

Friendly Center

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 8 of 57

Com ____
Containing
Additional Engineering Requirements

ECR ___

Monthly Operating Reports

OPC ___

RCA ___

SCR __

SGA ___

SEC ___
OTH ___

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER -DATE 00838 JAN 26 5 FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Friendly Center

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January	1	33
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See Pages 4 for Instru								
I. General Information	for the Month/	Year of: Jan	nuary, 2004					·
A. Public Water System	(PWS) Informa	ation						
	Friendly Center					PWS Identification Numbe	r: 3350426	
PWS Type:	✓ Community	Non-Transient Non	n-Community	Transient Non-Com	munity	Consecutive		
Number of Service Connect		h: 29	<u> </u>		Total	Population Served at End of	Month: 68	
	Florida Water Servi							
Contact Person:	Craig Anderson			-	Conta	ct Person's Title:	VP Environmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			Conta	ct Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	ldress:	craiga@florida-wate	er.com					
B. Water Treatment Pla	int Information							
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-098	30
Plant Address:	25701 Monroe Stre				City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by		✓ Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day O	perating Capacity of	f Plant, gallons per day:		72,000				
Plant Category (per subsecti	ion 62-699.310(4), F		V			lass (per subsection 62-699.		
Licensed Operators		Name		License Class	License Number		y(s) / Shift(s) Worked	
	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			C	5825	Days 1st Shift		
•	John Worrell			C	6597	Days 1st Shift		
	Gary Kissick			C	7846	Days 1st Shift		
	Mike Ponticelli			С	8450	Days 1st Shift		
	· · · · · · · · · · · · · · · · · · ·							
						 		
					L	<u> </u>		
					<u> </u>	<u> </u>		
II. Certification by Lead	I/Chief Operate	Nr.						
			larida am tha laad/ah	riaf operator of the	water treatment r	lant identified in part I	of this report. I certify	that the
i, the undersigned water	er treatment plan	n operator neenseu in r	haat af mu line ieau/ci	ner operator or the	ifu that all drinkin	a water tractment chem	icals used at this plant of	conform to NSF
information provided i	in this report is ti	rue and accurate to the t	best of my knowledge	sand benef. I cen	ny macan drinkin	g water treatment chem	nears used at uns plant c	
International Standard	60 or other appl	icable standards referer	nced in subsection 62-	-355.320(3), F.A.	. I also certify in	at the following addition	onal operations records f	or uns piant
							icals used and chemical	
					these additional c	perations records to the	e PWS owner so the PW	/S owner can
retain them, together w	vith copies of thi	s report, at a convenien	t location for at least	ten years.				
		2/9/2004 0:00	Will Fontai	ine			C-6813	
Signature and Date		2.7.200.0.00		Typed Name			License Nur	nber
orginature and Date			11111000 01	- 5				

PWS fo	lentificaitor	n Number:		3350426		Plant Name:	Friendly Cer	nter						
			lonth/Year			January, 2004								
			g Virus Inactiv		· ·	niorine	Chlorine Di	oxide	Ozone	☐ Comb	oined Chlori	ne (Chlorar	nines)	
L	raviolet R			r (Describe):										
Type o	of Disinfec	ctant Resid	dual Maintai		ibution System:	▼ Free Chlo				(Chloramine	•	Chlorine I	Dioxide	
				C	CT Calculations, or									
1						CT Calc	ulations		2、海绵、金	多年 李新	UV.	Dose		나 그렇다는 살옷이 없는 그를 되어 다
							4 - 11 - 41 / 1			/ 主动囊				[[[꽃] 그 글로 걸린 중요를 보고 즐겁니다.
			i			75 .	Lowest CT Provided			7.				현실한 그리와 살아왔다고 하다라는 나는
	Davis Blant				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	[문화 기계가 기계대통화 수 없는 그 기기 기
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First	1 1				Minimum	Disinfectant	
	Visited by		of Finished	-	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	and the second second second		Before or at First	Point During	During Peak			Minimum Cl	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	ın	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Х	24.0			0.9								0.8	
2	X	24.0			1.0							ļ	0.8	
3		24.0												
4		24.0						ļ. <u>. </u>		ļ	ļ	<u> </u>	2.0	
5	X	24.0		 _	1.0				<u> </u>		 	<u> </u>	0.8	
6	X	24.0			0.9			-	ļ		 	 	0.8	
7 8	- V	24.0		_	0.9	<u> </u>		 	 		 		0.7	
9	X	24.0 24.0			1.0					 		 	0.7	
10	 _ ^ -	24.0	14,267		1.0			 -		1	<u> </u>	 		
11		24.0						h —	 					
12	X	24.0			1.2		· ·		 				0.9	
13	Х	24.0	21,210		1.2								0.9	
14	Х	24.0	460		1.3								1.0	
15	Х	24.0			1.1				L				1.0	
16	X	24.0			1.1			ļ				ļ	1.0	
17		24.0	180			<u></u>		<u> </u>	 	ļ	_	ļ	ļ	
18		24.0	180	ļ		ļ <u> </u>		}	}	ļ	ļ	 	0.7	
19	X	24.0	180	ļ — — —	1.0			 		ļ -	 	 	0.7	
20	X	24.0 24.0	 	 	1.0	ļ <u></u>		 		 			0.6	
22	X	24.0	+	 	1.0		 	 	 	 		 	0.7	
23	X	24.0	 	-	1.1		!	 	 	 	 	 	0.8	
24	 ^	24.0				· · · · · · ·		 	 	 	 	<u> </u>		
25		24.0		1						1	1			
26	Х	24.0			1.0			1					0.7	
27	Х	24.0			0.9								0,6	
28	Х	24.0			1.0								0.6	
29	Х	24.0			1.0							ļ	0.7	<u> </u>
30	Х	24.0			0.9		Ļ	<u> </u>		<u> </u>		<u> </u>	0.5	
31	L	24.0			<u> </u>	L	<u> </u>	<u> </u>	i	1	<u> </u>	L	L	<u> </u>
Total			65.010	1										

3,251

21,210

DEP Form 62-555.900(3)Alternate

Avgerage

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



See Pages 4 for Instr	uctions.							
I. General Information	for the Month/	rear of: February, 20	004		1			
A. Public Water System	(PWS) Informa	ition						
PWS Name:	Friendly Center					PWS Identification Number:	3350426	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity Tr	ansient Non-Com	munity	Consecutive	3330420	
Number of Service Connect				discretion com		Population Served at End of M	Month: 71	
PWS Owner:	Florida Water Service				Total	opulation served at End of iv	71	
Contact Person:	Craig Anderson				Conta	ct Person's Title:	VP Environmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number	(407) 598-4199					407) 598-4217	32000 7320
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.com				(,	
B. Water Treatment Pla	ant Information							
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-09	80
Plant Address:	25701 Monroe Stree	t			City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O	perating Capacity of			72,000				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant C	lass (per subsection 62-699.31	10(4), F.A.C.): D	
Licensed Operators		Name		License Class	License Number		s)/Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			C	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
1000	John Worrell			С	6597	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
	Mike Ponticelli			С	8450	Days 1st Shift		
5 4 4								
			-					
II Certification by Lead								
I, the undersigned water	er treatment plant	operator licensed in Florida, ar	n the lead/chief	f operator of the	water treatment p	lant identified in part I o	of this report. I certify	that the
information provided i	n this report is tru	ue and accurate to the best of m	y knowledge ar	nd belief. I certi	ify that all drinking	water treatment chemic	cals used at this plant of	conform to NSF
International Standard	60 or other appli	cable standards referenced in su	ibsection 62-55	5.320(3), F.A.C	C. I also certify tha	at the following addition	al operations records t	for this plant
were prepared each da	v that a licensed	operator staffed or visited this p	lant during the	month indicated	d above: (1) record	ds of amounts of chemic	als used and chemical	feed rates; and
	•	process performance records. F	-		, ,			•
		report, at a convenient location			arese additional o	perations records to the	i wa a willer so that i	r B o wher can
. Juni moni, togotiloi w	copies of this	report, at a convenient location	. Tot at least tell	yours.				
		3/9/2004 0:00	Will Fontaine				C-6813	
Signature and Date		31712004 0.00	Printed or Typ	ed Name			License Nun	wher
organiture and Date			rinica or Typ	cu ivanic			License Nun	HOCI

PWS Id	entificaitor	Number:		3350426		Plant Name:	Friendly Cer	iter						
III. D	Daily Data for the Month/Year of: February, 2004 Is of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
					al: ▽ Free C	hlorine [Chlorine Di	oxide	C Ozone	☐ Comb	ined Chlorir	ne (Chloran	nines)	
i	raviolet R			r (Describe):	•	•	0	0,444		,			,,,,,,,,,	
-					bution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Type o	Distilled	tain itesie	laar ivianitan		T Calculations, or								Park III	
1 4						CT Calc		out-Log	VII US III aC	tivation, ii z	UVI	Tose		
]				CI CHC	uiauous				a marking and	J030	27.1	
							Lowest CT		7 1 11 1					
						Disinfectant	Provided							
	Days Plant Staffed or		Nat Overstite		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Lowest Residual Disinfectant	인법 그는 그 그 승규는 살살 그렇다.
4-7	Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	1	4.	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0					ļ	ļ		<u> </u>		ļ		
2	X	24.0	15		1.0					 		ļ	0.7	
3	X	24.0	580		0.9							 	0.7	
5	X	24.0	380		0.9					[0.7	
6	X	24.0			0.9				,				0.7	
7		24.0												
8		24.0												
9	X	24.0		Ĺ	0.8					 			0.5	
10	X	24.0			0.8		 		ļ	 			0.5	
11	X	24.0	 		0.7		 						0.5	
13	X	24.0			0.8								0.5	
14		24.0												
15		24.0											ļ	
16	X	24.0			0.7		ļ	L	 	<u> </u>			0.5	
17	Х	24.0		ļ	0.0			 		 		 	0.7	
18	X	24.0		 	0.9		 		 	 	 	 	0.7	
20	X	24.0			0.9		 		 	†		 	0.7	
21	 	24.0		 	3.3		 							
22		24.0												
23	Х	24.0			0.9					ļ			0.7	
24	Х	24.0			0.8] 		<u> </u>	<u> </u>	 	 	 	0.5	
25	Х	24.0		 	0.9		ļ	 	 	 		 	0.5	
26	x	24.0		<u> </u>	0.9		 	 	 	 	 		0.6	
28	 ^- -	24.0	 	 	0.9	 	 	 			 	†		
29	 	24.0	 											
	<u> </u>													
						<u> </u>	<u> </u>		L		l	L	1	<u> </u>
Total		- 3	610	[
Avgera	ge		21											

DEP Form 62-555.900(3)Alternate

⁵⁸⁰ * Refer to the instructions for this report to determine which plants must provide this information.



PWS Type: J Content	y Center community Non-Transient No End of Month: 36 Water Services Anderson P.O. Box 609520 r: (407) 598-4199 Craiga@florida-water Cormation y Center Monroe Street V Raw Ground Water (Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine Ideath Interpretation Non-Transient No Record No Record Non-Transient No Record Non-Transient No Record Non-Tran	ter.com	Finished Water 72,000 License Class C C C C	City: Orlando Co	State: Florida ontact Person's Fax Number: (407) Plant Telephone Number: State: Florida It Class (per subsection 62-699.310(4), Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 32860-9520
PWS Type: J Content	ommunity Non-Transient No End of Month: 36 Water Services Anderson P.O. Box 609520 r: (407) 598-4199 craiga@florida-water Formation y Center Monroe Street A Raw Ground Water y Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine leath orrell issick	er Purchased	Finished Water 72,000 License Class C C C	City: Orlando City: Astatula City: Astatula Plat License Numl 6813 5825 6597	Consecutive Interpretation Served at End of Month Inter	nvironmental Services Zip Code: 32860-9520 598-4217 352-787-0980 Zip Code: 34705
PWS Type: J Content	ommunity Non-Transient No End of Month: 36 Water Services Anderson P.O. Box 609520 r: (407) 598-4199 craiga@florida-water Formation y Center Monroe Street A Raw Ground Water y Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine leath orrell issick	er Purchased	Finished Water 72,000 License Class C C C	City: Orlando City: Astatula City: Astatula Plat License Numl 6813 5825 6597	Consecutive Interpretation Served at End of Month Inter	nvironmental Services Zip Code: 32860-9520 598-4217 352-787-0980 Zip Code: 34705
PWS Owner. Florida Contact Person: Craig / Contact Person's Mailing Address: Contact Person's Telephone Number Contact Person's E-Mail Address: Water Treatment Plant Interpretation of the Plant Name: Friendle Plant Address: 25701 Type of Water Treatment by Plant: Permitted Maximum Day Operating Plant Category (per subsection 62-6 Licensed Operators Lead/Chief Operator: Will Foother Operators: Dither Operators: Brian I John W Gary K Adam I	End of Month: 30 Water Services Anderson P.O. Box 609520 r. (407) 598-4199 Craiga@florida-water Ormation y Center Monroe Street A Raw Ground Water (Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine leath Orrell issick	er Purchased	Finished Water 72,000 License Class C C C	City: Orlando City: Astatula City: Astatula Plat License Numl 6813 5825 6597	ontact Person's Title: State: Florida ontact Person's Fax Number: (407) Plant Telephone Number: State: Florida It Class (per subsection 62-699.310(4), Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 32860-9520 598-4217 352-787-0980 Zip Code: 34705 D
Contact Person: Craig / Contact Person's Mailing Address: Contact Person's Telephone Number Contact Person's E-Mail Address: Water Treatment Plant Intellement Name: Friendlement Plant Address: 25701 Type of Water Treatment by Plant: Fermitted Maximum Day Operating Plant Category (per subsection 62-6 Licensed Operators Lead/Chief Operator: Will For Other Operators: Dither Operators: Brian I John W. Gary K. Adam I	P.O. Box 609520 r: (407) 598-4199	er Purchased	72,000 License Class C C C	City: Orlando City: Astatula City: Astatula Plat License Numl 6813 5825 6597	pontact Person's Title: VP Er State: Florida pontact Person's Fax Number: (407) Plant Telephone Number: State: Florida It Class (per subsection 62-699.310(4), per Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 32860-9520 598-4217 352-787-0980 Zip Code: 34705 D
Contact Person's Mailing Address: Contact Person's Telephone Number Contact Person's E-Mail Address: Water Treatment Plant International Inter	P.O. Box 609520 r. (407) 598-4199 craiga@florida-wate formation y Center Monroe Street A Raw Ground Water (Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine leath orrell issick	er Purchased	72,000 License Class C C C	City: Orlando City: Astatula Plat License Numl 6813 5825 6597	State: Florida ontact Person's Fax Number: (407) Plant Telephone Number: State: Florida It Class (per subsection 62-699.310(4), Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 32860-9520 598-4217 352-787-0980 Zip Code: 34705 F.A.C.): D
contact Person's Telephone Number Contact Person's E-Mail Address: Vater Treatment Plant International Internatio	r. (407) 598-4199 <u>craiga@florida-wate</u> formation y Center Monroe Street Y Raw Ground Water (Capacity of Plant, gallons per day: 99.310(4), F.A.C.). Name Intaine Iteath Iterative Iterati	er Purchased	72,000 License Class C C C	City: Orlando City: Astatula Plat License Numl 6813 5825 6597	State: Florida ontact Person's Fax Number: (407) Plant Telephone Number: State: Florida It Class (per subsection 62-699.310(4), Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 32860-9520 598-4217 352-787-0980 Zip Code: 34705 F.A.C.): D
Vater Treatment Plant International Internat	Craiga@florida-wate Formation y Center Monroe Street ✓ Raw Ground Water (Capacity of Plant, gallons per day: 99.310(4), F.A.C.). Name Intaine Iteath	er Purchased	72,000 License Class C C C	City: Astatula Plat License Numl 6813 5825 6597	Plant Telephone Number: State: Florida nt Class (per subsection 62-699.310(4), per Days 1st Shift Days 1st Shift Days 1st Shift	352-787-0980 Zip Code: 34705
Vater Treatment Plant Internal Plant	ormation y Center Monroe Street Raw Ground Water Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name ntaine leath orrelf issick	er Purchased	72,000 License Class C C C	Plan License Numl 6813 5825 6597	Plant Telephone Number: State: Florida nt Class (per subsection 62-699.310(4), per Days 1st Shift Days 1st Shift Days 1st Shift	352-787-0980 Zip Code: 34705
ant Name: Friendl ant Address: 25701 ype of Water Treatment by Plant: ermitted Maximum Day Operating ant Category (per subsection 62-6 Licensed Operators: Will Fo Other Operators: Brian I John W Gary K Adam I	y Center Monroe Street Raw Ground Water Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name ntaine leath orrelf issick	V	72,000 License Class C C C	Plan License Numl 6813 5825 6597	State: Florida It Class (per subsection 62-699.310(4), Der Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 34705
ant Address: 25701 where of Water Treatment by Plant: crimited Maximum Day Operating ant Category (per subsection 62-62 Licensed Operators: ead/Chief Operator: Will Form Wil	Monroe Street Anw Ground Water Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine Iteath Iteath	V	72,000 License Class C C C	Plan License Numl 6813 5825 6597	State: Florida It Class (per subsection 62-699.310(4), Der Days 1st Shift Days 1st Shift Days 1st Shift	Zip Code: 34705
ype of Water Treatment by Plant: ermitted Maximum Day Operating lant Category (per subsection 62-6 Licensed Operators: ead/Chief Operator: Will Fo Other Operators: Brian I John W Gary K Adam I	Raw Ground Water Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine Iteath Orrell Issick	V	72,000 License Class C C C	Plan License Numl 6813 5825 6597	nt Class (per subsection 62-699.310(4), per Day(s) / Days 1st Shift Days 1st Shift Days 1st Shift	, F.A.C.): D
ermitted Maximum Day Operating lant Category (per subsection 62-6 Licensed Operators ead/Chief Operator: Will Fo Other Operators: Brian I John W Gary K Adam I	Capacity of Plant, gallons per day: 99.310(4), F.A.C.): Name Intaine Ideath I	V	72,000 License Class C C C	6813 5825 6597	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift	, F.A.C.): D
ant Category (per subsection 62-6 Licensed Operators ead/Chief Operator: Will Fo ther Operators: Brian I John W Gary K Adam I	99.310(4), F.A.C.): Name ntaine leath orrell issick		License Class C C C	6813 5825 6597	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift	
Licensed Operators ead/Chief Operator: Will Forther Operators: Brian I John W Gary K Adam Certification by Lead/Chief	Name ntaine leath orrell issick		C C C	6813 5825 6597	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift	
ead/Chief Operator: Will Forther Operators: Brian I John W Gary K Adam I	ntaine Jeath Jorrelf issick		C C C	6813 5825 6597	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift	
ther Operators: Brian I John W Gary K Adam I	leath orrell issick			5825 6597	Days 1st Shift Days 1st Shift	
John W Gary K Adam I	orrell issick			6597	Days 1st Shift	
Gary K Adam)	issick					
Adam			С	7846	Day Let Chic	
ertification by Lead/Chie	Aichaelsen				Days 1st Shift	
			1	Trainee	Days 1st Shift	
the undersigned water trea-						
	ment plant operator licensed in F					
	report is true and accurate to the					
ternational Standard 60 or	other applicable standards refere	enced in subsection 62	-555.320(3), F.A.	C. I also certify	that the following additional or	perations records for this plan
	a licensed operator staffed or visi					
) if applicable, appropriate	treatment process performance r	records. Furthermore,	I agree to provide	e these additiona	d operations records to the PWS	S owner so the PWS owner ca
	pies of this report, at a convenien					The state of the s
	410/0000	Will Fonta	ine			C-6813
ignature and Date	4/8/2004 0:00	······· onta				C-0013

bi 2Wq	entification	Number:		3350426		Plant Name:	Friendly Cer	iter						
L			ionth/Year c			March, 2004				· · · · · · · · · · · · · · · · · · ·				
			Virus Inactiv			nlorine [Chlorine Di	oxide	C Ozone	┌ Comb	ined Chlorir	ne (Chloran	nines)	
I ✓ Ult	raviolet Ra	adiation	□ Other	(Describe):										
Type o	f Disinfec	tant Resid	lual Maintair	ned in Distri	bution System:	▼ Free Chlo				(Chloramine:		Chlorine E	hoxide	
<u> </u>	ac) [] -			C	T Calculations, or	UV Dose, to I	Demostate I	our-Log	Virus Inac	tivation, if A	Applicable*			
					A Section 1	CT Calc	úlations				UVI	Oose		
							Lowest CT		Territoria de la companya della companya della companya de la companya della comp					
		·			See .	Disinfectant	Provided							
	Days Plant		¥		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First			100	Lowest	Minimum UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
1	Visited by		of Finished		Concentration (C)	Measurement	Customer			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
Day of		Hours plant			Before or at First	Point During	During Peak Flow, mg-	Temp of	nH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
Month	"X")	Operation 24.0	gal.	Rate, gpd.	0.8	- minutes							0.7	
2	X	24.0			0,9								0.7	
3	X	24.0	1,220		0.9								0.7	
4	X	24.0			0.9			↓		<u> </u>			0.7	
5	Х	24.0			0.9		<u> </u>	<u> </u>		<u> </u>	ļ		0.7	
6		24.0								 				
7		24.0			1.0		 	 	 				0.8	
8	X	24.0	1,490	-	1.1			 					0.8	
10	X	24.0			0.9								0.7	
11	X	24.0			1.0					ļ		<u> </u>	0.7	
12	Х	24.0			1.0		<u> </u>		<u> </u>			ļ	0.7	
13		24.0						<u> </u>	 		 	 		
14		24.0		ļ	1.0	<u> </u>	<u> </u>	 			 		0.7	
15	X	24.0 24.0			1.1			 					0.7	
16	X	24.0		 	0.9		1						0.7	
18	X	24.0			0.9						ļ		0.7	
19	X	24.0			0.9		ļ	<u> </u>		<u> </u>	ļ	 	0.0	
20		24.0)				<u> </u>	ļ	ļ	 		 		
21		24.0		ļ	10		 	╁┈┈	ļ			 	0.8	
22	X	24.0		 	1.0		+	 	 				0.7	
23	X	24.0		<u> </u>	1.0		 	-					0.7	
24	X	24.0			0.9								0.7	
26	X	24.0			0.8				ļ	1			0.7	
27		24.0					1	 	 		 	 		
28		24.0				ļ	 	 			 	 	0.7	
29	Х	24.0			0.8		 		+	+	-	<u> </u>	0.7	
30	X	24.0		ļ	0.9	<u> </u>	+	+	 	+			0.7	
31 Total	X	24.0	6,360	 	1	<u> </u>								

