JRGMA.

Interlachen Lake/Park Manor

Docket No. 060368-WS

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

Florida

VOLUME 6

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| Book 7 Set 17 of 57 Containing dditional Engineering Requirements | COM |
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| Monthly Operating Reports | |
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Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE 00847 JAN 25 5 FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Interlachen Lake/Park Manor

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| Year: 2004 | Tab Number | Page Number |
|-------------------|---------------|----------------|
| January | 1 | 3 |
| February | 2 | 5 |
| March | 3 | 7 |
| April | 4 | 9 |
| May | 5 | 11 |
| June | 6 | 13 |
| July | 7 | 14 |
| August | 8 | 20 |
| September | 9 | 22 |
| October | 10 | 24 |
| November | 11 | 26 |
| December | 12 | 28 |
| | | |
| Year: 2005 | 1 | 20 |
| January | 1 2 | 30 32 |
| February March | 2 3 | 32 |
| April | 4 | 36 |
| May | 5 | 38 |
| June | 6 | 40 |
| July | 7 | 42 |
| August | 8 | 44 |
| September | 9 | 46 |
| October | 10 | 48 |
| November | 11 | 50 |
| December | 12 | 52 |



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Es | states | | | | PWS Identification Number: | 2540545 |
|-----------------------------|------------------------|-------------------------|---------------|---------------------|-----------------|----------------------------------|--|
| PWS Type: | Community | Non-Transient Nor | n-Community |] Transient Non-Com | munity | Consecutive | |
| Number of Service Connec | tions at End of Month | 1: _ 23 | 9 | | Tota | I Population Served at End of Mo | onth: 593 |
| PWS Owner: | Florida Water Servic | ces | | | | | |
| Contact Person: | Craig Anderson | | | | Con | tact Person's Title: VP | P Environmental Services |
| Contact Person's Mailing A | ddress: | P.O. Box 609520 | | | City: Orlando | State: Florida | Zip Code: 32860-9520 |
| Contact Person's Telephone | e Number: | (407) 598-4199 | | | Con | tact Person's Fax Number: (40 | 07) 598-4217 |
| Contact Person's E-Mail Ac | ddress: | craiga@florida-wate | er.com | | | | |
| B. Water Treatment Plate | ant Information | | | | | | |
| Plant Name: | Interlachen Lakes Es | states | | | | Plant Telephone Number: | 386-329-1122 |
| Plant Address: | Velvet Avenue | | | · · · · | City: Hollister | State: Florida | Zip Code: 32177 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | r Purchased I | Finished Water | | | |
| Permitted Maximum Day C | Dperating Capacity of | Plant, gallons per day: | | 1,115,000 | | | |
| Plant Category (per subsect | tion 62-699.310(4), F. | A.C.): | IV | | | Class (per subsection 62-699.310 | |
| Licensed Operators | | Name | | License Class | License Numbe | n Day(s |)/Shift(s) Worked |
| Lead/Chief Operator: | Paul Thompson | | · | А | 7251 | Days 1st Shift | |
| Other Operators: | Donald Holcomb | | | А | 5091 | Days 1st Shift | |
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II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251

License Number

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

| PWS lo | dentification Number: 2540545 Plant Name: Interlachen Lakes Estates Daily Data for the Month/Year of: January, 2004 | | | | | | | | | | | | | |
|--------------|---|----------------------|---------------------------------------|-------------------------|------------------------------------|-----------------------|--------------------|----------------------|----------------|----------------------------|------------------------|--|------------------------------|---|
| III. D | aily Data | for the N | lonth/Year | of: | | January, 2004 | | | | | | | | |
| _ | | | g Virus Inactiv | | ral: 🔽 Free C | hlorine r | Chlorine Di | ovide | Г 07070 | Comt | in a Chilani | na (Chlanon | | |
| 1 | raviolet R | | | r (Describe): | | 1 | Chiornic Di | UNIC | 1 OZOIK | (Com | nnea Chiori | ne (Chioran | nuies) | |
| F | | | | | ibution System: | E Eren Chl | | Combir | ed Chlorine | (Chloramine | <u></u> | Chlorine I | | |
| Type C | | | luar iviannar | | | | | | | | - | | | |
| 1 | | | | <u> </u> | T Calculations, or | UV Dose, to | | | | tivation, if a | | | | |
| | | | | | e en tra | CT Calc | ulations | | | | | Dose | | |
| | | | | | | | Lowest CT | | | | | | | |
| 1 | | | | | | Disinfectant | Provided | | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | | | | | Lowest Residual | Emergency or Abnormal Operating |
| 100 B | Staffed or | | 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 | | 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 |
| the Month | (Place "X") | in Operation | Producted, gal. | Peak Flow Rate, gpd. | Customer During Peak Flow, mg/L | Peak Flow, minutes | Flow, mg- min/L | Water ^O C | if Applicable | Kequirea, mg | mW-sec/cm ² | A Solution Company | Distribution System, mg/L | Involves Taking Water System Components - Out of Operation |
| 1 | x | 24.0 | 39,200 | Naic, gpu. | 1.8 | nunues | | maier, c | n Appicaok | | mw-scc/cm | SCUCII | 1.0 | |
| 2 | X | 24.0 | 36,800 | | 2.0 | | | | | | | <u> </u> | 1.0 | |
| -3 | | 24.0 | 37,133 | | · · · · · · | | | | | | | 1 | | |
| 4 | | 24.0 | 37,133 | | | | | | | | | | | |
| 5 | Х | 24.0 | 37,133 | | 1.8 | | | | | | | | 1.0 | |
| 6 | Х | 24.0 | 27,600 | | 1.8 | | | | | | | | 1.0 | |
| 7 | X | 24.0 | 41,100 | | 2.2 | ···-·· | ļ | | | | | <u> </u> | 1.0 | |
| 8 | X | 24.0 | 26,400 | | 1.8 | | | | | | | | 1.0 | |
| 10 | <u> </u> | 24.0 | 41,100 38,500 | | 1.9 | | | | <u> </u> | <u> </u> | | | 1.0 | |
| 11 | | 24.0 | 38,500 | | | | | | | | | | | |
| 12 | х | 24.0 | 38,500 | | 1.9 | | | | ···· | | | | 1.0 | |
| 13 | х | 24.0 | 31,800 | | 1.8 | | | | | | | | 0.9 | |
| 14 | Х | 24.0 | 23,800 | | 2.0 | | | | | | | | 0.9 | |
| 15 🦿 | X | 24.0 | 39,000 | | 1.8 | | | | | | | | 0.9 | |
| 16 | <u> </u> | 24.0 | 42,700 | | 2.0 | | | | | ļ | | | 1.0 | · · · · · · · · · · · · · · · · · · · |
| 17 18 | | 24.0 | 37,000 | | | | | | | | | | | |
| 18 | x | 24.0 | 37,000 | | 1.9 | | | | | | | | 1.0 | |
| 20 | X | 24.0 | 23,100 | | 1.9 | | | | | <u> </u> | | | 0.6 | |
| 21 | X | 24.0 | 41,600 | | 2.3 | | | | 1 | | | | 1.1 | |
| 22 | x | 24.0 | 35,600 | | 2.2 | | <u> </u> | | | 1 | | | 0.9 | |
| 23 | х | 24.0 | 36,300 | | 2.2 | | | | | | | | 0.9 | |
| 24 | | 24.0 | 32,833 | | | | | | | | | | | |
| 25 | | 24.0 | 32,833 | | | | | | | | | | | |
| 26 | Х | 24.0 | | | 2.3 | | | | | | | I | 1.0 | |
| 27 | х | 24.0 | <u> </u> | | 2.0 | | | | | | | ļ | 0.9 | |
| 28 | Х | 24.0 | | | 2.5 | | l | | | | | | 1.1 | |
| 29 | X | 24.0 | , , , , , , , , , , , , , , , , , , , | | 2.2 | <u> </u> | <u> </u> | | | | | | 1.0 | |
| 30 31 | x | 24.0 24.0 | | | 2.3 | | <u> </u> | | - | | | | 1.0 | ······································ |
| Total | 1 | <u>24.0</u> | 1,055,800 | | | 1 | L | L | L | I | L | ۹ | L | |
| Avgera | e e | <u>ه اخبر د</u> د | 34,058 | 1 | | | | | | | | | | |
| Maxim | | | 42,700 | 1 | | | | | | | | | | |

* 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:

February, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Est | tates | | | | - <u></u> | PWS Identification Num | ber: | 2540545 | |
|---------------------------------------|------------------------|--------------------------|---------------|------------------|--------|-------------|----------------------------|-------------------|---------------|------------|
| PWS Type: | ✓ Community | Non-Transient Non-Com | nunity 🗌 T | ransient Non-Com | munity | , | Consecutive | | | |
| Number of Service Connect | tions at End of Month: | : 239 | | | | Total | Population Served at End | of Month: | 593 | |
| PWS Owner: | Florida Water Service | es | | | | | | | | |
| Contact Person: | Craig Anderson | | | | | Conta | ct Person's Title: | VP Environme | ntal 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) 598-421 | 7 | |
| Contact Person's E-Mail Ad | ldress: | craiga@florida-water.com | 1 | | | | | | | |
| . Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Est | tates | | | | | Plant Telephone Number | r: | 386-329-11 | |
| Plant Address: | Velvet Avenue | | | | City: | Hollister | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fin | ished Water | | | | | | |
| Permitted Maximum Day O | perating Capacity of I | Plant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | ion 62-699.310(4), F.A | A.C.): IV | | _ | | Plant C | lass (per subsection 62-69 | 9.310(4), F.A.C.) | <u> </u> | |
| Licensed Operators | | Name | | License Class | Lice | ense Number | | ay(s) / Shift(s) | Worked | |
| Lead/Chief Operator: | Paul Thompson | | | А | | 7251 | Days 1st Shift | | | |
| Other Operators: | Donald Holcomb | | | Α | | 5091 | Days 1st Shift | | | . <u></u> |
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II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251

