12:40 | | |
| Sample ID: 137 Sweet Rd Grab | | | | | | Matrix: Water | | Results reported on Wet Weight Basis | | |
| Bromodichloromethane | | 15 | ug/L | 0.25 | EPA 524.2 | VOC2604 | | 02/28/06 22:16 | WR | E96080 |
| Bromoform | | 6.9 | ug/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 |
| Dibromochloromethane | | 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 | | 5.5 | ug/L | 0.18 | EPA 552.1 | PEST4664 | 03/3/06 9:23 | 03/4/06 10:24 | RS | E96080 |
| Dichloroacetic Acid | | 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 | RS | E96080 |
| Monochloroacetic Acid | | 0.88 U | 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 |
| Trichloroacetic acid | | 2.3 | ug/L | 0.20 | EPA 552.1 | PEST4664 | 03/3/06 9:23 | 03/4/06 10:24 | RS | 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.

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 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Wootens PWS I.D. #: 25412810

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Hess Road

City: Georgetown State: FL ZIP Code: 32139

Phone #: 352/787-0980 Fax #: 352/787-6333

E-Mail Address: N/A

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 (Check all that apply) |
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>1st</u>) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Confirmation of MCL Exceedence* |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Composite of Multiple Sites** |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Ave Residence Time | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Near First Customer | <input type="checkbox"/> Other: _____ |
| | Sampling Procedure Used or Other Comments: _____ |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Paul Thompson

Sampler's Phone #: 386 329-1122 Sampler's Fax #: 386 325-9577

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, Paul Thompson, FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 3/23/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2/22/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2124849001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17 <input type="checkbox"/> Partial <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30 <input type="checkbox"/> All Except Dioxin <input type="checkbox"/> Partial <input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21 <input type="checkbox"/> Partial <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample <input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes <input checked="" type="checkbox"/> Haloacetic Acids <input type="checkbox"/> Bromate <input type="checkbox"/> Chlorite <p><u>Secondaries</u></p> <input type="checkbox"/> All 14 <input type="checkbox"/> Partial |
|--|--|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 14-Mar-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Wootens 6453 THM/HAA5
 Sample Location: 137 Sweet Rd Grab Disinfectant Residual (mg/L)
 Sample Number: 2124849001 PWS ID
 Sampling Date: 2/21/06 13:50
 Date Received: 2/22/06 12:40

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | Lab ID |
|-----------|-------------------------------|-------|-------|-----------------|-----------|-------------------|---------|---------------|---------------|--------|
| 2450 | Monochloroacetic Acid | [N/A] | 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 | [N/A] | 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

* 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 period.

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

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



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Printed: 3/14/06