205

1,490

Avgerage

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

DEP Form 62: 555 900(3)Alternale



See Pages 4 for Instru									
l. General Information	for the Month/Y	ear of: April, 2004]
A. Public Water System	(PWS) Informa	tion							
	Friendly Center					PWS Identification Number	3350	426	
PWS Type;	✓ Community	Non-Transient Non-Community	Tr	ansient Non-Comr	nunity	Consecutive			
Number of Service Connect						Population Served at End of N	Month: 68		
PWS Owner:	Florida Water Servic								
Contact Person:	Craig Anderson				Cont	act Person's Title:	VP Environmental Se	ervices	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip (Code: 32860-952	0
Contact Person's Telephone	Number:	(407) 598-4199			Cont	act Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ad	idress:	craiga@florida-water.com							
3. Water Treatment Pla	ant Information								
Plant Name:	Friendly Center					Plant Telephone Number:	352-	787-0980	
Plant Address:	25701 Monroe Street				City: Astatula	State: Florida	Zip (Code: 34705	
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Finis	shed Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000					
Plant Category (per subsecti		A.C.): V				Class (per subsection 62-699.3		D	
Licensed Operators		Name		License Class	License Numbe	r Day	(s) / Shift(s) Wor	ked	
Lead/Chief Operator:	Will Fontaine			C	6813	Days 1st Shift			
	Brian Heath			<u>C</u>	5825	Days 1st Shift			
	John Worrell			C	6597	Days 1st Shift			
	Gary Kissick			C	7846	Days 1st Shift			
	Adam Michaelsen	·			Trainee	Days 1st Shift			
1.0				- t-					
						ļ			
				L		<u> </u>			
I Certification by Lead	VChief Operator								
		operator licensed in Florida, am	the lead/chief	f operator of the	water treatment	nlant identified in part L	of this report. I c	ertify that the	
		ie and accurate to the best of my							NSF
		cable standards referenced in sub-							
		operator staffed or visited this pla							
		process performance records. Fur			these additional	operations records to the	PWS owner so t	he PWS owner	can
retain them, together w	with copies of this	report, at a convenient location for	or at least ten	years.					
		5/7/2004 0:00	Will Fontaine				C-68	813	
Signature and Date		2,1,200.00	Printed or Typ	ed Name				nse Number	
organiture and Date				,			5		

Page 1

	PWS Id	entificaito	n Number:		3350426		Plant Name:	Friendly Cer	nter						
Martin of Achteroring Four Long Four Long Four Chlorine Four	III. D	aily Data	for the N	lonth/Year	of:		April, 2004								
Type of Districtant Residual Maintained in Distribution System: Free Chlorise Combined Chloramines Chlorame University Chlorate Distribution System: Free Chlorise Combined Chlorame (Chloramines) Chlorate Distribution System: Chlorate Distribution System: Combined Chlorame (Chloramines) Chlorate Distribution System: Chlorate								Chlorino Di				1.011	(63) 1		
Type of Disinfectian Residual Maintained in Distribution System Free Charles Combined Chlorine (Chloranites) Combined Chlorine (Chlorine)	1		-	-			morne 1	Chiorine Di	oxide	Ozone	Comb	oinea Chlorii	ne (Chloran	nines)	
CT Calculations, or UV Dose, to Demostrate Four-Log Virus Inactivation, if Applicable* UV Dose	-						7			-1 Cl 1	(CLI				
Part	Type o	Disinfe	ctant Resid	dual Maintair										Dioxide	
Day Flate Sufficiency				i e e	C	T Calculations, or					tivation, if A				
Day of Plant Sufficient S	1						CT Calc					UV	Oose		
Day of Plant Sufficient S	(Lowest CT	1						
Sufficiency Visite by Vi							Disinfectant		6.16	i,	1.			AKS ENISK	
Visited by Ord Operation Concentration (C) Before or at Flow plant Concentration (C) Concentrati		Days Plant				Lowest Residual	Contact Time	Before or at	287.5			egy en en e		Lowest Residual	
Day of Operation Operati		2					(T) at C	First					3.0	Disinfectant :	
Charles France	14	7 19095		to have a second			7 Charles 1 18 Charles 14 Charles 18 Charles					of a bis time fel	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Month 'RY Openion gal		- A 144	100	POST SECTION AND A SECTION AND ASSESSMENT OF A SECTION AND A SECTION ASSESSMENT OF A SECTION ASSESSMENT A											
1	1			OK 0			Control of a second of a second of the second	Flow, mg-	Water Oc	pH of Water,	Required, mg		5.1		
2 X 240 09 07 3 240 0 07 4 240 10 07 5 X 240 00 07 7 X 240 40 1.0 07 7 X 240 40 1.0 07 9 X 240 0.9 0.6 0.0 10 240 0 0.9 0.6 0.0 11 240 0 0.9 0.7 0.7 12 X 240 0.9 0.7 0.7 13 X 240 0.9 0.7 0.7 14 X 240 0.9 0.0 0.7 13 X 240 0.9 0.0 0.7 14 X 240 0.9 0.0 0.0 15 X 240 0.9 0.0 0.0 16 X 240 0.9 0.0 0.0 17 2.0 0.0 0.0				gai.	Rate, gpd.		minutes	min/L	water, C	и Аррисавіе	mitvL	mw-sec/cm	sec/cm		Out of Operation
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5 X 240 0.0 0.7 0.6 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.6 0.7 0.6 0.7 0.6 0.7 0.6 0.7 0.6 0.6 0.7 0.6 0.7 0.6 0.7 0.6 0.7 0.6 0.7 0.6 0.6 0.7 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.7 0.7 0.6 0.8															
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21 X 24.0 1,280 0.8 0.5 22 X 24.0 0.9 0.6 24 24.0 23 0.8 0.6 25 24.0 23 0.8 0.6 26 X 24.0 23 0.8 0.6 27 X 24.0 0.8 0.6 28 X 24.0 0.8 0.7 29 X 24.0 0.9 0.7 30 X 24.0 0.9 0.7 30 X 24.0 0.9 0.7 30 X 24.0 0.9 0.7 Total 1,790															
22 X 24.0 0.8 0.5 23 X 24.0 0.9 0.6 24 24.0 23 0.8 0.6 25 24.0 23 0.8 0.6 27 X 24.0 0.8 0.6 27 X 24.0 0.8 0.6 28 X 24.0 0.8 0.7 29 X 24.0 0.9 0.7 30 X 24.0 0.9 0.7 30 X 24.0 0.9 0.7 Total 1,790												L			
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	Total														

1,280

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



See Pages 4 for Instructions.

General Information		207 06					
General Information	for the Month/Y	ear of: May, 2004					
Public Water System	(PWS) Informat	ion					
PWS Name:	Friendly Center					PWS Identification Num	ber: 3350426
PWS Type:	✓ Community	Non-Transient Non-Commu	unityT	ransient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Month:	29			17	Total Population Served at End	of Month: 68
PWS Owner:	Florida Water Service	s					
Contact Person:	Craig Anderson				(Contact Person's Title:	VP Environmental Services
Contact Person's Mailing A	ddress: F	P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone		407) 598-4199				Contact Person's Fax Number:	(407) 598-4217
Contact Person's E-Mail Ad		craiga@florida-water.com					
Water Treatment Pla	ant Information						
Plant Name:	Friendly Center					Plant Telephone Number	352-787-0980
Plant Address:	25701 Monroe Street				City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by		Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day O		The state of the s		72,000			
Plant Category (per subsect	ion 62-699.310(4), F.A					ant Class (per subsection 62-69	
Licensed Operators		Name		License Class	License Nun	nber D	ay(s) // Shift(s) Worked
	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Brian Heath			С	5825	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
	Gary Kissick			С	7846	Days 1st Shift	
	Adam Michaelsen				Trainee	Days 1st Shift	
				J	<u> </u>		
Certification by Lead	/Chief Operator						
		amoratar licensed in Elevide	om the lead/ship	of amountary of the	viotar traction	ent plant identified in most	I of this report. I certify that the
							micals used at this plant conform to N
							ional operations records for this plant
vere prepared each da	y that a licensed of	perator staffed or visited this	plant during the	e month indicate	d above: (1) r	ecords of amounts of cher	micals used and chemical feed rates; a
2) if applicable, appro	opriate treatment p	rocess performance records.	Furthermore, I	agree to provide	these addition	nal operations records to t	he PWS owner so the PWS owner can
etain them, together v	vith copies of this	report, at a convenient location	on for at least te	n years.		•	
	6/8/2004		Will Fontaine	;			C-6813
Signature and Date	5.5.2571		Printed or Ty				License Number
Signature and trate			Timed of Ty	pos munic			Brodise Humber

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Our of Operation	System, mg/L	zuo/oos	my-sec/cm	7 amu	orogonddy n	O STOURN	J/mm	minutes	Peak Flow, mg/L	Rate, gpd.	- Esj	Operation	("X"	изиоМ
Involves Taking Water System Components	noimdinsid		1-	N	if Applicable		Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	9th
	100 A	-Wm		Required, mg		Temp of	*** *** **** ****			Woll Vead	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			• .
Conditions: Repair or Maintenance Work that	Remote Point in	Required,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO muminiM			During Peak	gairuG taio4	Before or at First			Hours plant		Day of
Participal Appropriate Programme	Loncentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		bodsini To	2.	Visited by	
19 · 4 · 7 · 17 · 2 · 18 · 18 · 18 · 18 · 18 · 18 · 18	Disinfectant	muminiM				223	isn j	O is (T)	Disinfectant		Met Quantity		Staffed or	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	i
				4		100	Provided	Disinfectant					1	
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											Lagrana (E. 1	1		
Emiergency or Appromial Operating:		9800	ΙΛΩ			The state of	suonalı	CI Calcu			1	l. "	1	
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								May, 2004			onth/Year o			
						ter	Friendly Cen	Plant Name:	L	3320426		тэдшиМ г	entificaitor	PL SW4

DEP Form 62-555-900(3)Altemate

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



See Pages 4 for Instr										
1. General Information	for the Month/	Year of: June, 2004								
A. Public Water System	ı (PWS) Inform:	ation								
	Friendly Center			, , , , , , , , , , , , , , , , , , ,			PWS Identification Number:		3350426	
PWS Type:	✓ Community	Non-Transient Non-Communi	ity T	ransient Non-Com	munity		Consecutive	··		
Number of Service Connect	tions at End of Mont		-			Total F	opulation Served at End of M	ionth:	71	
PWS Owner:	Florida Water Servi	ices					•			
Contact Person:	Craig Anderson					Contac	t Person's Title: V	P Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: 0	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			-	Contac	t Person's Fax Number: (4	407) 598-4217	•	
Contact Person's E-Mail Ad	ddress:	craiga@florida-water.com								
B. Water Treatment Pla	ant Information									
Plant Name:	Friendly Center						Plant Telephone Number:		352-787-09	80
Plant Address:	25701 Monroe Stree				City: A	Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water						
Permitted Maximum Day O	perating Capacity of	f Plant, gallons per day:		72,000						
Plant Category (per subsect	ion 62-699.310(4), F						ass (per subsection 62-699.31		D	
Licensed Operators		Name		License Class	Licen	se Number	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
	John Worrell			С	<u> </u>	6597	Days 1st Shift			
	Gary Kissick			С		7846	Days 1st Shift			
						_				
					<u> </u>					
					<u> </u>					
	<u> </u>			<u> </u>	l					
II. Certification by Leac	1/Chief Onewate									
			41 1 1/ 1 *	C 4 C4				C4L	1 1.0	41 441
		nt operator licensed in Florida, an				-	•	•	•	
	-	rue and accurate to the best of my	_		•	_			-	
		licable standards referenced in su								
	-	operator staffed or visited this p	_			• •				
		process performance records. F			e these a	ıdditional o	perations records to the	PWS owner	r so the PV	VS owner can
retain them, together v	with copies of this	s report, at a convenient location	for at least ter	n years.						
			Will Fontaine						C-6813	
Signature and Date			Printed or Typ	oed Name					License Nu	mber

PWS Ic	entification	n Number:		3350426		Plant Name:	Friendly Cer	nter						
III. D	aily Data	for the N	Ionth/Year	of:		June, 2004								
			g Virus Inactiv		ral: ▽ Free C	hlorine [Chlorine Di	oxide	Ozone	Comb	nined Chloris	ne (Chlorar	nines)	
1	raviolet R			r (Describe):		•	cmorme D.	Ozade	OZON	, come	onica emori	ne (emora	шкзу	
Type o	f Disinfe	rtant Resid			ibution System:	▼ Free Chlc	rine [Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide	
Турск	1 Distinct	I	l viamear		T Calculations, or								I of the State	NAMES OF STREET
					1 Calculations, of		ulations			arvation, ii	UV			
						Ci Caic	uiauons		** ** ** ** ** ** ** ** ** ** ** ** **		UV	Dose .	Lowest Residual	
1				ł			Lowest CT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						
						Disinfectant	Provided		7				学 12 16	
	Days Plant Staffed or		Not Constitu		Lowest Residual Disinfectant	Contact Time: (T) at C:	Before or at First					Minimum	Lowest Residual Disinfectant	
1	Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose		: Emergency or Abnormal Operating
Day of	Operator	Hours plant	and the second of the second of the second		Before or at First	Point During	During Peak	第		Minimum CT		Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	- "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, O	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			0.7				ļ				0.5	
2	X	24.0		<u> </u>	0.7								0.5	
3	X	24.0			0.8				 				0.5	
5	X	24.0			0.8							 	0.5	
6		24.0		 			 		<u> </u>	 	 -			
7		24.0			0,8		<u> </u>		 	·			0.5	
8	Х	24.0			0.8								0.5	
9 F	X	24.0	420		0.9								0.5	
10		24.0				_								
11	X	24.0			0.9				ļ	ļ	ļ	<u> </u>	0.5	
12		24.0	 	ļ					 	 				
14	X	24.0			0.9		<u> </u>	 	 			 	0.5	
15	X	24.0		l	0.7		 		 		<u> </u>		0.5	
16	Х	24.0			0.9								0.6	
17	X	24.0			1.1				<u> </u>				0.7	
18.	Х	24.0		ļ	1.1		<u> </u>						0.8	
19		24.0	-				 -	ļ	 					
20	х	24.0 24.0	ļ	<u> </u>	1.0		ļ	 	ļ		 	ļ	0.7	
22	X	24.0	 		1.0		 	 	<u> </u>	 	 		0.7	
23	X	24.0		· · · · · · · · · · · · · · · · · · ·	1.0								0.7	
24	X	24.0			0.9			-	ļ				0.6	
25	X	24.0			0.9								0.7	
26		24.0						ļ	<u> </u>	ļ				
27		24.0	ļ					ļ	ļ					
28	X	24.0	<u> </u>	<u> </u>	1.0		 		 			 	0.7	
30	X	24.0			0.9		 	 	 	-			0.7	
50		24.0			0.7		 	 	†	†	 	 	1 3.0	
Total	20, 100		420	 	·			-		•	•	4	• • • • • • • • • • • • • • • • • • • •	
				1										

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



See Pages 4 for Instru	uctions.							
I. General Information	for the Month/	Year of: July, 20	004					
A. Public Water System	(PWS) Informa	ation						
	Friendly Center					PWS Identification Numb	er: 3350426	
PWS Type:	✓ Community	Non-Transient Non-Cor	mmunityT	ransient Non-Com	munity	Consecutive		
Number of Service Connect						Population Served at End o	f Month: 71	
PWS Owner:	Aqua Utilities Flori	da						
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code:	34749-0310
Contact Person's Telephone		(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica	a.com					
B. Water Treatment Pla	nt Information							
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-0)980
Plant Address:	25701 Monroe Stre	et			City: Astatula	State: Florida	Zip Code:	: 34705
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000				
Plant Category (per subsecti	on 62-699.310(4), F	F.A.C.):	V		Plant C	class (per subsection 62-699		
Licensed Operators		Name	Maringt, da.	License Class	License Number	Da	ay(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			C	5825	Days 1st Shift		
a seminar y para di	John Worrell			С	6597	Days 1st Shift		
				<u> </u>				
					<u> </u>			
	VGI : CO							
II Certification by Lead			1 1/1:	C		1 411 410 42	Y - Callia mannant I a andi	f. that the
I, the undersigned water	er treatment plan	t operator licensed in Flori	ida, am the lead/chi	et operator of the	e water treatment p	nant identified in part	1 of this report. I certi	ry mai me
information provided i	in this report is to	rue and accurate to the best	of my knowledge a	and belief. I cert	ify that all drinkin	g water treatment cher	nicals used at this plan	t conform to NSF
		licable standards referenced						
were prepared each da	y that a licensed	operator staffed or visited	this plant during the	e month indicate	d above: (1) recor	rds of amounts of chen	nicals used and chemic	al feed rates; and
(2) if applicable, appro	opriate treatment	process performance recoi	rds. Furthermore, I	agree to provide	these additional of	operations records to the	he PWS owner so the F	PWS owner can
retain them, together v	vith copies of thi	s report, at a convenient lo	cation for at least te	n years.				
, G	4	•						
			Will Fontain	e			C-6813	
Signature and Date			Printed or Ty	ped Name			License N	Jumber