License Number

DEP Form 62-555. 900(3)Alternate

Page 1

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| | L'0 | | | | | | | | 2.1 | | 002'82 | 54.0 | X | 61 |
| | 0.1 | <u> </u> | <u> </u> | | | | | · | 5.2 | 1 | 005'15 | 54.0 | x | 81 |
| | 0'1 | <u> </u> | | | | | | | 0.2 | | 53'600 | 54.0 | x | 41 |
| | 0.1 | | | | | | | | 5.2 | <u> </u> | 191'28 | 54.0 | x | 91 |
| | <u> </u> | | | | | | | | | ļ | 191,25 | 0.42 | | 51 |
| | | <u> </u> | | | | | | | | <u> </u> | 191'28 | 54.0 | <u> </u> | 14 |
| | 2.1 | <u> </u> | | | | | | | 2.2 | <u> </u> | 18,500 | 54.0 | <u>x</u> | 13 |
| | | { | | | | | | | 172 | | 002'28 | 54.0 | X | 15 |
| | 7.1 | ┨───── | | | | | | | 0.2 | <u> </u> | 006'67 | 54.0 | X | 11 |
| | 71 | ╂ | | <u> </u> | | | | | 2.2 | | 002,81 | 54.0 | x | 01 |
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| | 21 | ┣ | | | | | | | 5.2 | | 001'98 | 540 | x | 9 |
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| involves Taking Water System Components | THE WHAT MANNEDT | -Wm | | Required, mg | | lo amoT | | | Customer During | Deat Flow | | nusiq zuoH | | - out |
| onditions, Repair or Maintenance Work the |) ini tuiog stoms 8 | Required | Rener . | TO muminiM | | | During Peak | . gainud miof | Before or at First | | | triela zuoH | | 10 YB |
| anusted O IsomondA 10 version H 200 | (is notistication) | UV Dose | Towest | | | 지 않는 것 | Cristomer | Measurement | Concentration (C) | | bodzini3 to | | Visited by | E.S. C. |
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| | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
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* Refer to the instructions for this report to determine which plants must provide this information

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See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2004

A. Public Water System (PWS) Information

| | | ······································ | | | | 1011/0 | 26 4 NI 1 | | 2540545 | |
|---|------------------------|--|---------------|------------------|-----------------|-------------------------|-------------------|-----------------|--------------|--|
| PWS Name: | Interlachen Lakes Es | | | | | | tification Number | er: | 2540545 | |
| PWS Type: | Community | Non-Transient Non-Con | nmunity 🔄 T | ransient Non-Com | munity | Consecutiv | /e | | | |
| Number of Service Connect | tions at End of Month | 239 | | | | Fotal Population | Served at End of | f Month: | 593 | |
| PWS Owner: | Florida Water Servic | ces | | | | | | - | | |
| Contact Person: | Craig Anderson | | | | | Contact Person's | Title: | VP Environmen | tal Services | |
| Contact Person's Mailing A | ddress: | P.O. Box 609520 | | | City: Orlando | State: F | lorida | | Zip Code: | 32860-9520 |
| Contact Person's Telephone | e Number: | (407) 598-4199 | | | (| Contact Person's | Fax Number: | (407) 598-4217 | · | |
| Contact Person's E-Mail Ad | ddress: | craiga@florida-water.co | <u>m</u> | | | | | | | |
| 8. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Es | states | | | | Plant Tele | phone Number: | | 386-329-11 | 22 |
| Plant Address: | Velvet Avenue | | | | City: Hollister | State: F | lorida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fir | ished Water | | | | | | |
| Permitted Maximum Day C | Operating Capacity of | Plant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | tion 62-699.310(4), F. | A.C.): | IV | | PI | lant Class (per su | | | <u> </u> | |
| Licensed Operators | | Name | | License Class | License Nur | nber | Da | y(s) / Shift(s) | Worked | an sala sala sala sala sala sala sala sa |
| Lead/Chief Operator: | Paul Thompson | | | А | 7251 | Days 1st S | Shift | | | |
| Other Operators: | Donald Holcomb | | | Α | 5091 | Days 1st S | Shift | | | |
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| 1. 公司会会基本合体 | | | | | | | | | | |

11 Certification by Lead/Chief Operator

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

Donald Holcomb

Signature and Date

Printed or Typed Name

A05091

License Number

DEP Form 62-555 900(3)Alternate

| PWS I | lentification | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | | | |
|--------------|----------------|-------------------|------------------|-------------------------|------------------------------------|---------------------------------------|-----------------------|-----------|---|-----------------------|---------------------------------------|---------------------|------------------------------|---|
| | aily Data | for the M | lonth/Year | of: | | March, 2004 | | · | | | | | | |
| | | | g Virus Inactiv | | al: 🔽 Free C | hlorine r | Chlorine Di | ovide | C Ozope | Comt | vined Chlori | ne (Chlorar | ninec) | |
| | traviolet R | | | r (Describe): | | | Chiorate Di | UNIC | 1 02010 | 1 Com | uned Chions | ne (Chiorai | (inics) | |
| L | | | | | ibution System: | Free Chlo | orine Г | Combin | ned Chlorine | (Chloramine | s) Г | Chlorine I | Dioxide | |
| | | | | | T Calculations, or | | | Four-Log | Virus Inac | tivation. if | Applicable* | * | | |
| | | | | | | | ulations | | | | UV | | | |
| | | | | | | - 11 - 국왕 | Lowest CT | | | | | | | |
| · · . | | | | | | Disinfectant | Lowest CT Provided | | | | | | | |
| . | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | 가 있는 것이 가지 있다. 같이 같이 있는 것이 같이 있는 것이 같이 있는 것이 있는 것이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 없다. 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 | | | | Lowest Residual | [天南方外:14] · · · · |
| | Staffed or | | Net Quantity | | Disinfectant | (T) at C | First | | | | | Minimum | Disinfectant | |
| 1 - The | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | | Emergency or Abnormal Operating |
| Day of | | Hours plant | ふうし えきょうきのいい | | Before or at First | Point During | During Peak | | | Minimum CT | | Required, mW- | | Conditions; Repair or Maintenance Work that |
| the Month | (Place "X") | in - Operation | Producted, | Peak Flow Rate, gpd. | Customer During Peak Flow, mg/L | Peak Flow, minutes | Flow, mg- min/L | | if Applicable | Required, mg min/L | mW-sec/cm ² | sec/cm ² | Distribution System, mg/L | Involves Taking Water System Components Out of Operation |
| 1 | x | 24.0 | 101,600 | Raic, giai. | 2.0 | Tailliutes | | macr, c | Перриской | | in w-secrem | 300/011 | 1.0 | |
| 2 | X | 24.0 | 36,800 | | 2.6 | · · · · · · · · · · · · · · · · · · · | | | | | | | 1.0 | |
| 3 | Х | 24.0 | 29,900 | | 2.4 | | | | | _ | | | 1.1 | |
| 4 | X | 24.0 | 44,600 | | 2.5 | | | | | | | | 1.1 | |
| 5 | X | 24.0 | 61,800 | | 2.6 | | | | | | | | 1.1 | |
| 6 | · · · · · | 24.0 | 47,067 | l | | | | | | <u> </u> | | | | |
| 7 | | 24.0 | 47,067 | | 2.1 | | | | | | | | 1.0 | |
| 9 | X X | 24.0 | 39,100 | | 2.0 | | | <u> </u> | | <u> </u> | | | 1.0 | |
| 10 | X | 24.0 | 41,700 | | 2.0 | | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | | 1.4 | |
| 11 | X | 24.0 | 32,100 | | 2.0 | | | | | <u> </u> | | | 1.2 | |
| 12 | x | 24.0 | 33,600 | | 2.0 | | | | | | | | 1.2 | |
| 13 | l | 24.0 | 53,700 | | | | | | ļ | | | | | |
| 14 | <u> </u> | 24.0 | 53,700 | | | | | | <u> </u> | · ····· | | | 1.4 | |
| 15 | X X | 24.0 | 53,700 35,800 | | 2.4 | <u> </u> | | <u> </u> | | | | | 1.4 | |
| 10 | | 24.0 | 33,800 | | 2.0 | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 38,800 | | 1.8 | | | | ······· | | | | 0.9 | |
| 19 | X | 24.0 | 56,300 | | 2.3 | | | | | | | | 1.1 | |
| 20 | | 24.0 | 46,767 | | | | | | <u>_</u> | | | | | |
| 21 | | 24.0 | 46,767 | | | | | L | ļ | ļ | [| | | |
| 22 | X | 24.0 | 46,767 | | 2.2 | | | | <u>+</u> | ļ | | <u> </u> | 1.2 | |
| 23 24 | X X | 24.0 | 22,900 55,700 | | 2.0 | | | <u> </u> | | | | <u> </u> | 1.1 | |
| 25 | <u> </u> | 24.0 | 27,400 | | 3.0 | | | ····· | <u> </u> | | | | 1.5 | |
| 26 | X | 24.0 | 40,100 | | 2.3 | - <u>-</u> | | | | | · · · · | | 1.3 | |
| 27 | | 24.0 | 51,500 | | | | | | | | | | | |
| 2 8 ? | | 24.0 | 51,500 | | | | | | | | | | | |
| 29 | Х | 24.0 | 51,500 | | 2.5 | | | L | <u> </u> | ļ | | | 1.3 | |
| 30 | X | 24.0 | 23,400 | | 3.0 | | | | | | | | 1.5 | |
| 31 Total | <u>x</u> | 24.0 | 67,100 | | 2.8 | | <u> </u> | . | L | 1 | I | l | 1.3 | |
| Avgera | | | 45,816 | 1 | | | | | | | | | | |
| Maxim | | | 101,600 | 1 | | | | | | | | | | |

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

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions.