PWS I	Identification Number: 3350426 Plant Name: Friendly Center													
П	aily Data	for the N	lonth/Year	of:		July, 2004								
			Virus Inactiv		al: ▼ Free C	hlorine [Chlorine Di	oxide	C Ozone	☐ Comb	ined Chlorin	ne (Chloran	nines)	
	traviolet R			r (Describe):			C 21.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					
L-					ibution System:	▼ Free Chlo	orine [Combin	ed Chlorine	(Chloramine	es) 「	Chlorine f	Dioxide	
Турс	T Distinct	tant Resid	idai Maiman		T Calculations, or									
					1 Calculations, or				VII GO INGO		. UVI	Oose	Programme Programme Control (1997) Programme Control (1997)	
			1			Cr Calc	diadolis			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				LL BEST 등 것 같아. 그렇게 되었다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
							Lowest CT							
1						Disinfectant	Provided						Lowest Residual	
1	Days Plant		No.		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Disinfectant	
1	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	1 *	Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X") _	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1 .	X	24.0									<u> </u>		0.8	
2	X	24.0		ļ									0.7	
3	1	24.0					 		<u> </u>					
5	X	24.0											0.7	
6	+ ^	24.0	 			<u> </u>					 		0.8	
7	X	24.0	530								-		0.7	
8	X	24.0												
9	Х	24.0											0.7	
10		24.0												
11		24.0						<u> </u>					0.7	
12	X	24,0		ļ				 		<u> </u>			0.7	
13	1	24.0										 	0.6	
14	X X	24.0										 	0.7	
16	$\frac{\hat{x}}{x}$	24.0		 			<u> </u>	 					0.9	
17	1 ~	24.0	-				1							
18	1	24.0												
19	Х	24.0											0.8	
20		24.0								ļ. ——			0.8	
21	X	24.0					<u> </u>	 	ļ	 		 	0.8	
22	 	24.0				 	1	 				<u> </u>	0.8	
23	X	24.0				<u> </u>				1	<u> </u>			
25	 	24.0	 			†	† · · · · · · · · · · · · · · · · · · ·	t						
26	X	24.0	1	†									0.7	
27	1	24.0										<u> </u>	<u> </u>	
28	X	24.0					<u> </u>	<u> </u>	ļ		<u> </u>	 	0.7	
29		24.0			<u></u>			ļ	ļ	 	 	 	0.7	
30	X	24.0	<u> </u>	<u> </u>			1	<u> </u>	ļ				0.7	
		1			1	L	1			1		1	ı	

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DEP Form 62-555.900(3)Alternate

Avgerage Maximum

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



PWS Name Friendly Center PWS Identification Number: 3350426	General Information	n for the Month/Y	Year of: July, 2	2004					
PWS Type:	. Public Water Syster	n (PWS <u>) Inf</u> orma	ition						
Some Aqua Utilities Florida Contact Person's Title: Area Manager	PWS Name:	Friendly Center					PWS Identification Number:	3350426	
PWS Owner: Aqua Utilities Florida Contact Person's Brian Heath Contact Person's Maling Address P.O. Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address beheath@aquaamerica.com Water Treatment Plant Information Plant Mame Friendly Center Plant Address: 25701 Monroe Street Plant Category (per subsection 62-699-310(4), F.A.C.) Deficience Operators Lead/Chief Operator: Will Fontaine C 6813 Days 1st Shirt Other Operators: Other Operators: Read Heath C 6597 Days 1st Shirt Days 1st Shirt Other Operators: It we undersigned water treatment plant identified in part 1 of this report. I certifinformation 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 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 were prepared each day that a licenseed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used at chemicals used and ch	PWS Type:	✓ Community	Non-Transient Non-Co	mmunity Tr	ransient Non-Com	nunity	Consecutive		
Contact Person's Mailing Address P.O. Box 490310 City Leeshurg State Forida Zip Code	Number of Service Conner	ctions at End of Month	1: 30			Te	otal Population Served at End of Mor	nth: 71	
Contact Person's Mailing Address PO Box 490310 City Lessburg State: Florida (352) 787-6333 Deheath@aquaamerica.com Water Treatment Plant Information Plant Name Priendly Center State Priendly Center Person's Fax Number: 352-787-6331 State Plant Address: Deheath@aquaamerica.com Plant Name Priendly Center State Priendly Center State Priendly Center State State Priendly Center State	PWS Owner:	Aqua Utilities Florid	ia						
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: Deheath@aquaamerica.com Plant Address: Deheath@aquaamerica.com Plant Name Friendly Center Plant Address: 25701 Monroe Street Zip Code: Plant Address: 25701 Monroe Street Zip Code: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699 310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.) D. Licensed Operators Day(s) / Shift(s) Worked Lead/Chief Operators: Will Fontaine C 6813 Days 1st Shift Other Operators: Brian Heath C 5825 Days 1st Shift John Worrell C 6597 Days 1st Shift International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that all drinking water treatment chemicals used and chemic were prepared each day that a licensed operatior staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemic	Contact Person:	Brian Heath				С	ontact Person's Title: Are	а Мападег	
Water Treatment Plant Information	Contact Person's Mailing /	Address:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code:	34749-0310
Plant Name Friendly Center Plant Telephone Number: 352-787-0 Plant Address 2570 Monroe Street Plant Class P	Contact Person's Telephon	e Number:	(352) 787-0980			C	ontact Person's Fax Number: (352	2) 787-6333	
Plant Name: Friendly Center Plant Address: 25701 Monroe Street Plant Category (per subsection by Plant: 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 Operators Will Fontaine C 6813 Days 1st Shift	Contact Person's E-Mail A	ddress:	beheath@aquaamerica	a.com					
Plant Address 25701 Monroe Street Type of Water Treatment by Plant: Yemritted Maximum Day Operating Capacity of Plant, gallons per day. Plant Category (per subsection 62-699.310(4), F.A.C.) V Licensed Operators Lead/Chief Operator: Will Fontaine Other Operators: Brian Heath John Worrell C 5832 Days 1st Shift Days 1st Shift C 5857 Days 1st Shift C 6597 Days 1st Shift C 7582 Days 1st Shift C 7582 Days 1st Shift C 7582 Days 1st Shift Days 1st Shift Days 1st Shift C 7582 Days 1st Shift Days	Water Treatment P	lant Information							
Type of Water Treatment by Plant:	Plant Name:	Friendly Center					Plant Telephone Number:	352-787-09	80
Permitted Maximum Day Operating Capacity of Plant, gallons per day. Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Category (per subsection 62-699 310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operators Will Fontaine C 5825 Days 1st Shift John Worrell C 6597 Days 1st Shift John Worrell C 6597 Days 1st Shift John Worrell C 6597 Days 1st Shift License Class License Number Day(s) / Shift(s) Worked License Class License Number Day(s) / Shift(s) Worked License Class License Number Day(s) / Shift(s) Worked License Class License Number Days 1st Shift License Class Days 1st Shift	Plant Address:	25701 Monroe Stree	it			City: Astatula	State: Florida	Zip Code:	34705
Plant Class (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: Other Operators: Brian Heath C 5825 Days 1st Shift John Worrell C 6597 Days 1st Shift Days 1st Shift C 6597 Days 1st Shift C 7 6597 Days 1st Shift C 7 6597 Days 1st Shift C 8 6597 Days 1st Shift C 9 65	Type of Water Treatment I	by Plant:	✓ Raw Ground Water	Purchased Fini	ished Water				
Licensed Operators Lead/Chief Operators: Will Fontaine C	Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		72,000				
Comparation	Plant Category (per subsec	tion 62-699.310(4), F.	.A.C.):	V		Pla	nt Class (per subsection 62-699.310((4), F.A.C.): D	
Other Operators: Brian Heath	Licensed Operators		Name		License Class	License Num	ber Day(s)	/ Shift(s) Worked	
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 certifinformation 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 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 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 chemic	Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
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 certifinformation 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 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 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 contents.	Other Operators:	Brian Heath			С	5825	Days 1st Shift		
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 certifinformation 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 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 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 chemicals us		John Worrell			С	6597	Days 1st Shift		
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 certifinformation 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 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 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 chemicals us									
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 certifinformation 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 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 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 chemicals us									
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 certified 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 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 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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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 certified 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 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 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									
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 certified 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 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 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									
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 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 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 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 chemicals	ing the state of t								
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 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 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 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 transfer in the control of the con									
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 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 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 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 chemicals	l see a light state	- 1							
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 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 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 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 chemicals						<u> </u>			
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 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 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 chemicals use					6 . 6.1		Table 1	41 Y	41-441
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 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 chemicals us									
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 chemic									
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 chemic	International Standar	d 60 or other appli	icable standards reference	d in subsection 62-55	55.320(3), F.A.(C. I also certify	y that the following additional	operations records	for this plan
(O) is 11 11	were prepared each d	ay that a licensed	operator staffed or visited	this plant during the	month indicated	d above: (1) re	ecords of amounts of chemical	ls used and chemical	I feed rates;
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PwS owner so the P		namiata traatmant	process performance reco	ords. Furthermore, I	agree to provide	these addition	al operations records to the P	WS owner so the PV	VS owner ca
retain them, together with copies of this report, at a convenient location for at least ten years.	(2) if applicable, appli	ropriate treatment					•		
	if applicable, app								

Printed or Typed Name

Signature and Date

License Number

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											88		9	Avgarag
											955		r fygrafia.	LetoT
	7.0											24.0	Х	30
												24.0		67
	L'0											24.0	X	- 87
												24.0	, i	LT
	7.0											24.0	Х	56
												24.0		52
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	8.0											24.0	X	23
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	8.0											240	Х	61
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	L'0											24.0	X	ζ
and the second s	8.0					Andrea & T. C. of V						24.0	X	
Do to Operation	"System, mg/L"	_ร นเว/วอร	my-sec/cm	J/aim	əldsəilqqA Tr	Water, ^O C	J/nim*	sənuum	Peak Flow, mg/L	Rate, gpd	. gal	Operation	("X"	rttnoM
Involves Taking Water System Components	nonudrusid	Wm		Required, mg		To quisT	-gm wolf	Peak Flow,	Surromer During	Peak Flow	Producted,	ui	90s(9)	əqı
Conditions; Repair or Maintenance Work that	Remote Point in	Required,		TO muminiM			During Peak	garmG mio4	Before or at First		1918W	Hours plant		Day of
gnitersetO lemornotA to consultating	Le notistine on St.	UV Dose	Lowest				Customer	Measurement	Concentration (C)		bodsini To		Vd botiziV	
	Lowest Residual Disinfectant	muminiM			4 T		Before or at	Sontact Time Ots (T)	Disinfectant	li eg	Net Quantity		Staffed or	. [
	Icubised Berro I				- N. I		Provided:	Disinfectant	Lowest Residual				Days Plant	, 1
			1.1				Lowest CT	· tactoetaizi(I	*	ļ ·			*:	ı l
	注 :"请你		144.5		1.00					ļ	119	. ,		i l
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				11 'nonsyi	VITUS Inaci	go-I-no	vemostate !	UV Dose, to	T Calculations, or)	1			i - 1
A A TOP A SHAPE OF BUILDING	anger			,					bution System:		Henning in	DISON HEET	ATHISICE II	0.2461
		Chlorine D	<u> </u>	(Chloramine	equinold?) be	Combin	_اا	Pree Chlo						-4
	,							_		. (Descripe):			R raloiver	
	(səuiı	e (Chloram	nined Chlorin	L Comb	oroso 🗍	əbixo	Chlorine Did	T oninold	al: 🔽 Free C	ation/Remov	virus Inactiv	ig Four-Log	nivəidəA 10	Means
								July, 2004		:10	onth/Year o	tor the M	aily Data	a 311
							una france-							
						ter	Friendly Cen	Plant Name:		3320426		л Митрег	entficator	PL SMd

DEP Form 62-555.900(3)Alternate

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



See Pages 4 for Instru									
l. General Information	for the Month/	Year of: August,	2004						
A. Public Water System	(PWS) Informa	ition							
PWS Name:	Friendly Center					PWS Identification Numl	ber:	3350426	
PWS Type:	✓ Community	Non-Transient Non-Com	munityT	ransient Non-Comi	munity	Consecutive			
Number of Service Connect	ions at End of Month	1: 30			Te	otal Population Served at End o	of Month:	71	
PWS Owner:	Aqua Utilities Florid	la	110000						
Contact Person:	Brian Heath				C	ontact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida		Zip Code:	34749-0310
Contact Person's Telephone	Number:	(352) 787-0980			С	ontact Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad		beheath@aquaamerica.d	com						
B. Water Treatment Pla	int Information								
Plant Name:	Friendly Center					Plant Telephone Number	:	352-787-09	
Plant Address:	25701 Monroe Stree		-		City: Astatula	State: Florida		Zip Code:	34705
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water			···		
Permitted Maximum Day O				72,000	_				
Plant Category (per subsecti	on 62-699.310(4), F.					nt Class (per subsection 62-69	9.310(4), F.A.C.):	D	
Licensed Operators		Name		License Class			ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift			
Other Operators:	Brian Heath			С	5825	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
The state of the s									
				<u>i </u>					
				<u> </u>					
II. Cantiffer die alle alle	VCL:- (O						-		
II Certification by Lead				C 1 C1		1 1 1 1 1 1 1 1 1	Y Call	4 I 4:C.	Alast Alas
		t operator licensed in Florid							
		ue and accurate to the best of							
		icable standards referenced							
		operator staffed or visited th							
(2) if applicable, appro	priate treatment	process performance record	s. Furthermore, I	agree to provide	these addition	al operations records to t	he PWS owne	r so the PV	VS owner can
retain them, together w	vith copies of this	s report, at a convenient loca	tion for at least te	n years.					
	-	-		•					
			Will Fontaine					C-6813	
Signature and Date			Printed or Ty				_	License Nur	mber
Signature and Date				· · · · · · · · · · · · · · · · · ·					

PWS I	lentificaito	n Number:		3350426		Plant Name:	Friendly Cer	iter				******		
III. D	aily Data	for the N	lonth/Year	of:		August, 2004					*******			
Means	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov	ral: ▼ Free C	Chlorine [Chlorine Di	ovide	Ozone	Comb	nined Chloris	ne (Chloran	nines)	
l .	traviolet R		-	r (Describe):		,	Chlorine Di	Oxide	· Ozone	r Conn	med Chlord	ne (Chiorai	inics)	
⊢`						▼ Free Chlo	rine C	Combin	ed Chlorine	(Chloramino	25)	Chlorine I	Dioxide	
Type) Distilled	Ctant Resid	luai Maintan		· · · · · · · · · · · · · · · · · · ·								Joane	
					T Calculations, or			our-Log	Virus inac	tivation, if				
						CT Calc	25 and 25 and 25 and		No.	·	UVI	Dose		
1		2000					Lowest CT							
				ļ		Disinfectant	Provided						5719	
	Days Plant	1			Lowest Residual	Contact Time	Before or at			:			Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	∴(T)atC ∵	First					Minimum	Disinfectant	
D	Visited by	1	of Finished		Concentration (C)	Measurement	Customer			Minimum CT	Lowest Operating	UV Dose Required,	Concentration at	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
Day of the	(Place	Hours plant in	Water Producted	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	 	24.0		, 21						<u> </u>			, , , , ,	
2	х	24.0			0.9								0.7	
3	X	24.0												
4	Х	24.0			0.9								0.7	
5	X	24.0			0.9						 		0.7	
6	ļ	24.0			0.9					 		<u> </u>	0.7	
8	 	24.0							<u> </u>	_				
9	X	24.0			1.0				 			<u> </u>	0.7	
10	- ^-	24.0			1.0				 			·	0.7	
11	Х	24.0			1.0	— <u> </u>				 			0.6	
12	Х	24.0	600		1.0							i	0.7	
13	Х	24.0			1.0					1			0.7	
14		24.0												
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16	Х	24.0			1.1					.	_		0.8	
17	X	24.0			1.0					-		 	0.8	
18	X	24.0			1.1					 	 		0.9	
20	X	24.0			1.0	<u> </u>		 		 			0.9	
21		24.0							l					
22		24.0					· · · · · · · · · · · · · · · · · · ·				<u> </u>			
23	Х	24.0			1.0								0.7	
24		24.0												
25	Х	24.0			1.0				L				0.9	
26	X	24.0			0.9						ļ		0.7	
27		24.0				ļ		ļ	ļ		ļ	<u> </u>		
28	 	24.0	953					<u> </u>					 	
30	- v	24.0	953 953	<u> </u>	1.1	 	L	ļ	 	 	 	 	0.9	
31	X	24.0	953		1.1			l	<u> </u>	 	 	 	0.9	
Total	<u> </u>	24.0	3,460	-		L	L		1			L	·	1

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

DEP Form 62-555 900(3)Alternate



See Pages 4 for Instru	uctions.								
I. General Information	for the Month/	Year of: September	г, 2004						
A. Public Water System	(PWS) Informa	ation							
	Friendly Center						PWS Identification Number:	3350426	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	munity		Consecutive		
Number of Service Connect	ions at End of Month	h: 30			······	Total F	Population Served at End of Month:	71	
PWS Owner:	Aqua Utilities Floric	ia							
Contact Person:	Brian Heath					Contac	ct Person's Title: Area Manage		
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesh	burg	State: Florida	Zip Code: 34749-03	310
Contact Person's Telephone	Number:	(352) 787-0980				Contac	ct Person's Fax Number: (352) 787-63	33	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	<u>om</u>						
B. Water Treatment Pla	ant Information								
Plant Name:	Friendly Center						Plant Telephone Number:	352-787-0980	
Plant Address:	25701 Monroe Stree	et .			City: Astat	ula	State: Florida	Zip Code: 34705	
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day O			····	72,000					
Plant Category (per subsect	ion 62-699.310(4), F.						lass (per subsection 62-699.310(4), F.A.C		
Licensed Operators		Name	<u> </u>	License Class	License N	lumber	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	681		Days 1st Shift		
Other Operators:	Jim Milicic			С	819:	5	Days 1st Shift		

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N 4 - N									
				<u> </u>	<u> </u>		l		
II Certification by Lead	I/Chief Operato	r							
			am the lead/chie	ef operator of the	water trea	tment n	lant identified in part I of this rep	ort I certify that the	
							g water treatment chemicals used		
							at the following additional operation		
							ds of amounts of chemicals used a		
					tnese addi	tional o	perations records to the PWS own	ier so the PWS owne	r can
retain them, together v	vith copies of this	s report, at a convenient location	on for at least te	n years.					
			Will Fontaine	:				C-6813	
Signature and Date			Printed or Typ	ped Name				License Number	

PWS Io	ientification	n Number:		3350426		Plant Name:	Friendly Cer	nter						
III. D	aily Data	for the N	lonth/Year	of:		September, 200)4			* *** - ***				
			g Virus Inactiv		val: ▽ Free C		Chlorine Di	ováda	C Ozone	☐ Comb	: d Chla-i	na (Chlana	i	
	traviolet R			т (Describe):		inornie i	Choraco	OXIGC	1 Ozoik	1 Com	nnea Chiori	ne (Cinorai	nuies)	
L					ibution System:	▼ Free Chle	-ino [Combin	ed Chlorine	(Chloramine	·c) [Chlorine l	Dioxide	
Type o	oi Disinie	ctant Resid	luai Maintai										JOXIGE	
				C	CT Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if				
				<u> </u>	44	CT Calc	ulations	¥3	Agra 1	4.2	∴± UV	Dose		
		1.	() () () () () ()	1			Lowest CT	1		1.	3.46			
						Disinfectant	Provided							
	Days Plant		lie in the state of the		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	30	PAR CONSIDERATE		AgN grands	Minimum	Disinfectant **	A State of the sta
	Visited by		of Finished		Concentration (C)	Measurement	Customer	4.8			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	 1 (1) (2) (2) (2) (2) (2) 		Before or at First	Point During	During Peak	Tama af	ije Lysa	Minimum CT		Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in -	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg- min/L	Water Of	if Applicable	Required, mg	mW-sec/cm ²	17.66	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Month 1	"X") :	Operation 24.0	gal . 510	Rate, gpd	Peak Flow, mg/L	minutes	TIMIVL	water, 4 C	ii whoseasie	THUND IN	mw-sec/cm	Seczeni	0.9	Out of Operation
2		24.0	310	 	1.1		 	 	<u> </u>		 		0.7	
3	Х	24.0			1.1			 		-			0.9	
4		24.0								-				
5		24.0												
6	X	24.0			1.0								0.9	
7	Х	24.0			1.0				<u> </u>				0.9	
8	Х	24.0			1.0			 		ļ	-		0.9	
9	X	24.0 24.0		ļ	1.0		!		 	 	<u></u>	 	0.8	
11		24.0			1.0		1	 					0.8	
12		24.0	<u> </u>											
13	Х	24.0			1.0								0.7	
14	Х	24.0			1.2								0,4	
15	Х	24.0	360		1.2								0.4	
16	Х	24.0	250		0.8				ļ				0.5	
17	X	24.0	40		0.7		 _	ļ			<u> </u>		0.5	
18		24.0			ļ		 	ļ		 	 	ļ <u>.</u>		
20	x	24.0	ļ	 	0.9				-			 	0.4	
21	x x	24.0	ļ	 	0.9	<u> </u>	 		 	 			0.7	
22	X	24.0	 	<u> </u>	0.9		İ	 	 				0.7	
23	Х	24.0	650	f	1.1	<u> </u>			1				0.7	
24	Х	24.0	21,380		1.5								0.6	
25	X	24.0	130		1.0	. <u> </u>								
26		24.0			1		ļ		 				ļ	
27	X	24.0	ļ		1.0	ļ <u>-</u>		ļ	 	 		 	0.6	
28	X	24.0			0.9	 	<u> </u>	-	 			 	0.7	
30	X	24.0	32,890		1.3				 	 	 	 	0.7	
31	 ^	24.0	32,030	 	1.3	<u> </u>	 		 	 	 	 	J.8	
Total	·	1 21.0	56,210	<u> </u>	<u></u>		1	1			·	·	<u> </u>	
				1										