General Information for the Month/Year of: April, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Es | states | | | | | PWS Identification Number | r: | 2540545 | |
|-----------------------------|-----------------------|--|---------------|------------------|---------------------------------------|---------|---------------------------------------|-----------------------|--------------|--|
| PWS Type: | Community | Non-Transient Non-Comm | unity 🔄 T | ransient Non-Com | munity | | Consecutive | | | |
| Number of Service Connect | tions at End of Month | | | | | Total P | opulation Served at End of I | Month: | 593 | |
| PWS Owner: | Florida Water Servic | ces | | | | | | | | |
| Contact Person: | Craig Anderson | | | | | Contact | t Person's Title: | VP Environment | tal Services | ······································ |
| Contact Person's Mailing A | ddress: | P.O. Box 609520 | | | City: Orlando |) | State: Florida | | Zip Code: | 32860-9520 |
| Contact Person's Telephone | e Number: | (407) 598-4199 | | | | Contac | t Person's Fax Number: | (407) 598-4217 | | |
| Contact Person's E-Mail Ad | ddress | craiga@florida-water.com | | | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Es | states | | | | | Plant Telephone Number: | | 386-329-112 | |
| Plant Address: | Velvet Avenue | | | ····· | City: Hollister | r i | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fin | nished Water | · · · · · · · · · · · · · · · · · · · | | | <u></u> | | |
| Permitted Maximum Day C | Operating Capacity of | Plant, gallons per day: | | 1,115,000 | • | | <u></u> | | | |
| Plant Category (per subsect | | A.C.): IV | | | | | iss (per subsection 62-699.3 | | C | |
| Licensed Operators | | Name | | License Class | License Nu | mber | Day | /(s) / Shift(s) ' | Worked | |
| Lead/Chief Operator: | Paul Thompson | | | A | 7251 | | Days 1st Shift | | | |
| Other Operators: | Donald Holcomb | | | Α | 5091 | | Days 1st Shift | | | |
| | | | | | | | | ······ | | |
| | L | | | | | | | | | |
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| | | · ···································· | | | l | | <u></u> | | | |
| | | | | | | | | | | |

II Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251 License Number

DEP Form 62-555. 900(3)Alternate

Page 1

| PWS Id | lentification | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | _ | | |
|----------|--------------------------|-------------|-----------------------------|----------------|-----------------------------------|---------------------------------------|----------------|-----------|--------------------------|--------------|---|---------------------|---------------------------------|---|
| | aily Data | for the N | lonth/Year | of: | | April, 2004 | | | | | | | | |
| | | | g Virus Inacti | | val: 🔽 Free C | · · · · · · · · · · · · · · · · · · · | Chi in Di | | F 0 | Comt | · | (01.1 | · 、 | |
| | traviolet R | - | - | er (Describe): | | I I | Chlorine Di | oxide | 1 Ozone | I Comt | oined Chlori | ne (Chiorar | nines) | |
| F . | | | | | ibution System: | ✓ Free Chlo | Γ | Comhir | ad Chloring | (Chloramine | | Chlorine I | Diavida | <u> </u> |
| Type o | | tiant Resid | | | | | | | | | | | | The second second states and second second |
| 1.1.2 | | | | C | T Calculations, or | | | | 1. 19.208.5 (10.1) (1.1) | tivation, if | | | | |
| | | | | | | CT Calc | ulations | | | | UV | Dose | | |
| | | | | 이야지 | | | Lowest CT | | | | | | | |
| | | | | tali talan ara | | Disinfectant | Provided | 문질원 | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | | | з. | Minimum | Lowest Residual Disinfectant | |
| 1.00 | Staffed or Visited by | | Net Quantity of Finished | | Disinfectant Concentration (C) | (T) at C. Measurement | First Customer | | | | Lowest | UV Dose | Disintectant | Emergency or Abnormal Operating |
| Day of | | Hours plant | 이 같은 것이 같은 것이 없는 것이 없다. | | Before or at First | Point During | During Peak | | | Minimum CT | 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 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, °C | if Applicable | e min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| 1 | X | 24.0 | 37,800 | ļ | 3.0 | | | | L | L | ļ | | 1.5 | |
| 2 | X | 24.0 | 44,200 | | 3.5 | | <u> </u> | | | <u> </u> | | | 2.0 | |
| 4 | { | 24.0 | 42,233 | <u> </u> | | | <u> </u> | I | f | | <u>}</u> | | <u> </u> | |
| 5 | x | 24.0 | | | 2.2 | | | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | 1.5 | |
| 6 | X | 24.0 | 59,700 | | 2.5 | | | | † | | | | 1.5 | |
| 7 | X | 24.0 | 37,100 | | 2.3 | | | | | | | | 1.5 | |
| 8 | X | 24.0 | | | 1.8 | | | | | | | _ | 1.3 | |
| 9 | <u>x</u> | 24.0 | | L | 1.2 | | ļ | | L | | | | 0.8 | |
| 10 | | 24.0 | 54,867 | | | ļ | <u> </u> | | | | | | <u> </u> | |
| 11 | x | 24.0 | 54,867 54,867 | _ | 2.0 | | <u> </u> | | | <u> </u> | | | 1.0 | |
| 13 | x | 24.0 | 43,800 | | 2.5 | · · · · | | f | <u> </u> | f | | <u> </u> | 1.4 | |
| 14 | X | 24.0 | 42,900 | | 2.2 | | _ | | | | | | 1.2 | |
| 15 | Х | 24.0 | 22,300 | | 2.3 | | | | | | | | 1.3 | |
| 16 | X | 24.0 | 46,800 | | 2.5 | | | | | | | | 1.1 | |
| 17 | ļ | 24.0 | 53,567 | | | | ļ | | · | | | ┣──── | <u> </u> | |
| 18 | <u> </u> | 24.0 | 53,567 | <u> </u> | 2.2 | | | <u> </u> | | <u> </u> | <u> </u> | | 1.2 | |
| 20 | X X | 24.0 | 21,600 | | 2.2 | | | | | | | | 1.2 | |
| 21 | X | 24.0 | 58,400 | | 2.0 | | <u>+</u> | <u> </u> | <u> </u> | | | | 1.0 | |
| 22 | x | 24.0 | 44,400 | 1 | 2.2 | | | | | | | | 1.0 | |
| 23 - | X | 24.0 | | | 1.9 | | | | | | L | ļ | 1.0 | |
| 24 | | 24.0 | 50,367 | ļ | | | | | <u> </u> | ļ | | | | |
| 25 | | 24.0 | 50,367 | | 2.5 | | <u> </u> | | <u> </u> | | | | 1.4 | |
| 26 27 | X X | 24.0 | | | 2.3 | | <u> </u> | | | | | | 1.3 | |
| 28 | <u>x</u> | 24.0 | | | 2.5 | | <u>├</u> | f | | 1 | t | <u> </u> | 1.4 | |
| 29 | X | 24.0 | | <u> </u> | 2.4 | | t | | 1 | | | | 1.3 | |
| 30 | x | 24.0 | 56,300 | | 2.3 | | | | | | | | 1.2 | |
| | | | ļ | | | | | | | | L | L | <u> </u> | l |
| Total | | | 1,387,900 | 4 | | | | | | | | | | |
| Avgera | | | 46,263 | 4 | | | | | | | | | | |
| Maxim | m | | 59,700 | 1 | | | | | | | | | | |

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

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions. I. General Information for the Month/Year of:

Year of: May, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Est | ates | <u>,</u> | | | PW | S Identification Numb | per: | 2540545 | |
|---|------------------------|-------------------------|-------------|-------------------|----------------|------------|------------------------|------------------|---------------|------------|
| PWS Type: | Community | Non-Transient Non-Co | mmunity | Transient Non-Com | munity | Con | secutive | | | |
| Number of Service Connect | tions at End of Month: | 239 | | | | Total Popu | lation Served at End o | of Month: | 593 | |
| PWS Owner: | Florida Water Service | es | | | | | | | | |
| Contact Person: | Craig Anderson | | | | | Contact Pe | rson's Title: | VP Environme | ntal Services | |
| Contact Person's Mailing A | ddress: | P.O. Box 609520 | | | City: Orlando | Sta | te: Florida | | Zip Code: | 32860-9520 |
| Contact Person's Telephone | | (407) 598-4199 | | | | Contact Pe | rson's Fax Number: | (407) 598-4217 | 7 | |
| Contact Person's E-Mail Ac | | craiga@florida-water.co | <u>om</u> | | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Est | ates | | | | Pla | nt Telephone Number: | | 386-329-112 | 22 |
| Plant Address: | Velvet Avenue | | | | City: Holliste | r Sta | te: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased F | inished Water | | | | | | |
| Permitted Maximum Day C | Derating Capacity of F | lant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | | A.C.): | IV | | | | (per subsection 62-699 | | | |
| Licensed Operators | | Name | | License Class | License Nu | mber | - EDa | ay(s) / Shift(s) | Worked | |
| Lead/Chief Operator: | Paul Thompson | | | A | 7251 | Da | ys 1st Shift | | | |
| Other Operators: | Donald Holcomb | | | A | 5091 | Da | ys_1st Shift | | | |
| | | | | | | | | | | |
| ويوجر المراجع والمراجع | | | | | | | | | | |
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| and the state of the | | | | | | | | | | |
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II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251 License Number