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^{*} Refer to the instructions for this report to determine which plants must provide this information DEP Form 62-555 900(3)Alternate



See Pages 4 for Instructions.							
I. General Information for the Month	Year of: October, 200	04					
A. Public Water System (PWS) Inform	ation						
PWS Name: Friendly Center					PWS Identification Number:	3350426	
PWS Type:	Non-Transient Non-Commun	ityTr	ransient Non-Com	munity	Consecutive		
Number of Service Connections at End of Mon	th: 30			To	otal Population Served at End of Mor	nth: 71	
PWS Owner: Aqua Utilities Flori	ida			•			
Contact Person: Brian Heath				C	ontact Person's Title: Are	a Manager	
Contact Person's Mailing Address:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code:	34749-0310
Contact Person's Telephone Number:	(352) 787-0980			C	ontact Person's Fax Number: (35	2) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com	<u>1</u>					
B. Water Treatment Plant Information	1						
Plant Name: Friendly Center					Plant Telephone Number:	352-787-098	80
Plant Address: 25701 Monroe Stre				City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finis					
Permitted Maximum Day Operating Capacity o			72,000	,			
Plant Category (per subsection 62-699 310(4), 1			L r · · · · · · · · · · ·		nt Class (per subsection 62-699.310)		21 Turk 14 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk 15 Turk
Licensed Operators	Name	with facilities	License Class		· · · · · · · · · · · · · · · · · · ·	/ Shift(s) Worked	
Lead/Chief Operator: Will Fontaine			C	6813	Days 1st Shift		
Other Operators: Jim Milicic			C	8195	Days 1st Shift		
							
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		-					
						····	
			L	l			
II. Certification by Lead/Chief Operato	or						
l, the undersigned water treatment plan	nt operator licensed in Florida, a	m the lead/chie	f operator of the	water treatmen	nt plant identified in part I of	this report. I certify	that the
information provided in this report is t							
International Standard 60 or other app							
were prepared each day that a licensed							
(2) if applicable, appropriate treatment							
retain them, together with copies of thi				mose addition	ar operations records to the r		
retain them, together with copies of the	is report, at a convenient rocation	i ioi di icasi ten	i years.				
		Will Fontaine				C-6813	
Signature and Date		Printed or Typ	ed Name			License Nur	nber
Č							

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											₱99'I			Avgerage
											072,12		113	Total
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		-										24.0		30
	8.0								0.1		095,1	0.42		67
	L'0								8.0			74.0	X	87
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	8.0					,			1.1			0.42	Х	97
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												24.0	Х	74
						····						74.0		23
	2.0								11		044	0.42		77
	L'0								8.0		955	24.0	Х	71
	4.0								0.1			24.0	Х	70
	8.0								6.0			0.42	X	16
	8.0	,							0.1			24.0	X	81
												24.0	Х	L1
												0.42		91
	9.0								0.1			0.42		ŞI
	t .0								6.0			24.0	X	ÞΙ
	L'0								8.0			24.0	X	εī
	8.0								7.1		087,22	74.0	X	15
	4.0								7.0		163	74.0	X	П
						l					163	0.42	X	10
											£61	24.0		6
	6.0								£.1		25,090	74.0	X	8
	9.0			I					1.0		340	24.0	X	L
	9.0								6.0			0.42	Х	9
	2.0								6.0		091	24.0	X	Ş
	L'0								8.0			24.0	X	7
												24.0		ε
	L'0								8.0			24.0		7
	8.0					L			0.1		072	24.0	X	, , , , , ,
nous radO lo ruO 🎉 💮	System, mg/L	sec/cm ²	my-sec/cm	Лат	əldsəilqqA li	Water, ^o C	J/nim	səmuru	Peak Flow, mg/L	Rate, gpd	gal	Operation	("X"	Month
Involves Taking Water System Components	noituditisiG	-Wm	UV Dose,	Required, mg	,1918W To Hq	Temp of	-эт. жоП	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	əqı
		Required,	Operating	Minimum CT			During Peak	gaint During	Before or at First		Water	nusig snuoH		Day of
Emergency or Abnormal Operating	TB notigination at	UV Dose	Lowest				Customer	Measurement	(Э) подвилээлоЭ		bodsini To		Visited by	
The state of the s	Disinfectant	muminiM			33.4	T-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	First	Ols (T)	Disinfectant	1	Net Quantity		Staffed or	
	Lowest Residual		· · · · ·				Before or at	Contact Time	Lowest Residual				Days Plant	1
	Ro-dr						Provided	Disinfectant		1.	1.0			1
						第二学	Lowest CT		· ·	ŀ	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					1	144 5 3		<u> </u>	<u> </u>	<u> </u>	1			
■ こうこう こうしょう こうしょう まんしょ こうしょう かんしょ かんかん かんしょく			IAN					CT Calcu		<u> </u>				1
[1] · - 가족 기는 의료를 통했다고 :			*plicable	A li "noitsyi	Virus Inact	go.J-nuo	Demostate F	UV Dose, to I	T Calculations, or	၁	l			j
	ioxide	Chlorine D	1 (9	Chloramines	d Chlorine (Combine	ənin	V Free Chlor	bution System:	ed in Distri	nisınisM İsu	tant Resid	Disinfec	<u>Γλ</u> ρε οι
										(Descripe):			aviolet Ra	-
	(səui	е (Срюгат	ицоји драч	[_ Сошрі	əuozra	exige	Cujorine Die	nlorine —	ı⊃ oəri vi		Virus Inactiva			
								October, 2004) <u>- </u>	:11	onth/Year o	M adi not	sts(I vli	<u> </u>
						ler_	Friendly Cen	Plant Name:		9370456		Number:	notissiton	PWS 14e

DEP Form 62-555 900(3)Alternate

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



See Pages 4 for Instru							
I. General Information	for the Month/	Year of: September	r, 2004				
A. Public Water System	(PWS) Informa	ation					
	Friendly Center					PWS Identification Number:	3350426
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Comi	munity	Consecutive	
Number of Service Connect	ions at End of Mont	h: 30			Tot	tal Population Served at End of Month:	71
PWS Owner:	Aqua Utilities Florie			1,811			
Contact Person:	Brian Heath				Cor	ntact Person's Title: Area M	anager
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code: 34749-0310
Contact Person's Telephone	Number:	(352) 787-0980			Cor	ntact Person's Fax Number: (352) 7	87-6333
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	m				
B. Water Treatment Pla	ant Information						
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-0980
Plant Address:	25701 Monroe Stree	et			City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000			
Plant Category (per subsecti	ion 62-699.310(4), F	.A.C.): V				t Class (per subsection 62-699.310(4), I	
Licensed Operators		Name		License Class	License Numb	er Day(s)/S	hift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Jim Milicic			С	8195	Days 1st Shift	
				<u></u>			
II Certification by Lead	I/Chief Operate						
			am the lead/ahia	of amountary of the	water treatmen	t plant identified in part I of this	report I certify that the
							sed at this plant conform to NSF
						that the following additional op	
							sed and chemical feed rates; and
	•	-			these additiona	I operations records to the PWS	owner so the PWS owner can
retain them, together w	vith copies of this	s report, at a convenient location	on for at least te	n years.			
			Will Fontaine	:			C-6813
Signature and Date			Printed or Typ	ped Name			License Number

											32 890	<u>. İ </u>		mumixsM
											1,874			Avgerage
											012,88			Total
	<u> </u>									1		24.0	T	Iε
	8.0	<u> </u>							£.1		32,890	24.0	X	30
	7.0								8.0		1	24.0	X	67
	7.0								60			24.0	X	87
	90				1	1			0.1	 		0.42	X	127
											 	24.0	 ^ -	
									0.1	-	130	24.0	X	97
	9.0			1	1				5.1		086,12	24.0	X	57
	7.0				1	 		 	1.1	+	059	24.0		74
	7.0			 			 	 	60		039		X	23
	L'0						+		8.0		 	24.0	X	77
	* 0	 			 		 	 		 		24.0	X	17
	 ``	 	 	 			 	 	6.0		ļ	24.0	X	50
	 		 	 		 	 	<u> </u>			ļ	24.0		16
	8.0	<u> </u>	 	 				 		 		24.0	ļ	81
	2.0	 	 	<u> </u>					T.0		01/	24.0	X	LI
	120	 	 	 		 		ļ	8.0	<u> </u>	250	24.0	X	91
		 	ļ	ļ	<u> </u>			ļ	2.1		390	24.0	X	51.
	10	 							7.1			0.42	X	ÞΙ
	7.0		_						1.0	L		24.0	X	13
	ļ	<u> </u>	ļ	ļ	 		1					0.42		71
	 	 _	ļ									24.0		11
	8.0	ļ							0.1			24.0	X	01
		ļ					1					24.0		6
	60		L						0.1			24.0	X	8
	6.0								0.1			0.42	X	L
	6.0								1.0			24.0	Х	9
		L										24.0		5
						I						24.0		7
	6.0								TI			24.0	Х	ε
	<u> </u>						1					24.0	<u> </u>	7
	6.0								I.I		015	24.0	Х	ī
Out of Operation	System, mg/L	mo/oes	mW-sec/cm ²	Noim	if Applicable	Water, °C	J/nim	unungez	Peak Flow, mg/L	Rate, gpd.	gal	Operation	("X"	уриом
Involves Taking Water System Components	noituditizid.	-Wm		Required, ing	pH of Water,	to dura t	-Sm .wol-	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	0 4 5 5
Conditions; Repair or Maintenance Work that	Remote Point in	Required,		TO muminiM		3	During Peak	Point During	Before or at First	mold vised				ath .
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	METAL STATE	(A)		Customer	A COST AND A STATE OF THE STATE	S. Maria C. P. Ser.		•	Hours plant		Day of
그렇다. 그 이 프리아 그렇다. 그 하는 이 그렇게	Disinfectant						The second of	Measurement	Concentration (C)	100	bodsini To		vd bətiziV	
		muminiM	14.2 1. 00			l	First	(T) at C	Disinfectant	1 .	Net Quantity	i	Staffed or	
지하는 생님이 되었다.	Lowest Residual				8.0		Before or at	Contact Time	Lowest Residual				Days Plant	i: 1
그리는 그리고 있는 그리고 있는 것이 없었다.				机多等 三法			Provided	Disinfectant			i		A STATE OF	F
The second secon							2770940			1		2.5	1. 1	1 1
		3			Market 1	kar i a	Lowest CT			1	1			1 1
		* əsoc	I AN III	Witness Co.			CHOLIMIT	CT Calci		L				
가장 그 하는 그 이번 그는 그는 이렇게 된						G	additeli	Se2 173		<u> </u>		l "		
1142				1 i noitsvi	Virus Inaci	sod-no	4 state F	UV Dose, to I	T Calculations, or	\mathbf{C}				12/de
	əbixoi	Chlorine D	(s	(Chloramine	ed Chlorine	Combine	_l əuin		bution System:	igd in Distri	nai Maintair	tant Kesic	oəluisici i	i àbe o
	(səun	e (Chloran	пред Сътоги	Г Сошр	auozo I	apixo	Chlorine Dio	1 2000		: (Descripe):			raviolet Ra	
	<u> </u>					Obive				vomsAlnous	vitus Inactiv	g Four-Log	rivəidəA 10	Means c
							t	September, 200		:10	onth/Year	Tor the A	any Data	ur ns
						ion	Friendly Cen							
						201	Triandly C.	Plant Mann	L	3320426		тэдший т	entification	PLSMd

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



	See Pages 4 for Instru							·				
l.	General Information	for the Month/	Year of:	October, 2004								
A.	Public Water System	(PWS) Informa	ıtion									
ſ	PWS Name:	Friendly Center							PWS Identification Numb	er:	3350426	
	PWS Type:	✓ Community	Non-Transient N	lon-Community	Tr	ansient Non-Com	munity		Consecutive			
	Number of Service Connect	ions at End of Month	n:	30				Total I	Population Served at End o	Month:	71	
	PWS Owner:	Aqua Utilities Florio	la									
[Contact Person:	Brian Heath						Conta	ct Person's Title:	Area Manager		
[Contact Person's Mailing Ac	idress:	P.O. Box 490310				City:	Leesburg	State: Florida		Zip Code:	34749-0310
[Contact Person's Telephone	Number:	(352) 787-0980					Conta	ct Person's Fax Number:	(352) 787-6333		
	Contact Person's E-Mail Ad	dress:	beheath@aquaan	nerica.com								
В.	Water Treatment Pla	nt Information										
- [Plant Name:	Friendly Center							Plant Telephone Number:	 	352-787-09	
- [Plant Address:	25701 Monroe Stree					City:	Astatula	State: Florida		Zip Code:	34705
	Type of Water Treatment by		✓ Raw Ground Wa	ter Purch	ased Finis	shed Water						
	Permitted Maximum Day O					72,000						
į	Plant Category (per subsecti	on 62-699.310(4), F		v					lass (per subsection 62-699		D	
ļ	Licensed Operators		Name			License Class	Lice	nse Number		y(s) / Shift(s)	Worked	
	Lead/Chief Operator:	Will Fontaine		· · · · · · · · · · · · · · · · · · ·		С		6813	Days 1st Shift			
1	Other Operators:	Jim Milicic				С	ļ	8195	Days 1st Shift			
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	n segal to the new			 								
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ı							<u></u>					
П	Certification by Lead	/Chief Operato	r									
	I, the undersigned water			Florida am the le	ead/chief	f operator of the	wate	r treatment n	lant identified in part	I of this repor	t. I certify	that the
	information provided in	n this report is tr	ne and accurate to th	e best of my know	iledge ar	nd belief I cert	ify the	t all drinking	water treatment cher	nicals used at	this plant	conform to NSF
	International Standard	(O an other anni	icable standards rafe	ronged in subsection	on 62 55	5 220(2) E A (nyun. Tal	lea certify the	at the following additi	onal operation	s records	for this plant
	mernational Standard were prepared each da	ou or other appi		icited this wlant du	011 04 - 33	5.320(3), F.A.	o. Iai	iso certify the	eds of amounts of chan	nicale used an	d chemical	I feed rates: and
	were prepared each da	y that a ricensed	operator statted or v	isited this plant du	ning me	monui maicate	41	ve. (1)16001	us of amounts of chem	ncais uscu an	r on the DV	VS owner con
	(2) if applicable, appro						tnese	additional o	perations records to u	ie Pws owne	so the Pv	V S OWHEL CALL
	retain them, together w	vith copies of this	s report, at a conveni	ent location for at	least ten	years.						
				will	Fontaine						C-6813	
-	Signature and Date			Print	ted or Typ	ed Name				_	License Nui	mber

PWS Id	Identification Number: 3350426 Plant Name: Friendly Center													
III. D	aily Data	for the N	lonth/Year	of:		October, 2004								
			y Virus Inactiv		val: ▽ Free C		Chlorine Di	ovide	☐ Ozone	□ Comb	oined Chloris	na (Chlorar	ninec)	
1	raviolet R			r (Describe):		morate 1	CHOINED	OXIGE	Ozone	1 Come	nnea Cmorn	ne (Cinorai	miles)	
⊢						▼ Free Chlo		Combin	ed Chlorine	(Chloramine	·c) [Chlorine I	Diovide	
Type o	Disinfe	ctant Resid	lual Maintair		ibution System:								Joxide	
				C	T Calculations, or									
						CT Calc	ulations		gen Weiger und		UV	Dose		
		1					Lowest CT		incidence di	10 to 1				
						Disinfectant	Provided	31.5			in the state of th			
	Days Plant	:			Lowest Residual	Contact Time	Before or at	7.70					Lowest Residual	
	Staffed or		Net Quantity	Al e La	Disinfectant	(T) at C	First	- 1		2-		Minimum	Disinfectant	
1	Visited by		of Finished		Concentration (C)	Measurement	Customer			一般的感情 。	Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant		81	Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 cmp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	270		1.0	,		ļ					0.8	
2		24.0			0.8			-		 			0.7	
3	<u>.</u>	24.0			0.8		 		ļ	<u> </u>			0.7	
5	X	24.0	160		0.8		 			-		-	0.7	
6	X	24.0	100		0.9									
7	X	24.0	340		1.0		 			 			0.6	
8	X	24.0	25,090		1,3		1				-		0.9	
9		24.0	193				<u> </u>	†						
10	Х	24.0	193				1							
11	Х	24.0	193		0,7			1					0.4	
12	Х	24.0	22,780		1.2								0.8	
13	X	24.0			0.8								0.7	
14	Х	24.0			0.9					<u>.</u>			0.4	
15		24.0			1.0		ļ		 .	<u> </u>			0.6	
16		24.0					ļ							
17	X	24.0		ļ			ļ	ļ	_				0.0	
18	X	24.0		ļ	1.0		 	 		ļ		 	0.8	
-19	X	24.0	ļ		0.9		 	<u></u>		 	-	 	0.8	
20	X	24.0 24.0	350		0.8		 	 	 			<u> </u>	0.7	
22		24.0	440		1.1		 	 	 	 			0.5	
23		24.0	140	 	1.1		<u> </u>	†						
24	X	24.0		 				1				 		
25	X	24.0			1.0		<u> </u>						0.8	
26	X	24.0	† ·		1.1								0.8	
27	Х	24.0			0.8								0.6	
28	Х	24.0			0.8								0.7	
29		24.0	1,560	L	1.0								0.8	
30		24.0					<u> </u>			1		ļ		
31	L	24.0				L	<u> </u>	<u> </u>	<u> </u>	<u></u> _	I	<u> </u>	<u></u>	<u> </u>
Total			51,570	1										
Augoraa			1.664											

25,090

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

DEP Form 62-555-900(3)Alternate



See Pages 4 for Instr	uctions.							
. General Information	for the Month/	Year of: November,	2004					
A. Public Water System	(PWS) Informa	ntion						
PWS Name:	Friendly Center					PWS Identification Number	эт. 3350426	
PWS Type:	✓ Community	Non-Transient Non-Commu	mity T	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Monti				Total	Population Served at End of	Month: 71	
PWS Owner:	Aqua Utilities Florio	da	-					
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code:	34749-0310
Contact Person's Telephone	: Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	idress:	beheath@aquaamerica.com	m					
B. Water Treatment Pla	ant Information							
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-09	980
Plant Address:	25701 Monroe Stree	et			City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		72,000				
Plant Category (per subsect	ion 62-699.310(4), F					Class (per subsection 62-699.		
Licensed Operators		Name		License Class	License Numbe	rDa	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Jim Milicic			C	8195	Days 1st Shift		
				<u> </u>	<u> </u>			
				<u></u>				
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The same of the sa								
	L		<u> </u>	<u></u>	<u> </u>	<u> </u>		
	1/C) : 6O		·····					
II Certification by Lead	d/Chief Operato	li di Fili	4b - 1 1/-bi	-Company of the	votor treatment	plant identified in part I	of this report. I certif	v that the
i, the undersigned wat	er treatment plan	t operator licensed in Florida,	am the lead/chic	er operator or un	: water treatment	piant identifica in part i	signals used at this plant	conform to NSF
information provided	in this report is tr	rue and accurate to the best of r	my knowledge a	ind belief. I cert	iry that all drinkii	ng water treatment chem	ncais used at this plant	Comoin to NSI
International Standard	l 60 or other appl	icable standards referenced in	subsection 62-5	55.320(3), F.A.0	J. I also certify the	hat the following addition	onai operations records	s for this plant
were prepared each da	ry that a licensed	operator staffed or visited this	plant during the	e month indicate	d above: (1) reco	ords of amounts of chem	iicals used and chemica	al feed rates; and
		process performance records.			these additional	operations records to th	e PWS owner so the P	WS owner can
retain them, together v	with copies of this	s report, at a convenient location	on for at least te	n years.				
			Will Fontaine	3			C-6813	
Signature and Date			Printed or Ty				License N	umber
Signature and Date			Trinca of Ty	ped Marie				-