DEP Form 62-555 .900(3)Alternate

| PWS I | lentificatio | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | | | |
|---------|---|--------------|-------------------------------|---------------------------------------|---------------------------------|--------------|-----------------------|-----------|---|--------------|---------------------------------------|---------------------|------------------|---|
| HIRD | aily Data | for the N | lonth/Year | of: | | May, 2004 | | • | | | | | | |
| | | | g Virus Inactiv | | val: 🔽 Free C | | | | | | | | | |
| 1 | traviolet R | | g virus macu C Othe | | | morme 1 | Chlorine Di | oxide | I Ozone | 🔽 Comt | oined Chlori | ne (Chloran | nines) | |
| L. | | | | | | | | | | | | | | |
| Type of | of Disinfe | ctant Resid | dual Maintai | | ibution System: | | | _ | | (Chloramine | | Chlorine I | Dioxide | |
| | | | | C | CT Calculations, or | UV Dose, to | Demostate | Four-Log | y Virus Inac | tivation, if | Applicable | • <u></u> | | |
| | | | | | | CT Calc | | | | | | Dose | | |
| | | | | | | | - Aller - C | | | | | 1.1.1.1.1 | | |
| | | | |] | 43 | | Lowest CT | | | N. 0 | | | | |
| | D | | 1 | | | Disinfectant | Provided | | 1 | | | 法金属 | Lowest Residual | |
| | Days Plant Staffed or | | Net Quantity | 1 | Lowest Residual Disinfectant | Contact Time | Before or at First | | | | | Minimum | | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | a | Hours plant | | j - | Before or at First | Point During | During Peak | | | Minimum CT | ومراجع والمتحاص والمراجع | Required, | Remote Point in | |
| 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, °C | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| -1 | | 24.0 | | | | | | [| | | | | | |
| . 29. | | 24.0 | | | | | | | | | | | | |
| -3∞ | x | 24.0 | | | 2.0 | | [| [| ļ | L | L | L | 1.0 | |
| 4 | X | 24.0 | | L | 2.2 | | | ļ | · · · · - | L | | | 1.0 | |
| 5 | X | 24.0 | | | 2.3 | | | ļ | | | | | 1.1 | |
| | x | 24.0 | | | 2.4 | ļ | l | ļ | ł | ļ | | <u> </u> | 1.1 | |
| 7 | x | 24.0 | | [| 2.3 | | [| | <u> </u> | | | | 1.1 | |
| 8. | <u> </u> | 24.0 24.0 | | | | | } | | | ł | · · · · · · · · · · · · · · · · · · · | | <u>↓</u> | |
| 10 | x | 24.0 | | | 2.1 | | } | | + | | | | 1.1 | ····· |
| 11 | $\frac{\hat{x}}{x}$ | 24.0 | | | 2.0 | | ····· | | + | | | | 1.0 | |
| 12 | x | 24.0 | | <u> </u> | 2.0 | | 1 | | | 1 | | <u> </u> | 1.0 | |
| 13 | X | 24.0 | | · · · · · · · · · · · · · · · · · · · | 2.2 | | | 1 | | | | | 1.1 | |
| 14 | x | 24.0 | | | 2.4 | | | | | | ······ | | 1.2 | |
| 15 | | 24.0 | 54,967 | | | | | | | | | | | |
| 16 | | 24.0 | 54,967 | | | | | | | | | | | |
| 17 | X | 24.0 | | | 2.5 | | | | | | | | 1.2 | |
| 18 | X | 24.0 | | | 2.4 | | <u> </u> | ļ | <u> </u> | | | | 1.1 | |
| 19 | <u>x</u> | 24.0 | | ļ | 2.4 | | ļ | l | | | <u> </u> | <u> </u> | 1.1 1.0 | |
| 20 | X | 24.0 | | | 2.2 | {· | | | <u> </u> | <u> </u> | | <u> </u> | 1.0 | |
| 21 | X | 24.0 24.0 | | | 2.4 | | | | · <u>+</u> | | | <u> </u> | 1.2 | |
| 22 | <u> </u> | 24.0 | | <u> </u> | | | <u>├</u> | l | | | | <u> </u> | <u>}</u> | |
| 25 | x | 24.0 | | | 2.4 | | <u> </u> | | <u> </u> | ···· | <u> </u> | 1 | 1.0 | |
| 25 | x | 24.0 | | | 2.5 | | } | | <u>+</u> | | | | 1.2 | |
| 26 | X | 24.0 | | | 2.4 | | <u> </u> | 1 | 1 | 1 | | 1 | 1.0 | |
| -27 | X | 24.0 | | <u> </u> | 2.5 | | | | | | | | 1.1 | |
| -28 | x | 24.0 | | 1 | 2.5 | | | | | | | | 1.2 | |
| 29 | 1 | 24.0 | 62,800 | | | | | | | | | | L | |
| 30 | | 24.0 | | | | | | | | <u> </u> | L | | ļ | |
| 31 | X | 24.0 | | | 2.3 | | | | <u> </u> | | <u> </u> | | 1.2 | |
| Total | | | 1,553,000 | - | | | | | | | | | | |
| Avgera | the second se | | 50,097 | 1 | | | | | | | | | | |
| Maxim | ım | | 85,000 | 1 | | | | | | | | | | |

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

DEP Form 62-555 900(3)Alternate

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Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Interlachen Lake Estates

June 2004

Aqua Utilities Florida, Inc.

July, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

| Tuble Water System | (1 110) 11101 111410 | ··· | | | | | | |
|-----------------------------|---------------------------|-------------------------|---------------|------------------|-----------------|--|---------------------------------------|-------|
| PWS Name: | Interlachen Lakes Estate | s | | | | PWS Identification Number: | 2540545 | |
| PWS Type: | Community | Non-Transient Non-Commu | inity 🔄 T | ransient Non-Com | munity | Consecutive | | |
| Number of Service Connect | tions at End of Month: | 239 | | | Tota | I Population Served at End of Month: | 593 | |
| PWS Owner: | Aqua Utilities Florida | | | | | | | |
| Contact Person: | Mike Fitzgerald | | | | Con | tact Person's Title: Area M | anager | |
| Contact Person's Mailing A | ddress: 134 | 43 NE 17th Road | | | City: Ocala | State: Florida | Zip Code: | 34472 |
| Contact Person's Telephone | Number: (35 | 2) 732-6027 | | | Con | tact Person's Fax Number: (352) 7 | 32-3213 | |
| Contact Person's E-Mail Ad | idress: <u>m</u> v | vfitzgerald@aquaamerica | a.com | | | | | |
| 8. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Interlachen Lakes Estate | \$ | | | | Plant Telephone Number: | 386-329-112 | 22 |
| Plant Address: | Velvet Avenue | | - | | City: Hollister | State: Florida | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fir | ished Water | | | | |
| Permitted Maximum Day C | Derating Capacity of Plan | nt, gallons per day: | | 1,115,000 | | | | |
| Plant Category (per subsect | ion 62-699.310(4), F.A.C | C.): IV | | | Plant | Class (per subsection 62-699.310(4), I | F.A.C.): C | |
| Licensed Operators | | Name | | License Class | License Numbe | er Day(s) / S | hift(s) Worked | |
| Lead/Chief Operator: | Mark March | | | С | 8287 | | | |
| Other Operators: | Paul Thompson | | | А | 7251 | Days 1st Shift | ····· | ····· |
| | | | | | | | | ····· |
| | | | | | | | | |
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| and the standard of the | | | | | | | | |
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| | | | | | | | | |

II. Certification by Lead/Chief Operator

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

| | Mark March |
|--------------------|-----------------------|
| Signature and Date | Printed or Typed Name |

C-8287 License Number

DEP Form 62-555. 900(3)Alternate

Page 1

· ·

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

| PWS Id | entification | n Number: | | 2540545 | | Plant Name: | Interlachen 1 | Lakes Esta | ates | | | | | |
|-------------------|--------------------------|--------------|-------------------------|------------|--|--------------------------|-----------------------|--|---------------|---|---|---------------------|---------------------------------|---|
| III. D | aily Data | for the M | lonth/Year | of: | | July, 2004 | | | | | | | | |
| | | | g Virus Inactiv | | val: 🔽 Free C | , | Chlorine Di | | () | Com | : | | | |
| | raviolet R | | , ring mater | | | inorme 1 | Chiorine Di | oxide | I Ozone | I Com | Sinea Chiorn | ne (Unioran | nmes) | |
| F. | | | | - | ibution System: | Free Chk | orine Г | Combin | ed Chlorine | (Chloramine | es) Γ | Chlorine I | Dioxide | ······································ |
| | | | | | T Calculations, or | | | | | | • | | <u> </u> | |
| | | | | | and the second | | ulations | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | Dose | | |
| | | | | | | | | n an tha an thair an Thair an thair an thai | | | | | | |
| | | | | | | | Lowest CT | | | | | | | |
| | Dara Dia d | | | | ана (1997) Полаго (1997) | Disinfectant | Provided | | | | | | | |
| | Days Plant Staffed or | | Net Quantity. | | Lowest Residual Disinfectant | Contact Time (T) at C | Before or at First | · · · · · · · | | | | Minimum | Lowest Residual Disinfectant | |
| | Visited by | 日本の変 | of Finished | | Concentration (C) | Measurement | Customer | | | N. S. S. M. | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | Operator | Hours plant | Water | | Before or at First | Point During | During Peak | | | Minimum CI | | 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 | | mW- | Distribution | Involves Taking Water System Components |
| Month | "X") | Operation | gal | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | Water, TC | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| 1 | <u> </u> | 24.0 24.0 | 51,100 38,000 | | 2.4 | | | <u> </u> | | | | | 1.2 | |
| 3 | <u>^</u> | 24.0 | 34,000 | } | 2.4 | | <u> </u> | <u>├</u> | | | <u> </u> | <u> </u> | 1.2 | |
| 4 | | 24.0 | 34,000 | | | | | † | | | | | ··· | |
| 5 | Х | 24.0 | 34,000 | | 2.2 | | | | | | | | 1.2 | |
| 6 | X | 24.0 | 51,200 | | 2.2 | | | | | | | | 1.2 | |
| 7 | X | 24.0 | 33,000 | | 2.1 | | | | | | | | 1.2 | |
| 8 | <u>X</u> | 24.0 | 36,900 | | 2.3 | l | | <u> </u> | | <u> </u> | | | 1.2 | |
| 9 | X | 24.0 | 38,300 59,233 | | 2.1 | · | | | | | | | 1.2 | |
| 11 | | 24.0 | 59,233 | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 12 | x | 24.0 | 59,233 | | 1.2 | | | <u> </u> | | <u> </u> | | | 0.7 | |
| 13 | Х | 24.0 | 36,900 | | 2.0 | | | | | | | | 1.0 | |
| 14 | X | 24.0 | 33,100 | | 2.1 | | | | | | | | 1.1 | |
| 15 | X | 24.0 | 37,400 | | 2.0 | | | | | ļ | | | 1.0 | |
| 16 | X | 24.0 | 35,600 | | 2.1 | | { | l | | | | | 1.0 | |
| 17 18 | | 24.0 24.0 | 33,400 33,400 | | | | | | <u> </u> | <u>↓ </u> | | | | |
| 19 | x | 24.0 | 33,400 | | 1.7 | | | <u> </u> | <u> </u> | · · · · | | | 0.8 | |
| 20 | X | 24.0 | 27,800 | | 1.7 | | | | | | | | 0.8 | |
| 21 | Х | 24.0 | 36,700 | | 1.7 | | [····· | | | | | | 0.8 | |
| 22 | Х | 24.0 | 43,300 | | 2.4 | | | | | | | | 1.1 | |
| 23 | X | 24.0 | 41,000 | | 2.5 | | | L | | | | | 1.1 | |
| 24 | | 24.0 | 37,567 | | | ļ | <u> </u> | ļ | | <u> </u> | <u> </u> | | | |
| 25 | | 24.0 | 37,567 | | 25 | | | | | | <u></u> | { | 1.2 | |
| 26 27 | X X | 24.0 24.0 | 37,567 34,500 | | 2.5 | | | ╂ | <u> </u> | <u> </u> | <u> </u> | | 1.2 | |
| 28 | X | 24.0 | 34,300 | | 2.5 | | | <u> </u> | | | | 1 | 1.2 | |
| 29 | X | 24.0 | 37,700 | | 2.3 | | t | 1 | | | | | 1.2 | |
| 30 | Х | 24.0 | 32,200 | | 2.3 | | | | | | | | 1.2 | |
| 31 | | 24.0 | 34,200 | | | | | I | L | | l | L | ļ | l |
| Total | | | 1,201,800 | | | | | | | | | | | |
| Avgerag Maximu | e | | <u>38,768</u> 59,233 | | | | | | | | | | | |
| uviaximu | 111 | | 39.233 | 1 | | | | | | | | | | |

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

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DEP Form 62-555.900(3)Alternate

St. John's River Water Management District

Pumpage Report

This report must be completed and submitted monthly to the St. John's River Water Management District as required by Water Shortage Order F.O.R. 2000-62.

PLEASE COMPLETE ITEMS 1 THRU 8.

| 1. App. Number | 7986 | | | | |
|----------------------|-----------------------|-------------|----------------------|--|------------|
| 2. Issued to: | Florida Water Service | s - Interla | chen | | |
| Address: | 255 Enterpise | Rd. | | | |
| City, State, Zip: | Deltona, FI 32 | 705 | | | |
| Phone Number: | (407) 574-6691 | | | | |
| 3. Recording Period: | AS REQUIRED BY: | Water S | hortage Order F.O.R. | 2000-62 | |
| 4. Report Due: | By the 10th day of | the prece | ding month. | | |
| 5. Month | July 2004 | | | | |
| Total System: | | | 16 | 35,600 | Gallons |
| 1 | 51,100 | Gallons | 17 | 33,400 | Gallons |
| 2 | 38,000 | Gallons | 18 | 33,400 | Gallons |
| 3 | 34,000 | Gallons | 19 | 33,400 | Gallons |
| 4 | 34,000 | Gallons | 20 | 27,800 | Gallons |
| 5 | 34,000 | Gallons | 21 | 36,700 | Gallons |
| 6 | 51,200 | Gallons | 22 | 43,300 | Gallons |
| 7 | 33,000 | Gallons | 23 | 41,000 | Gallons |
| 8 | 36,900 | Gallons | 24 | 37,567 | Gallons |
| 9 | 38,300 | Gallons | 25 | 37,567 | Gallons |
| 10 | 59,233 | Gallons | 26 | 37,567 | Gallons |
| 11 | 59,233 | Gallons | 27 | 34,500 | Gallons |
| 12 | 59,233 | Gallons | 28 | 30,300 | Gallons |
| 13 | 36,900 | Gallons | 29 | 37,700 | Gallons |
| 14 | 33,100 | Gallons | 30 | 32,200 | Gallons |
| 15 | 37,400 | Gallons | 31 | 34,200 | Gallons |
| | TOTAL MONTHLY | PUMPA | GE | 1,201,800 | Gallons |
| 6. ACCOUNTING M | ETHOD : FLOW ME | TER(S) | | | . . |
| 7. Name of Person C | Completing Form: | | Mark March | •••••••••••••••••••••••••••••••••••••• | |
| 8. Signature: | | | | Date | |
| | | | | | |

RETURN TO: SJRWMD Orlando Service Center ATTN: Permit Data Services, 975 Keller Rd. Altamonte Springs, Florida 32714



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

July, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes E | states | | | | PWS Ic | Ientification Num | ber: | 2540545 | |
|--|----------------------|-------------------------|----------------|------------------|-----------------|----------------|--------------------|------------------|------------|--|
| PWS Type: | ✓ Community | Non-Transient Non-Comn | nunity 🗌 T | ransient Non-Com | nunity | Consec | utive | | | |
| Number of Service Connect | tions at End of Mont | h: 239 | | | Т | otal Populati | on Served at End o | of Month: | 593 | |
| PWS Owner: | Aqua Utilities Flori | da | | | | | | | | ······································ |
| Contact Person: | Mike Fitzgerald | | | | C | Contact Person | n's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: | 1343 NE 17th Road | | | City: Ocala | State: | Florida | | Zip Code: | 34472 |
| Contact Person's Telephone | e Number: | (352) 732-6027 | | | C | Contact Person | n's Fax Number: | (352) 732-3213 | 3 | |
| Contact Person's E-Mail Ac | dress: | mvfitzgerald@aquaameri | ca.com | | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes E | states | | | | Plant T | elephone Number | | 386-329-11 | 22 |
| Plant Address: | Velvet Avenue | | | | City: Hollister | State: | Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fini | ished Water | | | | | | |
| Permitted Maximum Day C | Derating Capacity of | Plant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | | .A.C.): IV | | | | | subsection 62-69 | | | |
| Licensed Operators | | Name | | License Class | License Nun | iber | D 🖉 🖉 | ay(s) / Shift(s) | Worked | |
| Lead/Chief Operator: | Mark March | | | С | 8287 | | | | | |
| Other Operators: | Paul Thompson | | | Α | 7251 | Days 1 | st Shift | | | |
| | | | | | | | | <u></u> | | |
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H Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