PWS lo	WS Identification Number: 3350426 Plant Name: Friendly Center													
	aily Data	for the N	lonth/Year	of:		November, 200)4							
-			g Virus Inactiv		val: ▼ Free C	<u> </u>								
1	traviolet R		-	r (Describe):	•	morine [Chlorine Di	oxide	☐ Ozone	I Comb	oined Chlorii	ne (Chlorar	nines)	
F-														
Type o	of Disinfe	ctant Resic	dual Maintair		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
}	Ì	1			CT Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable ¹			에 가지 아래를 걸려가 하네가 이 때
1	1				and the second s	CT Calc	ulations			#4. 25 (c)	.UV I	Dose		[1] 그 이 아 돐 맛졌쬬하던 보고 보다
1	ļ	1						100				9 2 5-42		물리님이 이번 첫번째 생활이는 얼마다 그
						. Die Gesters	Lowest CT Provided			1				
	Days Plant				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	[2] 第二三国际国际教授。2015年8月
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
1	Visited by		of Finished	la Berry	Concentration (C)	Measurement	Customer		张 蒙宋 宋	11111	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	The second secon		Before or at First	Point During	During Peak			Minimum CI	Operating	Required,	Remote Point in	野 가 가게 이 유민 결심한 중에 다 있는 그들은 사람들 반으셨다고 있죠?
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	ÜV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Х	24.0			1.0								0.9	
2	Х	24.0	1,090		0.9								0.6	
3	Х	24.0		ļ	0.8								0.6	
4	X	24.0			0.7				<u> </u>	L		ļ	0.5	
5	X	24.0	2,080	 	0.9				ļ	}		ļ	0.7	
6		24.0	10									<u> </u>		
8	 	24.0	10	ļ	0.0			ļ	ļ	 	}	<u> </u>		
9	X	24.0	2,300	<u> </u>	0.8		 	 		 	 		0.6	
10	X	24.0	560		0.9		 	 -		 			0.5	
11	X	24.0	22,170		1.3		ł		<u> </u>	 	 	·	0.8	
12	X	24.0	22,170		1.0		l —		 	 	 		0.8	
13		24.0	173	<u> </u>			†			i				
14		24.0	173							1				
15	Х	24.0	173		1.3								0.8	
16	Х	24.0	24,170		1.3								0.6	
17	Х	24.0	260		1.1					ļ			0.7	
18	Х	24.0			0.9				L		<u> </u>		0.6	
19	X	24.0			1.0				ļ	<u> </u>			0.7	
20	 	24.0	<u> </u>		<u> </u>					ļ	ļ	ļ		
21	 	24.0								ļ	 			
22	X	24.0	 	<u> </u>	1.0				 	 	 	 	0.7	
24		24.0			0,9			 	<u> </u>	 		 	0.7	
25	X	24.0		_	1.0			 	 	 		 -	0.7	
26	X	24.0			1.0		 	 	 	 	 		0.7	
27	 ^ ^ 	24.0		 	1.0	 	 	 		 	 	 	1	
28		24.0		 			 	 					<u> </u>	
29	Х	24.0		<u> </u>	1.0			† 		1		1	0.7	
30	X	24.0			0.9								0.7	
31		24.0	1											
Total			53,180								-			
Avgerag	e		1.715	1										

24,170

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

PWS large Friendly Center PWS Information PWS latent PWS la	General Information		Year of: Decer	nber, 2004				
PWS Name Friendly Center PWS Type 2 Community Non-Translent Non-Community Translent Non-Community Consecutive								
PWS Type:			tion				Tana i a	2250426
Sumber of Service Connections at End of Month 30					T=			3350426
PWS Owner Aqua Utilities Florids Contact Person's Flate Area Manager Contact Person's Mailing Address: P.O. Box 490310 City: Lesburg State Florida Zip Code Contact Person's Fax Number: (352) 787-6333 Contact Person's Flate Number: (352) 787-6333 Contac				ommunity L	Transient Non-Com			
Contact Person Brian Heath Contact Person's Title Area Manager Contact Person's Mailing Address P.O. Box 490310 City Leesburg State Florida Zip Code Contact Person's Fax Number (352) 787-6333 Contact Person's Fax Number (352) 787-6333 Contact Person's Fax Number Contact Person's Person's Person's Person's Fax Number Contact Person's Person'						To	al Population Served at End of Month:	71
Contact Person's Mailing Address: P.O. Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fack Number: (352) 787-0333 Contact Person's Fack Number: (352) 787-6333 Contact Person's Fack Number: (25) Contact Person's Fack Number: (27) Contact Person's Fack Number: (28) Contact Person's Fack Number: (29) Contact Person's Fack Number: (29) Contact Person's Fack Number: (20) Contact Person's Fack Number: (20) Contact Person's Fack Number: (20) Contact Person's Fack Number: (21) Contact Person's Fack Number: (22) Contact Person's Fack Number: (24) Contact Person's Fack Numbe		_ -	la					
Contact Person's Telephone Number: (352) 787-0880 Contact Person's E-Mail Address beleath@aquaamerica.com Water Treatment Plant Information Plant Name: Friendly Center								
Contact Person's E-Mail Address Dehealth@aquaemerica.com	Contact Person's Mailing A	ddress:		<u> </u>				
Plant Testment Plant Information	Contact Person's Telephone	Number:				Co	ntact Person's Fax Number: (352) 7	87-6333
Plant Name: Friendly Center City Astatula State: Plant Telephone Number: 352-787-499			beheath@aguaamerica	a.com_	·			
Plant Address 25701 Monroe Street Type of Water Treatment by Plant Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.): Licensed Operators Name License Class License Number C	Water Treatment Pla	ant Information						
Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Part 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 Operators Will Fontaine C 6813 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic C 8195 Days 1st Shift Other Operators Jim Milicic Jim Milici	Plant Name:	Friendly Center					Plant Telephone Number:	352-787-0980
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Classeory (per subsection 62-699 310(4), F.A.C.): Name License Class License Class License Number Will Fontaine C 6813 Days 1st Shift Days 1st Shift Days 1st Shift C Crtification by Lead/Chief Operators 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 all drinking water treatment chemicals used at this plant 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 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 (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW retain them, together with copies of this report, at a convenient location for at least ten years.	Plant Address:	25701 Monroe Stree	at	_		City: Astatula	State: Florida	Zip Code: 34705
Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators Name License Class License Numbe C	Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased	Finished Water			
Licensed Operators Will Fontaine C 6813 Days 1st Shift Other Operators: Jim Milicia C 8195 Days 1st Shift Other Operators: Jim Milicia C 8195 Days 1st Shift Other Operators: Jim Milicia C 8195 Days 1st Shift Other Operators: Jim Milicia C 8195 Days 1st Shift Other Operators: Jim Milicia C 8195 Days 1st Shift Other Operator Jim Milicia C 8195 Days 1st Shift Other Operators: Jim Milicia Ji	Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000			
C 6813 Days 1st Shift	Plant Category (per subsect	ion 62-699.310(4), F.	.A.C.):	V		Plan		
Other Operators: Jim Milicic C 8195 Days 1st Shift 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 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 of 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 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 (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	Licensed Operators		Name		License Class	License Numb	er Day(s) / S	Shift(s) Worked
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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 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 (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	information provided	in this report is tr	us and accurate to the bea	t of my knowledg	re and belief. I cert	ify that all drink	ing water treatment chemicals I	used at this plant conform to NS
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 (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	information provided	in this report is the	the and accurate to the bes	t of my knowledg	ge and benen. Teen	ny mai an um	that the fall arrive additional on	continue reserves for this plant
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PW retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	International Standard	60 or other appli	cable standards reference	a in subsection o	2-555.320(3), F.A.C	. I also certify	that the following additional of	erations records for this plant
retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	were prepared each da	y that a licensed	operator staffed or visited	this plant during	the month indicate	d above: (1) red	cords of amounts of chemicals u	ised and chemical feed rates; ar
Will Fontaine C-6813						these additiona	I operations records to the PWS	S owner so the PWS owner can
	retain them, together v	with copies of this	report, at a convenient lo	cation for at leas	t ten years.			
				Will Font	taine			C-6813
Signature and Date. Trinted of Types Plante.	Signature and Date							License Number
	Signature and Date			i inited of	i typed rame			2.00.00

PWS I	S Identification Number: 3350426 Plant Name: Friendly Center													
П	aily Data	for the N	lonth/Year	of:		December, 200	4							
			g Virus Inactiv		/al: ▼ Free C		Chlorine Di	1 -				(6) 1		
1	traviolet R	_		r (Describe):	•	mornie 1	Chiorine Di	oxide	Cone □ Ozone	[Comb	oined Chloris	ne (Cniorar	nines)	
L														
Type o	of Disinfe	ctant Resid	dual Maintai		ibution System:					(Chloramine		Chlorine I	Dioxide	
					T Calculations, or	UV Dose, to	Demostate .	Four-Log	Virus Inac	ctivation, if	Applicable		17 A	
		1	ļ			CT Calc	alations				UV	Dose		
											1 200			[통상 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1		ł	l	1		50 dust	Lowest CT Provided	}			and the second of the			
	Days Plant		i		Lowest Residual	Disinfectant Contact Time	Before or at	1					Lowest Residual	
İ	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum		
1	Visited by	4	of Finished		Concentration (C)	Measurement	Customer	ka in in			Lowest	UV Dosé	Concentration at	Emergency or Abnormal Operating
Day of	Operator	I .	ſ		Before or at First	Point During	During Peak	1	l to the	Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		·mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L	Out of Operation
1	X	24.0			0.9								0.7	
2	X	24.0			0.9								0.7	
- 3	X	24.0			0.9			ļ		<u> </u>	<u> </u>		0.6	
4	Х	24.0	310		1.0	ļ <u> </u>		.					ļ	
5		24.0	33,100		ļ <u></u> .		ļ	ļ						
6	X	24.0	33,100	↓	1.5	 	 	<u> </u>		ļ		<u> </u>	1.0	<u> </u>
7	Х	24.0	25,210	<u> </u>	1.4	 	 	ļ	ļ		 		1.1	
8	X	24.0	24,520		1.4		 	<u> </u>	 	 	ļ	ļ	1.0	
9	X	24.0	25,660	 	1.4	 	 	}	 	 	 	 	1.1	
11	X	24.0	23,820 25,933	 	1,3	 			 				1.2	
12		24.0	25,933		<u> </u>		 	 	 		 	 	 	
13	X	24.0	25,933	 	1.5	 	 		 			 	1.2	
14	X	24.0	23,800		1.4			f	f	 			1.2	
15	X	24.0	28,400		1.5	†	!			 			1.2	
16	Х	24.0	24,700	1	1.5				· · · · · ·				1.1	
17	Х	24.0	38,200		1.4								1.2	
18	X	24.0	22,300		1.4									
19		24.0	33,650				<u> </u>					<u> </u>		
20	Х	24.0	33,650		1.5		ļ	<u> </u>	<u> </u>		<u> </u>		1.2	
21	Х	24.0	36,200		1.4		 	ļ	 		<u> </u>		1.1	
22	X	24.0	43,900	ļ	1.4	 	ļ		ļ -	 	 	 	0.7	
23	X	24.0			1.2		 	 	┨───	 	 		0.7	
24	X	24.0	ļ	 	1.0		 	 	 	 	 	 	1	
26		24.0	 	 			 	┼	 	 		 		
27	х	24.0	-	 	1.1	 	 	 	 	+	 	 	0.9	
28	 ^ -	24.0	 	 	† 	 	 	 	 	 	 	 	† 	
29	Х	24.0	 	 	1.0	 	 	 	 	1	T		0.7	
30	X	24.0	 		1.0			1	1				0.7	
31	X	24.0	1	1	0.9	l		1	1		I		0.7	
Total	*		528,320											
Avgera	ge .		17,043	1										

43,900

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



See Pa	iges 4 for Instru	uctions.											
l. Gener	al Information	for the Month/Y	ear of: Ja	nuary, 2005									
A. Public	: Water System	(PWS) Informat	tion										
PWS Na		Friendly Center					PWS Identification Numb	er: 3350426	5				
PWS Ty		✓ Community	Non-Transient Nor	n-Community	Transient Non-Com	munity	Consecutive						
Number	of Service Connect	ions at End of Month:				Total 1	Population Served at End o	f Month: 71					
PWS O	wner:	Aqua Utilities Florida	l										
Contact	Person:	Brian Heath				Conta	ct Person's Title:	Area Manager					
Contact	Person's Mailing A	ddress:	P.O. Box 490310		· · · · · · · · · · · · · · · · · · ·	City: Leesburg	State: Florida	Zip Cod	e: 34749-0310				
Contact	Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333					
	Person's E-Mail Ad		beheath@aquaame	rica.com									
B. Water	Treatment Pla	nt Information											
Plant Na	ame:	Friendly Center					Plant Telephone Number:	352-787	-0980				
Plant Ac	ddress	25701 Monroe Street			}	City: Astatula	State: Florida	Zip Cod	le: 34705				
Type of	Water Treatment by	Plant:	✓ Raw Ground Water	Purchased F	inished Water								
		perating Capacity of F			72,000								
	0 7 1	on 62-699.310(4), F.A		V			lass (per subsection 62-699		-				
	sed Operators		Name		License Class	License Number		y(s) / Shift(s) Worke	d				
	Chief Operator:					6813	Days 1st Shift						
Other	Other Operators: Jim Milicic C. 8195 Days 1st Shift												
					ļ. <u>-,,,</u>								
								······································					
													
					_i	<u> </u>	<u> </u>						
II. Certif	ication by Lead	/Chief Operator											
				lorida am the lead/ch	ief operator of the	water treatment n	lant identified in part	Lof this report. Leer	tify that the				
							g water treatment cher						
							at the following additi						
							ds of amounts of chen						
							perations records to the						
						these auditional o	perations records to ti	ic i wa owner so the	1 W 5 OWNER CAN				
retain	tnem, togetner w	of this	report, at a convenien	t location for at least t	en years.								
				11711 5				0.7013					
				Will Fontain				<u>C-6813</u>	N				
Signatui	re and Date			Printed or T	yped Name			License	Number				

PWS Id	WS Identification Number: 3350426 Plant Name: Friendly Center													
·			lonth/Year	of:		January, 2005								
			g Virus Inactiv		/al: ▽ Free C		CUL: D'		<u> </u>		: 1 <i>C</i> LL :	(Chl-		
	or Acmevi traviolet R		•	r (Describe):		лютие (Chlorine Di	oxide	☐ Ozone	Comb	oined Chlori	ne (Chlorar	nmes)	
L .							· · · · · · · · · · · · · · · · · · ·	· C- 1:	ad Chile	(Chlo		Chlorine I	Diamida	
Type (of Disinfe	ctant Resid	lual Maintair		ibution System:	▼ Free Chlo				(Chloramine			Jioxide	
1				C	T Calculations, or					tivation, if A				[1] 첫 골속의 말통하네요 - 그렇게 다
i						CT Calc	ulations	ANTAG IT			UV	Dose		보다 바둑길 등을 먹다. 그리는 보다
							Lowest CT	14.4				.		[12] : 1 4일 - 발생 - 14(19) 12 (19)
						Disinfectant	Provided							[- 첫 1 전문] 맞음 다음 10 [1987 - H
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	[- 경기 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First		放送。		641.	Minimum	Disinfectant	Britania (1975) - Egy (1986) - Maria (1996) - Artinia (19
1	Visited by		of Finished		Concentration (C)	Measurement	Customer	14:35	1 4 ·	나 가원 화수로 1	Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	lemp of	pH of Water,	Required, mg	UV Dose,	mW- sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm	System, mg/L	Out of Operation 2
1		24.0					<u> </u>	-		 	 	 		
3	x	24.0		<u></u>	0.9			 	 				0.7	
4	x	24.0			0.7					 			0.5	
5	X	24.0	500		0.8		† • • • • • • • • • • • • • • • • • • •		†	<u> </u>		† — — — — — — — — — — — — — — — — — — —	0.7	
6	X	24.0			0.8							İ	0.5	
7.	Х	24.0	1,440		0.8								0.7	
8		24.0							I					
9		24.0					<u> </u>	<u> </u>						
10	X	24.0			0.7			<u> </u>	<u> </u>	ļ			0.6	
11	X	24.0	1,620	ļ	1.4		<u> </u>	 	ļ	 			0.6	
12	X	24.0	1,880		1.1	<u> -</u>	 	 	 -	ļ			0.8	
13	X	24.0	30,660		1.4		 	<u> </u>		<u> </u>	<u> </u>	 	1.0	
15	 ^ -	24.0	30,000	 	1.4	ļ	<u> </u>		 	 	-			
16	 	24.0	-				<u> </u>		 	i			*****	
17	Х	24.0			1.1								0.8	
18	Х	24.0	28,050		1.3								0.8	
19	X	24.0	32,140		1.4			<u> </u>					0.9	
20	X	24.0	9,150		1.1		L	<u> </u>	<u> </u>			ļ <u> </u>	0.8	
21	X	24.0	510		0.9		ļ			ļ		ļ	0.8	
22	İ	24.0	657				ļ	 	<u> </u>			<u> </u>		
23	, , , , , , , , , , , , , , , , , , ,	24.0	657 657		1.4		 	 	 	 		ļ	0.9	
24	X	24.0	560		1.4		-	 	1	 		ļ	0.7	
26	X	24.0	300	 	0.8		1		†	1		<u> </u>	0.6	
27	X	24.0	1,820		1.4			†	<u> </u>	1			0.8	
28	X	24.0	1,520	<u> </u>	1.0								0.8	
29	1	24.0												
30		24.0										ļ	ļ	
31	X	24.0			1.2	L		<u> </u>	<u> </u>	L	<u> </u>	<u></u>	0.7	l
Total	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 623	110,300	1										
Avgera	ge		3,558	1										

32,140

Avgerage Maximum

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



See Pages 4 for Instru									
I. General Information	for the Month/	Year of: February	, 2005						
A. Public Water System	(PWS) Informa	ation							
	Friendly Center						PWS Identification Number:	3350426	
PWS Type:	✓ Community	Non-Transient Non-Comm	munityT	ransient Non-Comr	munity		Consecutive		
Number of Service Connect	ions at End of Montl		· · · · · · · · · · · · · · · · · · ·			Total P	opulation Served at End of Mo	onth: 90	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Brian Heath					Contac	Person's Title: Ar	ea Manager	
Contact Person's Mailing Ac	ddress:	P.O. Box 490310			City: L	eesburg	State: Florida	Zip Code:	34749-0310
Contact Person's Telephone	Number:	(352) 787-0980				Contac	t Person's Fax Number: (35	52) 787-6333	
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.c	com						
B. Water Treatment Pla	nt Information								
Plant Name:	Friendly Center						Plant Telephone Number:	352-787-09	980
Plant Address:	25701 Monroe Stree	et			City: A	statula	State: Florida	Zip Code:	34705
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000					
Plant Category (per subsecti	on 62-699.310(4), F		·	•			ass (per subsection 62-699.310		
Licensed Operators		Name		License Class		e Number) / Shift(s) Worked	
	Will Fontaine			С			Days 1st Shift		
Other Operators:	Jim Milicic			С		8195	Days 1st Shift		
·									
					<u> </u>				
					ļ				
					ļ				
				<u> </u>					
				<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
II Contification by Lond	/Chief Operate								
II Certification by Lead		nt operator licensed in Florida	- and the land/alsia	f an amaton of the		raatmant nl	ant identified in part Laf	this raport I certifi	y that the
I, the undersigned water	er treatment plan	at operator licensed in Florida	a, am the lead/chie	operator of the	: water u	reaunent pr	ant identified in part I of	els used at this plant	conform to NSE
information provided i	n this report is ti	rue and accurate to the best o	or my knowledge a	nd beller. I cert	iry that a	an drinking	water treatment chemica	ais used at this plant	Comorni to Nor
International Standard	60 or other appl	licable standards referenced i	in subsection 62-5	55.320(3), F.A.C	C. I also	certify tha	t the following additiona	il operations records	for this plant
were prepared each da	y that a licensed	operator staffed or visited th	is plant during the	month indicated	d above:	: (1) record	is of amounts of chemica	als used and chemica	il feed rates; and
		process performance records			these a	dditional op	perations records to the F	PWS owner so the P	WS owner can
retain them, together w	vith copies of thi	s report, at a convenient loca	tion for at least te	n years.					
			Will Fontaine					C-6813	
Signature and Date			Printed or Ty	ped Name				License Nu	ımber