<u>C-8287</u>

License Number

DEP Form 62-555. 900(3)Alternate

Page 1

| PWS Ic | entification | n Number: | | 2540545 | | Plant Name: | Interlachen I | Lakes Esta | ates | | | | · · · · · · · · · · · · · · · · · · · | |
|---------|---------------|--------------|------------------|------------------|--|--------------|-----------------------|-----------------------|--|---------------------------------------|------------------------|---------------------|---------------------------------------|--|
| III. D | aily Data | for the M | lonth/Year | of: | | July, 2004 | | | | | | | | |
| | | | g Virus Inactiv | | al: 🔽 Free C | | Chlorine Di | | ☐ Ozone | | | (0): | · 、 | |
| 1 | raviolet R | | | r (Describe): | | inorme j | Chlorine Di | oxide | I Ozone | I Comb | ined Chlori | ne (Chlorar | nines) | |
| 1- C | | | | | | | | | 1 61 1 2 | | _ | | | |
| Type of | of Disinfe | ctant Resid | lual Maintai | | <u> </u> | Free Chlo | | | | (Chloramine | | Chlorine I | | |
| - ·· · | | . 1 | | C | T Calculations, or | UV Dose, to | Demostate I | Four-Log | Virus Inac | tivation, if A | | | | |
| ~ | | | | | and the second sec | CT Calc | ulations | | ст. ст | | UVI | Dose | | |
| | , n | | | | | | I. COM | | | | | | | |
| | | | | | | Disinfectant | Lowest CT Provided | | 1 | I | | | 이 옷을 모았다 | 1. 2013년 - 11월 - 11월 - 11일 - 11일 - 11일 - 11 - 11일 - 11 |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | [207, -5] | 1997 - 19 | | | | Lowest Residual | |
| | Staffed or | | Net Quantity | All and a second | Disinfectant | (T) at C | First | | | | Lowest | Minimum | Disinfectant | |
| | Visited by | 1.1.1 | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | Operator | Hours plant | 1 | | 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 | UV Dose, | mW- | Distribution | Involves Taking Water System Components |
| Month | "X") | Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | Water, ^O C | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| 1 | <u>x</u> | 24.0 | 51,100 | | 2.4 | | | | ļ | | | | 1.2 | |
| 2 | <u>x</u> | 24.0 | 38,000 | | 2.4 | | | | ļ | | | | 1.2 | |
| 3, | | 24.0 | 34,000 | | | | ļ | | <u> </u> | | | | <u> </u> | |
| 4 | x | 24.0 | 34,000 | | 2.2 | | | ┼─── | | | | | 1.2 | |
| 6 | X | 24.0 | 51,200 | | 2.2 | · | | <u> </u> | h | | | <u> </u> | 1.2 | |
| 7 | X | 24.0 | 33,000 | | 2.1 | | | + | <u> </u> | | | | 1.2 | |
| 8 | x | 24.0 | 36,900 | | 2.3 | | | <u> </u> | | | | | 1.2 | |
| 9 | x | 24.0 | 38,300 | | 2.1 | | | | | | | | 1.2 | |
| 10 | | 24.0 | 59,233 | | | | | | | | | | | |
| 11 | | 24.0 | 59,233 | | | | | | | | | | | |
| 12 | X | 24.0 | 59,233 | | 1.2 | | ļ | L | | L | | ļ | 0.7 | |
| 13 | <u> </u> | 24.0 | 36,900 | | 2.0 | | | <u> </u> | | · | | <u> </u> | 1.0 | |
| 14 | X | 24.0 | | | 2.1 | | | | <u> </u> | <u> </u> | | <u> </u> | 1.1 | |
| 15 | X X | 24.0 24.0 | 37,400 35,600 | | 2.0 | | | ╂─── | | + | | <u> </u> | 1.0 | · · · · · · · · · · · · · · · · · · · |
| 17 | | 24.0 | 33,400 | | 2.1 | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | | |
| 18 | | 24.0 | | | | | | <u> </u> | | | | <u> </u> | 1 | |
| 19 | - x | 24.0 | 33,400 | | 1.7 | † | | 1 | t | 1 | | | 0.8 | |
| 20 | x | 24.0 | | | 1.7 | | | | 1 | | | | 0.8 | |
| 21 | x | 24.0 | 36,700 | | 1.7 | | | | | | | | 0.8 | |
| 22 | X | 24.0 | 43,300 | | 2.4 | | | | | | | | 1.1 | |
| 23 | Х | 24.0 | 41,000 | | 2.5 | | | <u> </u> | | | | | 1.1 | |
| 24 | l | 24.0 | 37,567 | | | | ļ | | <u> </u> | <u> </u> | ļ | | <u> </u> | |
| 25 | | 24.0 | 37,567 | | | | | | | · | | <u> </u> | 1.2 | |
| 26 | <u>X</u> | 24.0 | | <u> </u> | 2.5 | ł | ┣─── | + | | <u> </u> | | ┼──── | 1.2 | |
| 27 | X | 24.0 | | | 2.4 | | ┢──── | | + | | | | 1.2 | |
| 28 | X X | 24.0 | | | 2.3 | <u>+</u> | <u> </u> | | + | <u> </u> | <u> </u> | 1 | 1.2 | · · · · · · · · · · · · · · · · · · · |
| 30 | $\frac{x}{x}$ | 24.0 | | <u> </u> | 2.3 | <u>}</u> | | + | + | 1 | | 1 | 1.2 | |
| 31 | <u>†</u> | 24.0 | | | | t | <u> </u> | \uparrow | 1 | 1 | | | | |
| | 1 | 1 24.0 | 1,201,800 | <u> </u> | L | L | | <u>.</u> | | · · · · · · · · · · · · · · · · · · · | • <u> </u> | | | |
| Avgera | | | 38,768 | 1 | | | | | | | | | | |

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

59,233

DEP Form 62-555.900(3)Alternate

Maximum

St. John's River Water Management District

Pumpage Report

This report must be completed and submitted monthly to the St. John's River Water Management District as required by Water Shortage Order F.O.R. 2000-62.

PLEASE COMPLETE ITEMS 1 THRU 8.

| 1. App. Number | 7986 | | | | |
|----------------------|-----------------------|----------------|------------------------|-----------|---------|
| 2. Issued to: | Florida Water Service | s - Interlache | en | | |
| Address | 255 Enterpise | Rd. | | | |
| City, State, Zip: | Deltona, FI 327 | 725 | | | |
| Phone Number: | | | | | |
| 3. Recording Period: | AS REQUIRED BY: | | rtage Order F.O.R. 200 | | |
| 4. Report Due: | By the 10th day of | the precedi | ng month. | | |
| 5. Month | July 2004 | | | | |
| Total System: | | | 16 | 35,600 | Gallons |
| 1 | 51,100 | Gallons | 17 | 33,400 | Gallons |
| 2 | 38,000 | Gallons | 18 | 33,400 | Gallons |
| 3 | 34,000 | Galions | 19 | 33,400 | Gallons |
| 4 | 34,000 | Gallons | 20 | 27,800 | Gallons |
| 5 | 34,000 | Gallons | 21 | 36,700 | Gallons |
| 6 | 51,200 | Gallons | 22 | 43,300 | Gallons |
| 7 | 33,000 | Gallons | 23 | 41,000 | Gallons |
| 8 | 36,900 | Gallons | 24 | 37,567 | Gallons |
| 9 | 38,300 | Gallons | 25 | 37,567 | Gallons |
| 10 | 59,233 | Gallons | 26 | 37,567 | Gallons |
| 11 | 59,233 | Gallons | 27 | 34,500 | Gallons |
| 12 | 59,233 | Gallons | 28 | 30,300 | Gallons |
| 13 | 36,900 | Gallons | 29 | 37,700 | Gallons |
| 14 | 33,100 | Gallons | 30 | 32,200 | Gallons |
| 15 | 37,400 | Gallons | 31 | 34,200 | Gallons |
| | TOTAL MONTHLY | PUMPAGI | E | 1,201,800 | Gallons |
| 6. ACCOUNTING M | ETHOD : FLOW ME | TER(S) | | | |
| 7. Name of Person (| | | | | |
| 8. Signature: | | | D | ate | |
| | | |)rlando Service Cen | tor | |
| | · | | ata Services, | | |
| | | 975 Kelle | | | |

Altamonte Springs, Florida 32714

August, 2004



See Pages 4 for Instructions.

General Information for the Month/Year of:

A. Public Water System (PWS) Information

| PWS Name: Interlachen Lakes | Estates | | | PWS Identification Number: | 2540545 |
|---|---------------------------------|--------------------|-----------------|--|-----------------|
| PWS Type: 🗸 Community | Non-Transient Non-Community | Transient Non-Comn | nunity | Consecutive | ······ |
| Number of Service Connections at End of Mon | nth: 239 | | Total | Population Served at End of Month: | 593 |
| PWS Owner: Aqua Utilities Flo | rida | | | | |
| Contact Person: Mike Fitzgerald | | | Cont | act Person's Title: Area Manager | |
| Contact Person's Mailing Address: | 1343 NE 17th Road | | City: Ocala | State: Florida | Zip Code: 34472 |
| Contact Person's Telephone Number: | (352) 732-6027 | | Cont | act Person's Fax Number: (352) 732-321 | 3 |
| Contact Person's E-Mail Address: | mvfitzgerald@aquaamerica.com | | | · · · · · · · · · · · · · · · · · · · | |
| B. Water Treatment Plant Informatio | n | | | | |
| Plant Name: Interlachen Lakes | Estates | | | Plant Telephone Number: | 386-329-1122 |
| Plant Address: Velvet Avenue | | | City: Hollister | State: Florida | Zip Code: 32177 |
| Type of Water Treatment by Plant: | ✓ Raw Ground Water Purchased Fi | inished Water | | ······································ | |
| Permitted Maximum Day Operating Capacity | of Plant, gallons per day: | 1,115,000 | | | |
| Plant Category (per subsection 62-699.310(4), | , F.A.C.): IV | | | Class (per subsection 62-699.310(4), F.A.C.) | |
| Licensed Operators | Name | License Class | License Number | r Day(s) / Shift(s |) Worked |
| Lead/Chief Operator: Mark March | | с | 8287 | | |
| Other Operators: Paul Thompson | | А | 7251 | Days 1st Shift | |
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II. Certification by Lead/Chief Operator

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

| ature and Date | Mark March | <u>C-8287</u> |
|--------------------|-----------------------|----------------|
| Signature and Date | Printed or Typed Name | License Number |
| | Dage 1 | |