PWS fo	S Identification Number: 3350426 Plant Name: Friendly Center													
III. D	aily Data	for the N	lonth/Year	of:		February, 2005								
			g Virus Inactiv		/al: ▽ Free C	·	Chlorine Di	assida	Ozone		oined Chlori	(Cl-la-an	-1>	
1	raviolet R		C Other			1	Chlorine Di	Oxide	1 Ozone	, Coint	omea Chorn	ne (Chiorai	itines)	
⊢ .					ibution System:	▼ Free Chlo	nino F	Combin	ed Chlorine	(Chloramine	e) [Chlorine I	Niovido	
Type c	Disinied	ram Kesic	iliai Maintail								•		Joxide	
(T Calculations, or					tivation, it				
						CT Calc		1			UV	Jose		
							Lowest CT							[1] 1일 기업 교회 선생활 및 10년 전체의
			11 4 4 4 4 4			Disinfectant	Provided	1				75 a.		
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	[나는 그리 시도 함께 바라를 통하였다.
1	Staffed or	j .	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	등실 시청 보고 이동화를 다 끊다다.
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	[[사람 집 [] [[] [] [] [] [] [] [] []
Day of		Hours plant	4.0		Before or at First	Point During	During Peak	Temp of		Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place "X")	in	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	Required, mg	mW-sec/cm ²	Prince Service Land	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Month	X	Operation 24.0	gal. 21,070	Rate, gpd	1.1	minues	IIIIVL	viaui, C	II Applicable	THE THE PARTY OF	my-sec/cm	sec/cm ²	0.6	Out of Operation
2	X	24.0	1,520		1.1						 		1.0	
3	X	24.0	1,520		1.0						 		0.8	
4	Х	24.0	470		1.0						!		0.6	
5		24.0												
6		24.0												
7	X	24.0			0.9								0.7	
8	Х	24.0	1,740		1.0								0.7	
9	X	24.0			0.9								6.0	
10	X	24.0	15,140		1.1								0.8	
11	X	24.0 24.0	4,490		0.9			·					0.7	
13		24.0												
14	Х	24.0			1.1					 	 		0.8	
15	Х	24.0			1.0								0.9	
16	X	24.0	920		1.3								0.8	
17	Х	24.0	530		1.2								0.9	
18	X	24.0	430		1.2					ļ			0.7	
19		24.0											 	
20		24.0								<u> </u>	 		0.8	
21 22	X	24.0	32,270		1.1	<u>-</u>			_		 		1.0	
23	X	24.0	850		1.3						 	ļ	0.8	
24	X	24.0	850		1.2								0.9	
25	X	24.0			0.8					1			0.7	
26		24.0	250											
27		24.0	250											
28	Х	24.0	250		1.0								0.9	
29		24.0								ļ <u>.</u>			ļ <u></u>	
30		24.0				 -				 		ļ		
31	l	24.0	90.100		L	L	l	L	l	L	L	<u> </u>	<u> </u>	
Total			80,180 2,586	}										

32,270

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



See Pages 4 for Instructions.

See Fages 4 for firstr								
I. General Information	for the Month/\	ear of: March, 2005						
A. Public Water System	(PWS) Informa	tion						
PWS Name:	Friendly Center					PWS Identification Number	r: 3350426	
PWS Type:	✓ Community	Non-Transient Non-Community	T ₁	ransient Non-Comr	munity	Consecutive		
Number of Service Connect	tions at End of Month	30			Total I	Population Served at End of	Month: 90	
PWS Owner:	Aqua Utilities Florida	a						
Contact Person:	Brian Heath				Contac	ct Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code:	34749-0310
Contact Person's Telephone		(352) 787-0980			Contac	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-09	
Plant Address:	25701 Monroe Street				City: Astatula	State: Florida	Zip Code:	34705
Type of Water Treatment by			chased Fini	shed Water	 			
Permitted Maximum Day C	 			72,000			210(4) E 4 (2)	
Plant Category (per subsect	ion 62-699.310(4), F.A			License Class	License Number	lass (per subsection 62-699.	310(4), F.A.C.): D y(s):// Shift(s) Worked	
Licensed Operators	Will Franksins	Name	<u> 184 - 184</u>	License Class			(8) / Silitus) Worked	
Lead/Chief Operator: Other Operators:	Jim Milicic			C	6813 8195	Days 1st Shift Days 1st Shift		
Oulei Operators.	Jill Milicic		· · ·		0173	Days 1st Sint		
,								
					<u> </u>			
, ************************************								
					•			
	VG: - 4G							
II Certification by Lead			1 1/1:	6		1	C41.	41-441-
		operator licensed in Florida, am the						
		ie and accurate to the best of my kno						
		cable standards referenced in subsect						
		operator staffed or visited this plant of						
		process performance records. Further			these additional o	perations records to the	e PWS owner so the PV	NS owner can
retain them, together v	with copies of this	report, at a convenient location for a	it least ter	n years.				
		W	ill Fontaine				C-6813	
Signature and Date		Pri	inted or Typ	oed Name			License Nu	mber

PWS I	dentification	n Number:		3350426		Plant Name:	Friendly Cer	nter						
111.	I. Daily Data for the Month/Year of: March, 2005													
			g Virus Inactiv		⁄al: ▼ Free C		Chlorine Di	oxide	C Ozone	┌ Comb	ined Chlorir	ne (Chloran	nines)	
U ☑	traviolet R	adiation	□ Othe	r (Describe):		•			•	, соше				
Туре	of Disinfe	ctant Resid	dual Maintair	ned in Distr	ibution System:	▽ Free Chlo	rine Γ	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
					T Calculations, or			Four-Log	Virus Inac	tivation, if	Applicable*	taring and section of the section of		
100					The state of the s		ulations					Oose		[사람이 발생 기업 기업 기업 기업 기업 기업 기업 기업 기업 기업 기업 기업 기업
		1.75					Lowest CT	6 4	1 No. 1	1 14		in the second		
						Disinfectant	Lowest C1 Provided							
	Days Plant	1.00			Lowest Residual	-Contact Time	Before or at	1					Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	(1) (1) (1) (1) (1) (2)	5, 5,	100	30.2 (30.10)	Minimum.	Dişinfectant	estate
	Visited by		of Fillished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day o	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg- min/L	1 emp of	pH of Water if Applicable	Required, mg min/L	UV Dose, mW-sec/cm ²	mW- sec/cm² [≥]	Distribution	Involves Taking Water System Components
Month 1	"X") X	Operation 24.0	gal. 540	Rate, gpd	Peak Flow, mg/L	minutes	min/L	water, C	н Аррисаон	min/L	mW-sec/cm	sec/cm	System, mg/L 0.8	Out of Operation
2	X	24.0	340		1.2	 				ļ			0.8	
3	Х	24.0	780		1.1								0.7	
4	Х	24.0	900		1.2	1	1						0.8	
5		24.0												
6	ļ	24.0						<u> </u>				· · · · · · · · · · · · · · · · · · ·		
7	X	24.0	22.020		1.1			ļ <u>.</u>	<u> </u>	ļ			0.7	
9	X	24.0	22,820 20,070		1.3		1		<u> </u>				0.8	
10	X	24.0	19,450		1.3			 		 			0.8	
11	X	24.0	22,280		1.3			<u> </u>					0.8	
12	Х	24.0	14,840		1.3				<u> </u>					
13		24.0	28,870											
14	X	24.0	28,870		1,2								0.7	
15	Х	24.0	22,470		1.5								0.8	
16	X	24.0	1,080		1.5		<u> </u>						0.4	MINA
17	X	24.0	1,220		1.0			l					0.8	
19	 ^ _	24.0			1.1		· · · · · · · · · · · · · · · · · · ·	<u> </u>	 			<u> </u>	V.8	
20	†	24.0												
21	X	24.0			1.2								0.8	
22	Х	24.0	750		1.1								0.7	100
23	Х	24.0	440		1.3								0.8	
24	Х	24.0			1.0		ļ			ļ			0.7	
25	X	24.0			1.0			1					0.8	
26:	 	24.0 24.0							 	-				
28	х	24.0			0.8		-						0.7	
29	X	24.0	 		0.8								0.7	
30	Х	24.0	1,410		1.3				<u> </u>				0.7	
31	Х	24.0	520		1.2				<u></u>				0.9	
Total			187,310											

28,870

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



See Pages 4 for Instr										
I. General Information	for the Month/	Year of: April,	2005							<u></u>
A. Public Water System	ı (PWS) Informa	tion								
PWS Name:	Friendly Center						PWS Identification Numb	er:	3350426	
PWS Type:	✓ Community	Non-Transient Non-C	ommunity T	ransient Non-Com	munity		Consecutive	·		
Number of Service Connect	tions at End of Month		· · · · · · · · · · · · · · · · · · ·			Total F	Opulation Served at End o	f Month:	90	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath					Contac	et Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Lees	burg	State: Florida		Zip Code:	34749-0310
Contact Person's Telephone	Number:	(352) 787-0980			_	Contac	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac		beheath@aquaameric	a.com							
B. Water Treatment Pla	ant Information									
Plant Name:	Friendly Center						Plant Telephone Number:		352-787-098	30
Plant Address:	25701 Monroe Stree	t			City: Asta	tula	State: Florida		Zip Code:	34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C				72,000						
Plant Category (per subsect	ion 62-699.310(4), F.		V	.			ass (per subsection 62-699		D	A 400 1 10 10 10 10 10 10 10 10 10 10 10 10
Licensed Operators		Name		License Class			Da	iy(s) / Shift(s)	Worked	
Lead/Chief Operator:				C	681		Days 1st Shift			
Other Operators:	Jim Milicic			C	819	95	Days 1st Shift			
				ļ	 					
										
				<u> </u>						
					ļ					
				<u> </u>					,	
									·	
					-					
				L	i		L			
II Certification by Lead	d/Chief Operato	r								
		t operator licensed in Flo	rida, am the lead/chie	of operator of the	e water trea	atment p	lant identified in part	I of this repor	t. I certify	that the
information provided	in this report is tr	ue and accurate to the be	st of my knowledge a	nd belief. I cert	ify that all	drinking	water treatment cher	nicals used at	this plant of	conform to NSF
International Standard	l 60 or other appli	icable standards reference	ed in subsection 62-5	55 320(3) F A (C. Lalso c	ertify tha	, at the following additi	onal operation	ns records t	for this plant
ware prepared each de	n oo or other appli ny that a licensed	operator staffed or visited	this plant during the	month indicate	d above: (1) record	ds of amounts of chen	nicals used an	d chemical	feed rates: and
(2) if applicable appr	ay illai a liceliseu	process performance rec	ords Furthermore I	agree to provide	these add	itional o	nerations records to the	ne PWS owne	r so the PW	/S owner can
					tilese aud	itional o	perations records to a	ic i ws owne	1 30 the 1 V	15 owner can
retain them, together v	with copies of this	s report, at a convenient le	ocation for at least te	ii yeais.						
			Will Fontaine						C-6813	
0' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					****				License Nur	mber
Signature and Date			Printed or Ty	peu mame					Piccuse Mai	noci

PWS I	S Identification Number: 3350426 Plant Name: Friendly Center													
	aily Data	for the M	lonth/Year	of:		April, 2005								
			y Virus Inactiv		ral: ▼ Free C		Chlorine Di	ovide	Ozone	┌ Comb	ined Chlorir	ne (Chlorar	nines)	
	traviolet R			r (Describe):		1	CINOTING DE	Muc	1 Ozone	Como	med Cinoru	к (спога	mics	
L.					ibution System:	₩ Free Chlo	-ino	Combin	ed Chlorine	(Chloramine	ره ا	Chlorine I	Diovide	1.0
Type	of District	ciani Resid	iuai Maintail										JIOAIGE	er a AAV is the first of the fi
,	Paris (1981) and Tanah				T Calculations, or					tivation, if A	Applicable			
	1					E CT Calc					UV.I	Jose		
						智樂記記:	Lowest CT		Bitaky i i					
						Disinfectant	Provided /			4, 4, 4				
	Days Plant			4	Lowest Residual	Contact Time	Before or at		will in the		1 Sec. 1		Lowest Residual	
1.12	Staffed or		Net Quantity		Disinfectant	(T) at C	First	Sel Arg	P 11			Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer.			N. C.	Lowest Operating	UV Dose Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that
Day of	Operator	Hours plant	Water Producted,	Dools Flour	Before or at First Customer During	Point During - Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Minimum CT Required, mg	UV Dose,	mW-	Remote Point in Distribution	Involves Taking Water System Components
the Month	(Place	in Operation	gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	gai.	Man, Blva.	1.1	, cammuo	***************************************	,	прина			500 0.11	0.9	
2	<u> </u>	24.0		-						1				
3		24.0												
4	Х	24.0			1.0								0.9	
- 5		24.0												
6	X	24.0			0.9								0.9	
7	<u></u>	24.0	15											
8	X	24.0	15		1.0								0.8	
9	 	24.0								 			1	
10	x	24.0			1.2							<u></u>	0.7	
12	X	24.0	1,080		1.0							-	0.8	
13	X	24.0	1,000		1.0								0.6	
14	Х	24.0	760		1.2								0.8	
15	Х	24.0	350		1.3								0.8	
16		24.0										<u> </u>		
17		24.0												
18	X	24.0		 	1.3							 	0.9	
19	X	24.0	1,970 770		1.3	 				 		ļ	0.9	
21	X	24.0	170	 	1.0					 	 		0.9	
22	X	24.0	1,080	 	1.3					 	 		0.7	
23	1	24.0	1,000	 	1.5						1		1	
24		24.0												
25	Х	24.0			1.1								0.9	
26	Х	24.0	950		1.2								8.0	
27	X	24.0	710		1.5					ļ		ļ	0.9	
28	Х	24.0			1.3		ļ		<u> </u>	ļ	ļ		0.8	
29	X	24.0	810	 	1.2	 					 	 	0.9	
30	 	24.0	 	 				ļ <u>.</u>		 	 	 	 	
	1	1 24.U	i	1		1		i e					1	
Total			8,510	 	<u> </u>					<u> </u>		1	·	

DEP Form 62-555.900(3)Alternate



See Pages 4 for Instr								
. General Information	for the Month/Ye	ar of: May, 2005						
A. Public Water System	ı (PWS) Informatio	on						
PWS Name:	Friendly Center						PWS Identification Number:	3350426
PWS Type:	✓ Community	Non-Transient Non-Commun	nity Tr	ransient Non-Comr	nunity		Consecutive	
Number of Service Connec	tions at End of Month	30			·····	Total	Population Served at End of Month:	105
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath					Conta	ct Person's Title: Area Manage	er
Contact Person's Mailing A	ddress: P.	O. Box 490310			City: Leesbu	rg	State: Florida	Zip Code: 34749-0310
Contact Person's Telephone	Number: (3	52) 787-0980				Conta	ect Person's Fax Number: (352) 787-63	333
Contact Person's E-Mail Ac	ddress: <u>b</u>	eheath@aquaamerica.con	n					
3. Water Treatment Pl	ant Information							
Plant Name:	Friendly Center						Plant Telephone Number:	352-787-0980
Plant Address:	25701 Monroe Street				City: Astatul	<u>a</u>	State: Florida	Zip Code: 34705
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fini	shed Water				<u> </u>
Permitted Maximum Day C	Operating Capacity of Pla	ant, gallons per day:		72,000				
Plant Category (per subsect	tion 62-699.310(4), F.A.						lass (per subsection 62-699.310(4), F.A.C	
Licensed Operators		Name		License Class	License Nu	mber		s) Worked
Lead/Chief Operator:				С	6813		Days 1st Shift	
Other Operators:	Jim Milicic			С	8195		Days 1st Shift	
				ļ				

	L			L		-	<u> </u>	
I. Certification by Lea	d/Chief Operator							
		perator licensed in Florida, a	m the lead/chie	f operator of the	water treatn	nent r	plant identified in part I of this repo	ort. I certify that the
information provided	in this report is true	and accurate to the best of m	v knowledge a	nd belief I certi	fy that all dr	inkin	g water treatment chemicals used	at this plant conform to NSF
International Standard	III tills report is true	the standards referenced in s	ubsection 62.55	55 220(2) E A (' Lalso cert	ify th	at the following additional operati	ons records for this plant
international Standard	out of other applica	and the standards referenced in s	alont during the	month indicate	labora: (1)		rds of amounts of chemicals used a	and chamical feed rates: and
were prepared each da	ay that a licensed op	serator statied or visited this	piant during the		1 above. (1)	16001	and of amounts of chemicals used a	ear so the DWS owner can
					tnese addition	onai c	operations records to the PWS own	ier so the PWS owner can
retain them, together	with copies of this re	eport, at a convenient locatio	n for at least ter	n years.				
								0.4913
			Will Fontaine					C-6813
Signature and Date			Printed or Typ	oed Name				License Number

PWS Id	lentification	n Number:		3350426		Plant Name:	Friendly Cer	nter						
П	aily Data	for the N	lonth/Year	of:		May, 2005								
			g Virus Inactiv										-	
1		-		r (Describe):		morme 1	Chlorine Di	oxide	Ozone	┌ Comb	oined Chlorii	ne (Chlorar	nines)	
上.	traviolet R													
Type o	of Disinfe	ctant Resic	lual Maintai		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if	Applicable ⁴	Milita (j. 1	1814 1424	
			2 1 4 H			'CT Calc	ulations				UVI	Dose		
			* ¥'.		and the second		Lowest CT	- April	W -3.5			30.00 A		
	1					Disinfectant	Lowest C1 Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at	1					Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	3100	*			Minimum	Disinfectant	
1	Visited by	1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak		11.12	Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation :	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	523						<u> </u>	<u> </u>				
3	X	24.0	523 523		1.3			 		 			0.7	
4	X	24.0	330		1.3			ļ <u> </u>		ł			0.9	
5	X	24.0	330		1.3			 -		-			0.8	
6	X	24.0	750		1.4					 			0.9	
7	 	24.0	338											
8		24.0	338											
9	Х	24.0	338		1.1								0.8	
10	X	24.0	338		1.2								0.7	
11	X	24.0	8,395		1.0								0.8	
12	X	24.0	8,395		1.4		ļ			ļ			1.0	
13	Х	24.0	15,200		1.5								0.9	
14		24.0	4,263	<u> </u>			ļ	<u> </u>	ļ	 		ł	<u> </u>	
15	- V	24.0	4,263 4,263	ļ	1.3			-		 -	 		0.8	
17	X	24.0	4,263		1.4		 			 			0.9	
18	X	24.0	387		1.0					1			0.8	
19	X	24.0	387		1,0					ļ · · · · · · · · · · · · · · · · · · ·			0.7	
20	X	24.0	387		1.0				<u> </u>				0.9	
21		24.0	740											
22		24.0	740									ļ	ļ	
23	X	24.0	740		1.4					<u> </u>			0.8	
24	Х	24.0	740		1.4	·				<u> </u>	ļ	<u> </u>	0.7	
25	Х	24.0	2,275		1.0		ļ	 		·I · · · · · · · · ·		ļ	0.8	
26	X	24.0	2,275		1.5		ļ	 	 	 	 		0.7	
27	X	24.0	290 290	 	1.0	 	ļ	 	 	 	 		1	
28		24.0	290				 	 	 		-	 		
30	X	24.0	290	 	1.0		l	 	 		1		0.7	
31	x	24.0	290	 	1.4	-							0.8	
Total			63,494		<u> </u>		•							
Avgera	ge	. :	2,048	1										

15,200

^{*} Refer to the instructions for this report to determine which plants must provide this information DEP Form 62-555 900(3)Alternate



See Pages 4 for Instru								
I. General Information	for the Month/	Year of: June, 2	2005				***	
A. Public Water System	(PWS) Informa	tion						
PWS Name:	Friendly Center					PWS Identification Num	ber: 3350426	5
PWS Type:	✓ Community	Non-Transient Non-Co	mmunity T	ransient Non-Comr	munity	Consecutive		
Number of Service Connects	ions at End of Month	30			7	Total Population Served at End	of Month: 105	
PWS Owner:	Aqua Utilities Florid	la						
Contact Person:	Brian Heath			-	(Contact Person's Title:	Area Manager	
Contact Person's Mailing Ac	ddress:	P.O. Box 490310			City: Leesburg	g State: Florida	Zip Cod	e: 34749-0310
Contact Person's Telephone	Number:	(352) 787-0980			C	Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		beheath@aquaamerica	ı.com					
B. Water Treatment Pla	int Information							
Plant Name:	Friendly Center					Plant Telephone Number		
<u> </u>	25701 Monroe Stree				City: Astatula	State: Florida	Zip Cod	e: 34705
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin					
Permitted Maximum Day O				72,000	,,			
Plant Category (per subsecti	on 62-699.310(4), F.	11.0.9.	V			ant Class (per subsection 62-69		2 - X2 - 1
Licensed Operators		Name	1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,200 mm 1,	License Class			ay(s)/Shift(s):Worke	d
Lead/Chief Operator:				С	6813	Days 1st Shift		
Other Operators:	Jim Milicie		 	С	8195	Days 1st Shift		
and the first of the same								
	······································							
								·
							 	
		·						
II. Certification by Lead	/Chief Operate	2*						
		t operator licensed in Flori	do om the lead/ahie	f an arotar of the	oton trootm	ant plant identified in nor	Lafthia report Lagr	tifu that the
		ue and accurate to the best						
		cable standards referenced						
		operator staffed or visited						
		process performance recor	· ·		these addition	nal operations records to t	the PWS owner so the	PWS owner can
retain them, together w	vith copies of this	report, at a convenient lo	cation for at least ter	n years.				
			Will Fontaine	:			C-6813	
Signature and Date			Printed or Typ		· · · · · · · · · · · · · · · · · · ·			Number
organica and out				P			2.001130	

PWS lo	entificaito	n Number:		3350426		Plant Name:	Friendly Cer	nter						
III. D	aily Data	for the M	lonth/Year	of:		June, 2005								
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)													
			Othe			morne 1	CHIOTHE DI	Oxide	Ozone	1 Come	omea Chiorii	ie (Chiorai	nines)	
⊢						▽ Free Chlo		Combin	ad Chlorina	(Chloramine) [Chlorine I	Niosida	
Type c	Disinted	ctant Resid	luai Maintail		ibution System:								Joxage	
				С	T Calculations, or			rour-Log	Virus Inac	tivation, if				
			lyky s		<u> </u>	CT Calc		2.43			UVI	Oose		
							Lowest CT					1.0.		
						Disinfectant	Provided	Light Section 1						
	Days Plant	1			Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	1	Net Quantity	er italia	Disinfectant	(T) at C	First		0438 V 18	25000	51978-A	Minimum		
	Visited by	1 ::	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	Temp of		Minimum CT Required, mg		Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place	in Operation	Producted, gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Out of Operation
1	X	24.0	650	Rate, gpd.	1.5	- minutes	init/L	Water	п дррисаоте	THIRD.	III W-SCOCIII	Secretii	1.1	Outouppeauon
2	X	24.0	700		1.3		-	 					1.0	
3	X	24.0	730		1.2						†		0.8	
4		24.0	8,650	·			· · ·							
5		24.0	8,650											
6	Х	24.0	8,650		1.0								0.5	
7	X	24.0	8,650		1.4								1.0	
8	X	24.0	2,000		1.0								0.9	
9	X	24.0	400		1.2			 	ļ				0.8	
10	X	24.0	1,580 170		1.3					 			0.8	
12		24.0	170				 	 			 			
13	Х	24.0	170		1.2			 		 		· · · · · ·	0.8	
14	X	24.0	400		1.1	· · · · · · · · · · · · · · · · · · ·							0.6	
15	Х	24.0	380		0.8								0.5	
16	Х	24.0	400		0.9								0.7	
17	Х	24.0	710		1.2					ļ			0.7	
18		24.0	210					 	<u> </u>	 				
19	ļ	24.0	210				 	 	 	 			0.6	
20	X	24.0	210 460		1.0	-		 				l	0.8	
22	X	24.0	780		1.1					 	 		0.9	
23	X	24.0	110		1.1		 			 			0.8	
24	X	24.0	760		1.0								0.7	
25		24.0	170											
26		24.0	170											
27	Х	24.0	170		1.2	ļ	<u> </u>	ļ					0.9	
28	Х	24.0	200	ļ	1.1		ļ	 		ļ	ļ		0.8	
29	X	24.0	600		1.2		1	 			ļ		0.9	
30	Х	24.0	280		1.2		ļ	 	 	ļ	<u> </u>		0.8	
Total	<u> </u>	24.0	47,390	 	1	l	l	l	L	1	<u> </u>		.l	1
Avgera			1 529	{										

8,650

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



See Pages 4 for Instru							
I. General Information	for the Month/Y	ear of: July, 2005					
A. Public Water System	(PWS) Informat	ion					
	Friendly Center					PWS Identification Number:	3350426
PWS Type:	✓ Community	Non-Transient Non-Community	Tr	ransient Non-Com	munity	Consecutive	
Number of Service Connect		30			Total I	Population Served at End of Month:	105
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath				Conta	ct Person's Title: Area Manag	ger
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida	Zip Code: 34749-0310
Contact Person's Telephone	Number: (352) 787-0980			Contac	ct Person's Fax Number: (352) 787-6	333
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com					
B. Water Treatment Pla	ant Information				·		
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-0980
Plant Address:	25701 Monroe Street				City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by	y Plant:	✓ Raw Ground Water Pu	rchased Fini	shed Water			
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		72,000			
Plant Category (per subsect	ion 62-699.310(4), F.A					lass (per subsection 62-699.310(4), F.A.C	
Licensed Operators		Name		License Class	License Number		(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Jim Milicic			С	8195	Days 1st Shift	
					<u> </u>		
	<u> </u>			<u> </u>		<u> </u>	
Il Contification by Low	I/Chief Onewater						
II Certification by Lead		operator licensed in Florida, am the	a land/ahia	formatar of the	. water treatment n	lant identified in part Lafthic rer	port I certify that the
i, the undersigned wat	er treatment plant	operator needsed in Florida, am the	e lead/cine	a operator of the	: water ireatifient p	and identified in part 1 of this rep	at this plant conform to NSE
information provided	in this report is tru	e and accurate to the best of my kn	owieage ai	na bellet. I cert	ny that an drinking	g water treatment chemicals used	at this plant conform to NSF
International Standard	60 or other applic	cable standards referenced in subse	ction 62-53	55.320(3), F.A.C	J. I also certify the	at the following additional operat	nons records for this plant
were prepared each da	y that a licensed o	perator staffed or visited this plant	during the	month indicate	d above: (1) recor	ds of amounts of chemicals used	and chemical feed rates; and
		process performance records. Furth			these additional o	perations records to the PWS ow	mer so the PWS owner can
retain them, together v	vith copies of this	report, at a convenient location for	at least ter	n years.			
		<u></u>	Will Fontaine				C-6813
Signature and Date		F	Printed or Typ	oed Name			License Number
-							

											016,81		w.	mmixeM
											£87,1		9	Avgenage
											092,28			IssoT
											057	0.42		18
											750	24.0		30
	8.0								11		1,000	24.0	X	67
	L.0								7.1		028	0.42	X	87
	8.0				l				U		018	0.42	X	27
	8.0								1.1		079	24.0	X	97
	¿.0								1.1		0L	24.0	X	52
											0 <i>L</i>	0.42		24
								•			0/	0.42		23
	8.0								0.1		007	0.42	X	77
	8.0				-				£'1		16,310	24.0	X	17
	9.0								£.1		076,81	0.42	X	70
	9.0								7.1		018,51	24.0	X	61
	8.0								O'I		473	74.0	X	81
											423	74.0		LI
											423	24.0		- 91
	9.0								<u>l'</u> l		380	24.0	X	51
	8.0								0 1		100	0.42	X	ÞΙ
	0.1							L	I'I		330	74.0	X	£1
	8.0				l				7.1		061	0.42	X	71
	2.0								0'1		L9\$	24.0	X	н
											L9 1	0.42		01
											L9t	0.42		6
	8.0								7.1		017	0.42	X	- 8
	7.0								60		008	0.42	X	L
	7.0								6.0		072	24.0	X	9
											072	0.42		ς
	8.0								7.1		253	24.0	X	Þ
											253	0.42		Ε
					L			· — — —			253	24.0		7
	8.0								[]		015	24.0	X	- · I
Out of Operation	System, mg/L	zwo/oos	mɔ/ɔəɛ-Wm	. Juim	sidsoilqqA Ii	Water, OC	J\nim	səmunur	Peak Flow, mg/L	Rate, gpd	gal	Operation	("X"	thnoM
Involves Taking Water System Components	Distribution	-War≡.		Required, mg		To qmaT	-gm wolf	Peak Flow,	Customer During	Peak Flow	Producted,	uı	essiq)	ətt
Conditions, Repair or Maintenance Work that	Remote Point in	Required,		Minimum CT			During Peak	gairud inio4	Before or at First		Water	Hours plant	44.00	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	28	la e di di		Customer	Measurement	(D) noustinesonoD		bodzini To		Visited by	Same in
	Disinfectant	mmminiM					trif	Om (T)	Disinfectant		Net Quantity	ŀ	Staffed or	2 .
	Lowest Residual	9.75					Before or at	Contact Time	Lowest Residual				Days Plant	
			4				Provided	Disinfectant		,	ł			
		100	A	r Mix. List			Lowest CT					İ		
		0004	T 4 0		l	is.	CHOPPER	AMO TO		<u> </u>	ł	'		4.6
rain of the second of the seco			IWI	<u></u>			The state of the state of the	CT Calci		·	1	ľ		
			*sidssilaq/	ivation, if A	Virus Inact	Pour-Log	Jemostate F	UV Dose, to I	T Calculations, or	Э	L	<u> </u>		<u> </u>
	bixoide	Chlorine D	(s	(Chloramine	ed Chlorine	Combine	Tine Frin	Free Chlo	bution System:	nted in Distri	ristnisM Isu	tant Resid	oguisid 1	Туре о
:				·······						(Descripe):			raviolet R	_
	(səun	е (Срюгап	med Chlorin	L Comb	əuoz() l	əpixo	Chlorine Dio	☐ əninold			virus Inactiv			1
								2002 , Ylul		:10	onth/Year	M adi gol	are(I vile	U III
						19)	Friendly Cen	Plant Name:		3350426		:JadmuV i	entification	PI SMd

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



See Pages 4 for Instr						
. General Information	for the Month/Y	ear of: August, 2005				
A. Public Water System	(PWS) Informat	tion				
	Friendly Center				PWS Identification Number	3350426
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Month	30		Total	Population Served at End of I	Month: 105
PWS Owner:	Aqua Utilities Florida	a				
Contact Person:	Brian Heath			Conta	ct Person's Title:	Area Manager
Contact Person's Mailing A	.ddress:	P.O. Box 490310		City: Leesburg	State: Florida	Zip Code: 34749-0310
Contact Person's Telephone	Number:	(352) 787-0980		Conta	ct Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Ac		beheath@aquaamerica.com				
3. Water Treatment Pla	ant Information					
Plant Name:	Friendly Center				Plant Telephone Number:	352-787-0980
Plant Address:	25701 Monroe Street			City: Astatula	State: Florida	Zip Code: 34705
Type of Water Treatment by			Finished Water			
Permitted Maximum Day C			72,000			
Plant Category (per subsect	ion 62-699.310(4), F.A				lass (per subsection 62-699.3	
Licensed Operators		Name	License Class		Day	(s) # Shift(s) Worked
	Will Fontaine		C	6813	Days 1st Shift	
Other Operators:	Jim Milicic		C	8195	Days 1st Shift	
					 	
					 	
					<u> </u>	
					 	
					<u></u>	
				L	<u> </u>	
I Certification by Lead	/Chief Operator	•				
		operator licensed in Florida, am the lead/cl	hief operator of the	water treatment r	lant identified in part L	of this report. I certify that the
		ie and accurate to the best of my knowledge				
		cable standards referenced in subsection 62				
were prepared each da	iy that a licensed o	operator staffed or visited this plant during	the month indicate	a above: (1) recoi	us of amounts of chemi	DWC the DWC
		process performance records. Furthermore		these additional of	perations records to the	e Pw5 owner so the Pw5 owner can
retain them, together v	with copies of this	report, at a convenient location for at least	ten years.			
		Will Fonta	iine			C-6813
Signature and Date			Typed Name			License Number
Signature and Date		. Timed of	- ypod rame			·

											24,900		w	umixeM
											918,8		ə	Avgerag
											016,672			Total
	8.0	l	T	Ī	<u> </u>		I		5.1		16,500	24.0	X	15
	9.0		<u> </u>						7.1		006,81	24.0	X	30
	8.0				i				€.1		15,630	24.0	X	67
											069,21	24.0		87
		 									059,21	24.0		LT
	9.0		 						1.1		072,41	24.0	X	97
	8.0								£.1		002,71	24.0	X	57
	8.0		 						7.1		12,440	24.0	Х	74
	6.0				·				7.1		006,71	24.0	X	23
	T.0				-			i	I'I		722,21	24.0	Х	77
			1	·							122,21	24.0		71
	<u> </u>										15,227	24.0		07
	8.0								£.1		006'£1	24.0	X	61
	2.0								TT		17,100	0.42	X	81
	7.0	 	 	l ——			1		1.2		18,330	24.0	X	ΔI
	9.0	<u> </u>		†					€.1		24,900	24.0	X	91
	8.0			†		l			I.I		061	24.0	X	SI
											061	0.42		Ι¢
					1	-					061	24.0		ΕI
	L'0				1				7.1		380	24.0	X	71
	L'0								I'l		058	0.42	X	Ħ
	8.0								7.1		000,1	0.42	X	01
	8.0								£.1		007	0.42	X	6
	8.0								٤:1		300	24.0	X	8
											300	0.42		L
											300	24.0		9
	8.0								71		001,1	24.0	Χ	ς
	8.0	L		L					7.1		1,250	24.0	X	7
	9.0			ļ		L			£.1		005	24.0	X	3
	9.0	<u> </u>	<u> </u>	L	L	ļ	<u> </u>		0.1		008	0.42	X	Z
	8.0	L	L		<u> </u>	<u> </u>			1.2		750	24.0	X	- 1
Out of Operation	System, mg/L	zuro/oos	mW-sec/cm ²		eldsəilqqA li	Water, OC	J/nim	satunim	Peak Flow, mg/L	Rate, gpd	ઉજા	Operation	("X"	thnoM
Involves Taking Water System Components	nonudrusid	-Wm	UV Dose,	Required, mg	, TalseW lo Hq	Temp of	-gm,wol4	Peak Flow,	*Customer During	Peak Flow	Producted,	ni	(Place	эųз
Conditions; Repair or Maintenance Work that	Remote Point in	Reduited,		Minimum CT			During Peak	garmd miog	Before or at First		Water	Hours plant	Operator	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	- Measurement	Concentration (C)		bodsini To	Ī	Visited by	
	Disinfectant	umuium				Safe 19	First	Om (T)	Disinfectant		Net Quantity	}	Staffed or	
	Lowest Residual		e e e e e e e e e e e e e e e e e e e				Before or at	Contact Time	Lowest Residual			ļ	Days Plant	ł
						-4	Provided	Instanted True		1994	l	ĺ		1
[[원교] 방송병 : 그 다른대학							Lowest CT			w.				
[1] 강경경기 교육하실 그 김 교고 하는 이 그							1					l		
		9804	· OAE	7143			znonsil	CT Calcu		 	1			
				J. II 'HOINDAI	ATTO THE	9071-100		200	T Calculations, or	3	1	ĺ		1
	L													0.2461
	əbixoi	Chlorine D	(9	(Chloramines	ed Chlorine (Combine		► Free Chlor	bution System:			hizaM tnet	oatnizi([])	o auvī
								-		(Descripe):	L Other	noinibi	Raviolet R	계요 🔼
	(səni	e (Chloram	ined Chlorin	[Сошр	oroso 🗍	əbixo	Chlorine Dio	hlorine	sq: 🔼 Etec C	ation/Remov	Virus Inactiv	g Four-Log	rivəidəA 10	Means o
								August, 2005			onth/Year o			
						(GL	Friendly Cen	Plant Name:	Ĺ	3320456	·	Number	mificaitor	<u>PESMA</u>

DEP Form 62-555 900(3)Alternate

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



See Pages 4 for Instr													
I. General Information	for the Month/	Year of: September	er, 2005										
A. Public Water System	(PWS) Informa	ation				·							
	Friendly Center					PWS Identification Number:	3350426						
PWS Type:	✓ Community	Non-Transient Non-Comm	nunityTr	ransient Non-Comi	munity	Consecutive							
Number of Service Connect		h: 30	1			Population Served at End of Mo	onth: 105						
PWS Owner:	Aqua Utilities Floric	ia											
Contact Person:	Brian Heath				Conta	act Person's Title: Ar	ea Manager						
Contact Person's Mailing A	Contact Person's Mailing Address: P.O. Box 490310 City: Leesburg State: Florida Zip Code: 34749-0310												
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333													
Contact Person's E-Mail Ad		beheath@aquaamerica.co	om										
B. Water Treatment Pla	ant Information												
Plant Name:	Friendly Center			· · · · · · · · · · · · · · · · · · ·	<u> </u>	Plant Telephone Number:	352-787-09	80					
Plant Address.	25701 Monroe Stree				City: Astatula	State: Florida	Zip Code:	34705					
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini										
Permitted Maximum Day O	 			72,000									
Plant Category (per subsect	ion 62-699.310(4), F			1		Class (per subsection 62-699.310		and the second second					
Licensed Operators		Name		License Class	License Number) / Shift(s) Worked						
Lead/Chief Operator:			····	C	6813	Days 1st Shift							
Other Operators:	Jim Milicic			С	8195	Days 1st Shift							
47					·	-							
· [<u> </u>							
						 							
			- 			 							
													
						<u> </u>							
				<u> </u>		 							
					<u> </u>	<u> </u>							
				<u> </u>	L	<u></u>							
II Certification by Leac	I/Chief Operato	r		•									
I, the undersigned wat	er treatment plan	t operator licensed in Florida	, am the lead/chie	f operator of the	water treatment	plant identified in part I of	this report. I certify	that the					
information provided i	in this report is tr	rue and accurate to the best of	f my knowledge ar	nd belief. I cert	ify that all drinkin	g water treatment chemica	ils used at this plant	conform to NSF					
		icable standards referenced in											
		operator staffed or visited thi											
		process performance records											
		s report, at a convenient locat			these additional v	perations records to the r	We divine so the 1	vo oviici can					
retain them, together v	viui copies of this	report, at a convenient locat	non for at least ter	i years.									
			Will Fontaine				C-6813						
Signature and Date	<u> </u>		Printed or Typ			<u> </u>	License Nu	mber					
orginature and Date			Timed of Typ				2,700,100 110,	**					

PWS Id	entification	n Number:		3350426		Plant Name:	Friendly Cer	nter							
III. Daily Data for the Month/Year of: September, 2005															
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)														
	raviolet R	-		r (Describe):		,	CHIOTEK DI	OAIGC	Ozone	(Come	nica Cinori	ne (emora	maics		
-					ibution System:	▼ Free Chlo	rine [Combir	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide		
турс о	1 Distinct	T TCSR	I ·										1		
}		 			CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose UV Dose										
							Lowest CT							│ 보조 EL를 하고 됐으면 보호 및 스트	
]						Disinfectant	Provided				N Men		1		
	Days Plant		i		Lowest Residual	Contact Time	Before or at						Lowest Residual		
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1-1-14		1000	Lowest	Minimum UV Dose	Disinfectant	Emergency or Abnormal Operating	
D	Visited by	1	of Finished Water		Concentration (C)	Measurement	Customer	4, 4		Minimum CT	Operating	Required,	Concentration at Remote Point in		
Day of the	Operator (Place	Hours plant in	Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components	
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L:	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation	
1	X	24.0	14,700	тане, ври	1.3	manaco					m.v. soorem	Des Cir.	1.0	10 may 10	
2	Х	24.0	13,400	 	1.3	 		-		j			0.8		
3		24.0	10,900												
4		24.0	10,900												
. 5	X	24.0	10,900		1.0								0.6		
6	X	24.0			0.8			<u> </u>		Ĺ			0.6		
7	X	24.0	ļ	!	0.9		<u> </u>	 	}				0.7		
8	X	24.0	10		1.0	<u> </u>	 		 	ļ		 	0.8		
10	_ X	24.0		 -	1.0			 	 			 	0,7		
11		24.0	 				<u> </u>			<u> </u>		 			
12	Х	24.0			0.8	l	<u> </u>	t —					0.6		
13	Х	24.0	1		0.8			ļ — — —					0.7		
14	Х	24.0			0.9								0.8		
15	Х	24.0			1.0								0.8		
16		24.0		ļ			ļ			ļ			<u> </u>		
17		24.0	ļ	L	ļ			<u> </u>		ļ				<u> </u>	
18	<u> </u>	24.0		ļ	0.9		ļ		 				0.7		
19	X	24.0	730	 	0.9		 			 		 	0.7		
21	- X -	24.0	390		1.5		 			 		 	0.6		
22	X	24.0	3,800	 	1.5			 	 				0.8		
23	X	24.0			1.0	<u> </u>		†				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0.8		
24		24.0		1											
25		24.0													
26	X	24.0			1.3					ļ			0.6		
27	Х	24.0	14,060	<u></u>	1.6		ļ		 _	ļ			1.0		
28	X	24.0	19,800	_	1.1			ļ	 	 		 	0.8		
29	X	24.0	17,200	 	1.4	 	 	 	 -	 			0.7		
30	X	24.0	17,500	 	1.3	 ~~~~	 	 	 -	 		†	0.8		
Total	<u> </u>	24.0	134,290	 			1		4		l	L	·	4	
Avecas		40.5	4 332												

19,800

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



See Pages 4 for Instructions.