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| | 80 | | | | | | | | | | EEL'SE | 54.0 | <u>^</u> | 67 |
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| | 0'1 | | | l | | | | | 5.0 | | | 54.0 | X | 61 |
| | 7.1 | | | | | | | L | 5.0 | | 56,300 | 54.0 | X | 81 |
| · | 2.1 | | | | | | | | 5.2 | | 31,400 | 54.0 | X | <u>I</u> |
| | 0.1 | | | | | | | | 8.1 | l | <u>290'18</u> | 54.0 | X | 91 |
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| | 0'1 | | | | | | | | 0.1 | | 38'100 | 54.0 | x | 10 |
| | 2.1 | | | ļ | | | | | 5.4 | | 32,800 | 54.0 | X | 6 |
| | | | | L | | | | | | | 008'SE | 0.4.0 | | 8 |
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| | 1.4 | | | <u> </u> | | | | | 5.5 | | 005'95 | 54.0 | X | * * |
| | 21 | | | | | | | | 5.5 | | 005'18 | 54.0 | Х | 5 |
| | 1.2 | | | | | | | | 9'7 | | 005'25 | 54.0 | X | 2 |
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| nonsrado lo mO | Jystem, mg/L | zec/cm ² | mW-sec/cm ² | | if Applicable | Water, ^O C | . I/nim | sənnim | Peak Flow, mg/L | Rate, gpd. | - gal. | Operation | ("X" | dinoM |
| Involves Taking Water System Components | notindinizia | -Wm | UV Dose, | Required, mg | , 1916 Water, | lo qmal | -gm ,wolf | Peak Flow, | Customer During | Peak Flow | Producted, | u | (Place | ခ်က |
| Conditions; Repair or Maintenance Work that | Remote Point in | Required, | Operating | TO muminiM | | ~ ~ | During Peak | Point During | Before or at First | 1.1 | Water | nasiq emoti | | Jo yed |
| Conditions: Result of Maintenance, Work that | ts notistion at | UV Dose | ISOWER | | | | Customer | Measurement | Concentration (C) | | of Finished | | Visited by | |
| | Disinfectant | munim | | | | | isn4 | ⊃b(T) | Disinfectant | | Net Quantity | | Staffed or | |
| | LOWEST RESIDUAL | | | | | | Before or at | Contact Time | Lowest Residual | | | | meld syed | |
| [2:2:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1 | | | | | | | Provided | Disinfectant | | | | | | |
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| | | | | | | | | August, 2004 | | ;j(| onth/Year o | it add tol | eted vli | 80 'III |
| | | | | | sər | akes Esta | Interlachen L | Plant Name: | | 5750752 | | :Jəqun _N | notification | PI SMd |
| | | | | | | | | • | | | | | | |

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

9167 Formertal (C)000.222-59 mo



I. General Information for the Month/Year of:

See Pages 4 for Instructions.

September, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes E | states | | | | | PWS Identification Numbe | er: | 2540545 | |
|-----------------------------|-----------------------|-------------------------|---------------|-------------------|----------|----------|--------------------------------|-----------------|-------------|----------|
| PWS Type: | Community | Non-Transient Non-Co | ommunity T | ransient Non-Comn | nunity | Ľ | Consecutive | | | |
| Number of Service Connect | tions at End of Montl | n: 239 | | | | Tota | Il Population Served at End of | Month: | 593 | |
| PWS Owner: | Aqua Utilities Florid | la | | | | | | | | |
| Contact Person: | Mike Fitzgerald | | | | | Con | tact Person's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: | 1343 NE 17th Road | | | City: O | cala | State: Florida | | Zip Code: | 34472 |
| Contact Person's Telephone | Number: | (352) 732-6027 | | | | Con | tact Person's Fax Number: | (352) 732-3213 | | |
| Contact Person's E-Mail Ad | ddress: | mvfitzgerald@aquaam | erica.com | | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes E | states | | | | | Plant Telephone Number: | | 386-329-11 | |
| Plant Address: | Velvet Avenue | | | | City: He | ollister | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fin | ished Water | | | | | | |
| Permitted Maximum Day O | Dperating Capacity of | Plant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | | | IV | | | | Class (per subsection 62-699. | | С | |
| Licensed Operators | | Name | | License Class | License | e Numbe | r Da | y(s) / Shift(s) | Worked | |
| Lead/Chief Operator: | | | | С | | 3287 | | | | |
| Other Operators: | Paul Thompson | | | Α | 7 | /251 | Days 1st Shift | | | |
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II. Certification by Lead/Chief Operator

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Signature and Date

Mark March

<u>C-8287</u>

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

Printed or Typed Name

License Number

Page 1

ADATAW DARANON REPORT FOR PW"SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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|---|------------------|---------------------------------|---|---|---------------|--|------------------|----------------|---|----------------|---|--------------------------------------|--|-----------------------|
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| | I'I | | <u>} </u> | <u> </u> | <u>}</u> | <u> </u> | | | 5.4 | | 54,100 | 54.0 | X | 05 |
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| ······································ | 0.1 | | | + | | <u> </u> | | | 5.4 | ł | 54'000 | 54'0 | X | 87 |
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| | | | <u> </u> | | | | ł | <u>+</u> | <u> </u> | t | 194'17 | 54.0 | | SZ |
| | ¢'I | | <u> </u> | | | | ł | | | | 34,100 | 54'0 | x | 54 |
| | 1.4 | | | | <u> </u> | <u> </u> | | | 5.4 | ł | 005'95 | 0'77 | X | 53 |
| | 1.4 | | · · · · · · · · · · · · · · · · · · · | | | | | | 272 | | 34,800 | 0.4.0 | x | 22 |
| | 5.0 | | <u> </u> | | | <u> </u> | | | 8.2 | | 001 12 | 54.0 | x | 17 |
| | 8.1 | | | + | | | <u>∤</u> | | 97 | <u> </u> | 18,933 | 54.0 | X | 50 |
| | | | | <u>†</u> | | <u> </u> | | | | l | 556'87 | 54.0 | <u> </u> | 61 |
| | t | | <u> </u> | 1 | | <u> </u> | <u> </u> | | l | | 18'033 | 54.0 | | 81 |
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| · · · · · · · · · · · · · · · · · · · | 91 | | | + | <u>†</u> | <u> </u> | t | <u> </u> | 5.4 | t | 006'57 | 54.0 | X | 91 |
| | 9.1 | | | 1 | t | _ | <u> </u> | 1 | 5.4 | <u> </u> | 002'82 | 54.0 | X | 51 |
| | 0.2 | | ł | + | | | | | 5.2 | ł | 002'17 | 54.0 | x | 14 |
| <u></u> | 4.1 | | <u> </u> | <u> </u> | | | <u> </u> | | 5.2 | | 199'88 | 54.0 | X | 13 |
| | | | | | <u> </u> | | <u> </u> | | | | 299'88 | 54'0 | | 71 |
| | | | 1 | | | | <u> </u> | | | | 299'88 | 54.0 | | 11 |
| ····· | 1.4 | | f | | | | ł | | 8.2 | | 007'67 | 54.0 | x | 01 |
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* Refer to the instructions for this report to determine which plants must provide this information.

95P Formerse 555-900(3)Attempte



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

October, 2004

A. Public Water System (PWS) Information

| Interlachen Lakes Est | tates | | | | | per: 2540545 | |
|------------------------|---|--|---|--|---|--|--|
| Community | Non-Transient Non-Comm | unity 🔤 🗌 T | ransient Non-Com | munity | Consecutive | | |
| tions at End of Month | 239 | | | 1 | Total Population Served at End o | of Month: 593 | |
| Aqua Utilities Florida | a | | | | | | |
| Mike Fitzgerald | | | | (| Contact Person's Title: | Area Manager | |
| ddress: | 1343 NE 17th Road | | | City: Ocala | State: Florida | Zip Code: | 34472 |
| Number: | (352) 732-6027 | | | | Contact Person's Fax Number: | (352) 732-3213 | |
| dress: | mvfitzgerald@aquaameric | a.com | | | | | |
| ant Information | | | | | | | |
| Interlachen Lakes Est | tates | | | | Plant Telephone Number: | 386-329-1 | 122 |
| Velvet Avenue | | | | City: Hollister | State: Florida | Zip Code: | 32177 |
| y Plant: | Raw Ground Water | Purchased Fin | ished Water | | | | |
| perating Capacity of I | Plant, gallons per day: | | 1,115,000 | | | | |
| ion 62-699.310(4), F.A | A.C.): IV | | | Pl | | | |
| | Name | the second states in the second | License Class | License Nun | nber Da | ay(s) / Shift(s) Worked | and the second second |
| Mark March | | | С | 8287 | | ······ | |
| Paul Thompson | | | A | 7251 | Days 1st Shift | | |
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| | ✓ Community ions at End of Month Aqua Utilities Florid Mike Fitzgerald ddress: Number: dress: ant Information Interlachen Lakes Es Velvet Avenue / Plant: perating Capacity of ion 62-699.310(4), F. Mark March Paul Thompson | ions at End of Month: 239 Aqua Utilities Florida | ✓ Community Non-Transient Non-Community T ions at End of Month: 239 Aqua Utilities Florida Mike Fitzgerald Mike Fitzgerald ddress: 1343 NE 17th Road Number: (352) 732-6027 dress: dress: mvfitzgerald@aquaamerica.com mtliformation Interlachen Lakes Estates Velvet Avenue / Plant: ✓ Raw Ground Water Purchased Fin perating Capacity of Plant, gallons per day: ion 62-699.310(4), F.A.C.): IV Mark March Paul Thompson Paul Thompson | ✓ Community Non-Transient Non-Community Transient Non-Community ions at End of Month: 239 Aqua Utilities Florida Mike Fitzgerald ddress: 1343 NE 17th Road Number: (352) 732-6027 dress: mvfitzgerald@aquaamerica.com ant Information Interlachen Lakes Estates Velvet Avenue / Plant: ✓ Raw Ground Water Purchased Finished Water perating Capacity of Plant, gallons per day: ion 62-699.310(4), F.A.C.): IV Name License Class Mark March C Paul Thompson A | ✓ Community Non-Transient Non-Community Transient Non-Community ions at End of Month: 239 1 Aqua Utilities Florida Mike Fitzgerald 0 Mike Fitzgerald City: Ocala Number: (352) 732-6027 0 dress: mvfitzgerald@aquaamerica.com 0 Interlachen Lakes Estates 0 Velvet Avenue City: Hollister / Plant: ✓ Raw Ground Water Purchased Finished Water perating Capacity of Plant, gallons per day: 1,115,000 ion 62-699.310(4), F.A.C.): IV Pi Mark March C 8287 Paul Thompson A 7251 Ion Ion Ion Ion Ion Ion | ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive ions at End of Month: 239 Total Population Served at End of Aqua Utilities Florida Contact Person's Title: Mike Fitzgerald Contact Person's Title: ddress: 1343 NE 17th Road City: Ocala State: Florida Number: (352) 732-6027 Contact Person's Fax Number. dress: mvfitzgerald@aquaamerica.com Contact Person's Fax Number. ntt Information Interlachen Lakes Estates Plant Telephone Number Velvet Avenue City: Hollister State: Florida vPlant: ✓ Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699 perating Capacity of Plant, gallons per day: 1,115,000 Plant Class (per subsection 62-699 Mark March C & & & & & & & & & & & & & & & & & & & | ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive ions at End of Month: 239 Total Population Served at End of Month: 593 Aqua Utilities Florida Mike Fitzgerald Contact Person's Title: Area Manager Mike Fitzgerald City: Ocala State: Florida Zip Code: Number: (352) 732-6027 Contact Person's Title: Area Manager Jip Code: Mark March City: Ocala State: Florida Zip Code: Velvet Avenue City: Ocala State: Florida Zip Code: Velvet Avenue City: Mark Tilephone Number: (352) 732-3213 State: Florida Zip Code: Velvet Avenue City: Hollister State: Florida Zip Code: Velvet Avenue Interlachen Lakes (per subsection 62-699.310(4), F.A.C.): C Raw Ground Water License Class License Number Day(s) / Shift(s) Worked Mark March C 8287 State: Day(s) / Shift(s) State: Day(s) / Shift(s) Mark March C 8287 State: |