General Information		Year of: October, 20	005		******							
. General antormation	TOI THE MIGHTH	October, 20										
A. Public Water System		tion				·						
PWS Name:	Friendly Center					PWS Identification Number	er: 3350426					
PWS Type:	✓ Community	Non-Transient Non-Commu	unity	Transient Non-Comr	nunity	Consecutive						
Number of Service Connect	tions at End of Month	n: 30	· · · · · · · · · · · · · · · · · · ·		Total 1	Population Served at End of	f Month: 105					
PWS Owner: Aqua Utilities Florida												
Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: P.O. Box 400210 Contact Person's Mailing Address: P.O. Box 400210 Contact Person's Title: Area Manager Contact Person's Title: Area Manager												
Contact Person's Mailing Address: P.O. Box 490310 City: Leesburg State: Florida Zip Code: 34749-0310												
Contact Person's Telephone Number: (352) 787-6333												
Contact Person's E-Mail Address: beheath@aquaamerica.com												
B. Water Treatment Pla	ant Information					·····						
Plant Name:	Friendly Center					Plant Telephone Number:	352-787-0	980				
Plant Address:	25701 Monroe Stree				City: Astatula	State: Florida	Zip Code:	34705				
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased F	inished Water								
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		72,000								
Plant Category (per subsect	ion 62-699.310(4), F.					lass (per subsection 62-699.						
Licensed Operators		Name	<u>deur Palai un </u>	License Class	License Number		y(s) / Shift(s) Worked					
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift						
Other Operators:	Jim Milicic			С	8195	Days 1st Shift						
												
the second of the												
1												
I Cautification by Law	I/Chiof Operate	•						كننو والمام				
II Certification by Lead			dh - 1 1/ 1	1-C		lout identified in most !	Lafthia remort I samif	is that the				
		t operator licensed in Florida,										
information provided	in this report is tr	ue and accurate to the best of	my knowledge	and belief. I cert	ify that all drinking	g water treatment chem	nicais used at this plant	conform to NSF				
International Standard	60 or other appli	icable standards referenced in	subsection 62-	·555.320(3), F.A.C	C. I also certify the	at the following addition	onal operations records	for this plant				
		operator staffed or visited this										
(2) if applicable, appre	opriate treatment	process performance records.	Furthermore,	I agree to provide	these additional o	perations records to th	ne PWS owner so the P	WS owner can				
retain them, together v	vith copies of this	report, at a convenient location	on for at least t	en years.								
-	-											
			Will Fontain	ne			C-6813					
Signature and Date			Printed or T				License No	umber				
.B												

PWS Ic	entificaito	n Number:		3350426		Plant Name:	Friendly Cer	nter						
III. D	aily Data	for the N	lonth/Year	of:		October, 2005								
_			g Virus Inactiv		/al: ▽ Free C		Chlorine Di		Ozone	r- 0 1		(0)		
1		-	-	r (Describe):		mornie 1	Chlorine Di	oxiae	1 Ozone	1 Comb	oined Chlori	ne (Chlorai	nines)	
L	raviolet R									(0)1				
Type o	f Disinfe	ctant Resid	dual Maintai		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable [*]			
] .						CT Calc	ulations				UV	Dose		농흥 그는 소리는 이번 시간에 들어온다.
	1				X 100 (\$10.1974)			N H A						
1		1				Disinfectant	Lowest CT Provided				APPENDIX			
	Days Plant		•		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	1	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	i .		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	∵ mW-	Distribution .	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L*	Out of Operation
1		24.0	23,333											
2		24.0	23,333											
3	X	24.0	23,333		1.3				<u> </u>				0.9	
4	X	24.0	17,700		1.3			<u> </u>	<u> </u>			ļ	0.9	
5	X	24.0	13,300		1.2				ļ <u> </u>	ļ			0.8	
6	Х	24.0	19,200		1.3	ļ		 	 				0.8	
7	X	24.0	18,100		1.2			ļ	 		ļ		0.8	
8		24.0	30,183						 	 				
10		24.0	30,183	 	1.2				 	 		 	0.7	
11	X	24.0	26,700		1.3				†		-		0.7	
12	$\frac{\lambda}{X}$	24.0	36,500	 	2.1			 	-				1.5	
13.	X	24.0	16,700		1.3			 	†	 			1.0	
14	X	24.0	16,200	<u> </u>	1.2			1					1.0	
15		24.0	20,467]				
16		24.0	20,467											
17	Х	24.0	20,467		1.4			<u> </u>	ļ <u> </u>	ļ		ļ	1.0	
18	X	24.0	19,300		1.3	_		ļ			.		0.8	
19	Х	24.0	18,200	1	1.4		ļ	ļ. ——	<u> </u>	ļ	ļ <u>.</u>		0.9	
20	X	24.0	17,290		1.3	 	ļ	<u> </u>					0.8	
21	Х	24.0	19,700		1.3		ļ	 	 	.	 		<u>U./</u>	
22		24.0	17,287				 	 	 	 	1	<u></u>	 	
23	Х	24.0	17,287 17,287		1.1			 	+	· · · · · · · · · · · · · · · · · · ·	 	 	0.8	
25	X	24.0	17,287	ļ	1.3	 		· · · · · · · · · · · · · · · · · · ·		†	<u> </u>		0.8	
26	X	24.0	13,000	 	1.1	<u> </u>		 			1	<u> </u>	0.8	
27	X	24.0	8,800	 	1.2	 	 	†		1	1		0.8	
28	X	24.0	32,000	 	1.4	 		T					0.8	
29		24.0	21,300											
30		24.0	21,300											
31		24.0	21,300											
Total			648,300											
Avgera	e		20,913	1										

36,500

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



See Pages 4 for Instr							
. General Information	for the Month/	Year of: November, 2005			····		
A. Public Water System	(PWS) Informa	tion					
PWS Name:	Friendly Center				PWS Identification Numb	per: 3350426	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive		
Number of Service Connect	tions at End of Month	30		Tot	al Population Served at End o	of Month: 105	
PWS Owner:	Aqua Utilities Florid	la					
Contact Person:	Brian Heath			Сог	ntact Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	P.O. Box 490310		City: Leesburg	State: Florida	Zip Code: 34	4749-0310
Contact Person's Telephone	Number:	(352) 787-0980		Cor	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Friendly Center				Plant Telephone Number:		
Plant Address:	25701 Monroe Stree			City: Astatula	State: Florida	Zip Code: 34	4705
Type of Water Treatment by	<u> </u>		ased Finished Water				
Permitted Maximum Day C			72,000				
Plant Category (per subsect	ion 62-699.310(4), F.				Class (per subsection 62-699		
Licensed Operators		Name	License Class	License Numb		ay(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift		
Other Operators:	Jim Milicic		С	8195	Days 1st Shift		
		No. of the second secon					
			L				
I Certification by Lead	L/Chief Operate						
		operator licensed in Florida, am the le	and/ahinf aparatar of the	water treatment	t plant identified in part	Lof this report Logrify the	at the
i, the undersigned wat	er treatment plant	operator needsed in Florida, and the le	ad/enter operator or the	C. that all drink	i plant luchtificu in part ina water treatment cher	micals used at this plant con	nform to NSF
information provided	in this report is tr	ue and accurate to the best of my know	reage and belief. I cert	ny mar an dink	ing water treatment cher	ional operations records for	this plant
International Standard	60 or other appli	cable standards referenced in subsection	on 62-555.320(3), F.A.C	. I also certify	that the following additi	ional operations records for	uns piani
were prepared each da	y that a licensed	operator staffed or visited this plant du	ring the month indicate	d above: (1) rec	ords of amounts of cher	nicals used and chemical fe	ed rates; and
		process performance records. Furthern		these additional	l operations records to the	he PWS owner so the PWS	owner can
retain them, together v	vith copies of this	report, at a convenient location for at	least ten years.				
		Will	Fontaine			C-6813	
Signature and Date			ed or Typed Name			License Numbe	er
Signature and Date		Film	ed or Typed Name			Electise (Valloc	

PWS Id	entificaitor			3350426	TREFORTION		Friendly Cer	iter						
			onth/Year c	of:		November, 200	5							
			Virus Inactiv			hlorine [oxide	Ozone	┌ Comb	ined Chlorir	ne (Chloran	nines)	
	raviolet Ra		Cther	(Describe):										
					bution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
Type o	Distilled	tant Kesio	idai Maiitaii	C III Discri	T Calculations, or			Four-Log	Virus Inac	tivation, if A	Applicable*			
			1		1 Calculations, of			Out-LOS	VII do III do		UVI)ose		
				₁		CT Calc	uiations	_			<u> </u>	- 1		
	1.0						Lowest CT						AMERICA NAMES	
1.						Disinfectant	Provided			4 300		1.5		[명
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
100	Staffed or		Net Quantity		Disinfectant	√ (T) at C	First			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Minimum UV Dose	- T.T. Company	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	Required,	Concentration at	Conditions, Repair or Maintenance Work that
Day of	Operator	Hours plant	Water	4.0	Before or at First	Point During	During Peak	Town of		Minimum CT	The state of the state of the state of	mW-	Remote Point in Distribution	Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	IMIVL.	111 W-SCC/CIII	SCACIII	0.7	
1	X	24.0	21,300		1.1			 			 		0.7	
2	X	24.0	18,000		1.2						 		0.9	
3	X	24.0	12,200		1.5		 		 		 	 	0.9	
4	X	24.0	27,300		1.5			-	 				 	
5		24.0	25,100				 	 	 -					
6		24.0	25,100		1.3		 	 			1		1.0	
7	X	24.0	25,100		1.5		 	<u> </u>	1				1.0	
8	X	24.0	28,600 20,000		1.3	 		 	<u> </u>				0.9	
10	X	24.0	20,000		0.9								1.0	
11	X	24.0	19,000	 	1.7		†						1.3	
12	 ^	24.0	30,467											
13	 	24.0	30,467	<u> </u>							<u> </u>		<u> </u>	
14	Х	24.0	30,467		1.5							ļ <u> </u>	1.1	
15	$\frac{x}{x}$	24.0	22,290		1.5						<u> </u>		1.0	
16	X	24.0	24,770		1.5						ļ	ļ	0.9	
17	Х	24.0	26,700		1.5			ļ	<u> </u>		ļ — —	ļ	1.3	
18	X	24.0	20,500		1.3		ļ		ļ	 	 -	 	1.0	
19		24.0	20,000					 	 	-		-	 	
20		24.0	20,000						 	 	+	 	0.9	
21	X	24.0	20,000		1.5		 			 			1.1	
22	X	24.0	16,120	ļ	1.5	 	 	 	 	1	 	 	1.0	
23	X	24.0	23,180		1.4	 	+	 	+	1	1	† · · · · · · · ·	1.0	
24	X	24.0	16,930	 	1.5			 	 	 			1.0	
25	X	24.0	19,140 24,023		1.3	 	+	 	†	1				<u> </u>
26	 	24.0	24,023		 		+	 		1				
27	x	24.0	24,023	1	1.4	<u> </u>	†			T			1.0	
28	X	24.0	26,800	 	1.4								1.1	
30	$\frac{x}{x}$	24.0	18,200		1.3		1	1					1.0	
31	1 - ^ -	24.0	10,2.00	 	 						<u> </u>	1	_1	<u> </u>
Total	1	1 2.0	679,800	1										
Avgera	ge		21,929	→										

30,467

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



Polymer Page 3 Due in December

See Pages 4 for Instru	uctions.	•	_								
. General Information	for the Month/	Year of: December, 2005									
A. Public Water System	(PWS) Informa	tion									
	Friendly Center					PWS Identification Number	r:	3350426			
PWS Type:	✓ Community	Non-Transient Non-Community	Tr	ansient Non-Comr	nunity	Consecutive					
Number of Service Connect	ions at End of Month	30			Total	Population Served at End of	Month:	105			
PWS Owner:	Aqua Utilities Floric	la			<u>-</u>						
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager				
Contact Person's Mailing A	ddress:	P.O. Box 490310			City: Leesburg	State: Florida		Zip Code:	34749-0310		
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333				
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.com									
3. Water Treatment Pla	nt Information										
Plant Name:	Friendly Center					Plant Telephone Number:		352 - 787-098	30		
Plant Address:	25701 Monroe Stree	t			City: Astatula	State: Florida		Zip Code:	34705		
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water Pu	ırchased Fini	shed Water							
Permitted Maximum Day O	perating Capacity of			72,000							
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				lass (per subsection 62-699.)		D			
Licensed Operators		Name		License Class	License Number		y(s) / Shift(s)	Worked			
	f Operator: Will Fontaine C 6813 Days 1st Shift										
Other Operators:	Jim Milicic			C	8195	Days 1st Shift	·				
					<u></u>						
							······				
						<u> </u>					
I Cortification by Low	1/Chief Operate	*	_								
Il Certification by Lead		t operator licensed in Florida, am th	a land/ahia	f an arotar of the	water trantment n	lant identified in part I	of this report	Logrtify	that the		
i, the undersigned wat	er treatment plan	operator licensed in Florida, ain th	e lead/chie	i operator or the	: water treatment p	a water tractment cham	inale used et t	hic plant	onform to NCE		
information provided	in this report is tr	ue and accurate to the best of my kr	nowledge al	na beliet. I certi	iry that all drinkin	g water treatment chem	icais useu at i	nis piani c	Continuito NSF		
International Standard	60 or other appl	icable standards referenced in subse	ection 62-55	55.320(3), F.A.C	. I also certify th	at the following addition	nai operation	s records i	for this plant		
were prepared each da	y that a licensed	operator staffed or visited this plant	t during the	month indicated	d above: (1) recor	ds of amounts of chem	icals used and	l chemical	feed rates; and		
		process performance records. Furt			these additional of	perations records to the	e PWS owner	so the PV	VS owner can		
retain them, together v	vith copies of this	s report, at a convenient location for	at least ter	ı years.							
		,	Will Fontaine					C-6813			
Cinneture on 1 Date			Printed or Typ					License Nur	nher		
Signature and Date			тинен от тур	ocu ivaine				Diceiise Nui			

PWS Io	lentificaito	n Number:		3350426		Plant Name:	Friendly Cer	nter						
III. Daily Data for the Month/Year of: December, 2005														
1						Chlorine [Chlorine Di	oxide	Ozone	Comb	oined Chlori	ne (Chloran	nines)	
IV U	traviolet R	adiation	☐ Othe	r (Describe):							 			
Type o	f Disinfe	ctant Resid	lual Maintair	ned in Distr	ibution System:	▼ Free Chic	orine [Combin	ed Chlorine	(Chloramine	es) Γ	Chlorine I	Dioxide	
1761		<u> </u>					Demostate l	four-Loo	Virus Inac	tivation if	Applicable	. 1559.5		
	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose													
											\$1.5 ₀	1		a de la companya della companya della companya della companya de la companya dell
							Lowest CT				Tre-24			
	1		이 왕시한			Disinfectant	Provided	1000 (1000 m) 1000 (1000 m)						
1	Days Plant	1		1	Lowest Residual	Contact Time	Before or at	- 100 - 100 - 100					Lowest Residual	
	Staffed or	The second secon	Net Quantity		Disinfectant	(T) at C	First	13.			24.5%	Minimum	Disinfectant _	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1.5			Lowest Operating	UV Dose Required,	Concentration at	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	Temp of	Lu Levier	Minimum CT Required, mg		mW-	Remote Point in Distribution	Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow, minutes	Flow, mg- min/L		if Applicable		mW-sec/cm ²	Professional Control of the Control	System, mg/L	Out of Operation
Month	"X") X	Operation 24.0	gal 18,800	Rate, gpd.	Peak Flow, mg/L	initiates	IRDVL	water, acc	петрисани	11111111	mw-scoon	Scoron	1.0	Carrier and Carrie
2	X	24.0	15,900		1.3		 		 	-		 	1.0	
3	<u> </u>	24.0	22,867		1.2							 		
4		24.0	22,867			l	1	<u> </u>	 					
5	Х	24.0	22,867		1.3			T					1.0	
6	X	24.0	100		1.2								1.0	
7	Х	24.0	120		1.2								1.0	
8	X	24.0	100		1.3				Ĺ		<u> </u>	<u> </u>	1.1	
9	X	24.0	140		1.3						<u> </u>		1.0	
10		24.0	100					l	ļ	_	ļ	ļ	<u> </u>	
11		24.0	100				<u> </u>		<u> </u>	ļ	ļ	 	0.9	
12	X	24.0	100	<u> </u>	1.3		 			<u> </u>	 	 	1.1	
13	X	24.0	100	ļ	1.3		 	 	}	 	 		1.1	
14	X	24.0	100		1.3		 	 			 	 	1.0	
16	X	24.0	480		1.1		 	 	 	 	 	 	0.9	
17	 ^ -	24.0	100	 	 	 	 				 	<u> </u>	 	
18	 	24.0	100					 		f	<u> </u>			
19	Х	24.0	100		1.3	t	<u> </u>		1				0.9	
20	X	24.0	220		1.2	,		ļ					0.9	
21	Х	24.0	640		1.3		1			1			1.0	
22	Х	24.0	24,560		1.5					<u> </u>	<u> </u>		1.1	
23	X	24.0	15,900		1.7]				<u></u>	1.3	
24		24.0	19,800		<u> </u>			<u> </u>		<u> </u>			 	
25		24.0	19,800				ļ	ļ	<u> </u>	ļ	<u> </u>	<u> </u>		
26	Х	24.0	19,800		1.5	<u> </u>	 		ļ	ļ	}	 	1.2	
27	X	24.0	28,800		1.5	 	 	ļ <u> </u>	 		 	 	1.1	
28	X	24.0	21,500	<u> </u>	1.4	 	1	 	 	 	ļ	 	1.1	
29	X	24.0	21,400		1.4	 	 	 	 	 	 	+	1.1	
30	Х	24.0	17,100	 	1.3	 	+	 	 	┼─┈─	 	 	1	
31 Total	<u> </u>	24.0	31,300 325,990	 	L	1			I	<u> </u>	<u> </u>		<u> </u>	
			10,516	-1										
Avgera	5 ~		10,510	J										

31,300

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