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Mark March

C-8287

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555 .900(3)Alternate

| PWS I | /S Identification Number: 2540545 Plant Name: Interlachen Lakes Estates | | | | | | | | | | | | | |
|-------------|---|------------------|-----------------------------|---------------|-----------------------------------|---------------------------------------|-------------------|-----------------------|---------------|---------------|---|-------------------------------------|----------------------------------|--|
| 111. D | aily Data | for the N | lonth/Year | of: | | October, 2004 | | | | | | | | |
| Means | of Achievi | ng Four-Log | g Virus Inactiv | vation/Remov | /al: 🔽 Free C | hlorine | Chlorine Di | ovide | C Ozone | Comt | vined Chlori | ne (Chlorar | ninec) | |
| | traviolet R | | - | r (Describe): | | • | Cinorate Di | OAde | 1 020110 | i com | nieu Chion | ne (Chiorai | miles) | |
| Type | of Disinfe | ctant Resid | | | ibution System: | Free Chlo | rine [| Combir | ed Chlorine | (Chloramine | s) | Chlorine I | Dioxide | |
| | | | | | CT Calculations, or | | | | | | | | | |
| | | | | | 「アクロー」 小田本 不成的な み | CT Calc | | roui-Log | , virus mac | civacion, n / | 2 - 22 - 24 - 24 - 24 - 24 - 24 - 24 - | Dose | | |
| | 1. | | 1.1.1 | | | | | i - | <u> </u> | | υV., | Dose | | 명 활동한 가슴이 있는 것은 것은 것을 가지고 있다. 생동은 성공의 것은 것은 것은 것은 것을 가지고 있는 것을 가지? |
| | | | | | | | Lowest CT | | | | 말 여름 말 하는 것을 수 있다. 물건을 하는 것을 수 있는 것을 것을 수 있는 것을 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 것을 것을 수 있는 것을 것을 것을 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 것을 것을 것을 수 있는 것을 수 있는 것을 것을 것을 것을 수 있는 것을 | ्रिक विश्व स्थित स्थला स्थल स्थल | | |
| | | | | | | Disinfectant | Provided | | | | | | | |
| | Days Plant | | N 10 | | Lowest Residual | Contact Time | Before or at | - 11 12 | | | | | Lowest Residual | |
| | Staffed or Visited by | | Net Quantity of Finished | | Disinfectant Concentration (C) | (T) at C Measurement | First Customer | | | | Lowest | Minimum UV Dose | Disinfectant Concentration at | F |
| Day of | Operator | Hours plant | | | Before or at First | Point During | During Peak | | | Minimum CT | Operating | Required | | Emergency or Abnormal Operating 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, ^o C | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| 1.3 | X | 24.0 | 32,700 | | 3.0 | | | | | | | | 1.6 | |
| 2 | | 24.0 | 31,967 | | | | | | | | | | | |
| 3 | | 24.0 | 31,967 | | 1.0 | ······ | | | | | | | 1.0 | |
| 4 | X X | 24.0 | 31,967 33,300 | | <u>1.8</u> 2.3 | | | | | | | | <u>1.0</u> 1.4 | |
| 6 | X | 24.0 | 33,300 | | 2.3 | | ļ | | | | | _ | 2.0 | |
| 7 | x | 24.0 | 40,600 | | 2.4 | | | | | | | | 1.4 | |
| 8 | x | 24.0 | 29,900 | | 2.3 | | | | | | | | 1.4 | ······································ |
| 9 | | 24.0 | 35,433 | | | | | | | | | | | |
| 10 | | 24.0 | 35,433 | | | | | | | | | | | |
| 11 | Х | 24.0 | 35,433 | | 2.2 | | | | | | | | 1.4 | |
| 12 | x | 24.0 | 39,100 | | 2.0 | | | | | | | | 1.2 | |
| 13 | X X | 24.0 24.0 | 43,000 | | 1.8 | | | | | | | | 1.2 | |
| 14 | X X | 24.0 | 50,500 54,700 | | 1.8 | <u></u> | | | | | | | 1.2 1.2 | |
| 16 | | 24.0 | 57,167 | | 1.0 | · · · · · · · · · · · · · · · · · · · | | | | | | <u> </u> | 1.2 | |
| 17 | | 24.0 | 57,167 | | | | | | | | | | | |
| 18 | Х | 24.0 | 57,167 | | 1.9 | | | | | | | | 0.8 | |
| 19 | Х | 24.0 | 57,100 | | 1.4 | | | | | | | | 0.5 | |
| 20 | X | 24.0 | 61,700 | | 1.9 | | | | | | | | 0.8 | |
| 21 | X | 24.0 | 64,300 | | 1.6 | | | | | | | | 0.6 | |
| 22 | <u>x</u> | 24.0 24.0 | 52,800 61,900 | | 2.4 | | | | | | | | 1.2 | |
| 24 | | 24.0 | 61,900 | | | | | | | | | | | |
| 25 | x | 24.0 | 61,900 | | 2.6 | | | | | | | | 1.2 | ···· ··· ··· ··· ··· ··· ··· ··· ··· · |
| 26 | X | 24.0 | 67,200 | | 2,6 | | | | | | | | 1.2 | |
| 27 | Х | 24.0 | 62,700 | | 2.3 | · · · · · · · · · · · · · · · · · · · | | | | | | | 1.2 | |
| 28 | Х | 24.0 | 76,600 | | 2.0 | | | | | | | | 1.1 | |
| 29 | x | 24.0 | 47,700 | | 2.2 | | | | | | | | 1.0 | |
| 30 | | 24.0 | 55,033 | | | | | | | | | | | ····· |
| 31 Total | L | 24.0 | 55,033 | | | | | L | I., | lJ | | I | L | |
| Avgera | e | | 1,518,266 48,976 | | | | | | | | | | | |
| Maxim | | 1 | 76,600 | | | | | | | | | | | |

* 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 for the Month/Year of:

November, 2004

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Es | states | ····· | | | | PWS Identification Nur | nber: | 2540545 | |
|-------------------------------------|-----------------------|-------------------------|---------------------------------------|------------------|---------|-----------|--------------------------|-------------------|------------|-------|
| PWS Type: | ✓ Community | Non-Transient Non-Commu | unity 🗌 Tr | ransient Non-Com | munity | | Consecutive | | | |
| Number of Service Connect | tions at End of Month | 1: 239 | | | | Total I | Population Served at End | of Month: | 593 | |
| PWS Owner: | Aqua Utilities Florid | la | | | | | | | | |
| Contact Person: | Brian Heath | | | | | Conta | t Person's Title: | Area Manager | • | |
| Contact Person's Mailing A | ddress: | 1343 NE 17th Road | | | City: C | Ocala | State: Florida | | Zip Code: | 34472 |
| Contact Person's Telephone | e Number: | (352) 732-6027 | | | | Conta | t Person's Fax Number: | (352) 732-321 | 3 | |
| Contact Person's E-Mail Ac | ddress: | beheath@aquaamerica.co | m | | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Es | states | | | | | Plant Telephone Number | er: | 386-329-11 | 22 |
| Plant Address: | Velvet Avenue | | | | City: I | Hollister | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Fini | shed Water | | | | | | |
| Permitted Maximum Day C | Operating Capacity of | Plant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | | | | | | | ass (per subsection 62-6 | | | |
| Licensed Operators | | Name | · · · · · · · · · · · · · · · · · · · | License Class | Licen | se Number | | Day(s) / Shift(s) | Worked | |
| Lead/Chief Operator. | | | | С | ļ | 8287 | | | <u></u> | |
| Other Operators: | Paul Thompson | | | Α | L | 7251 | Days 1st Shift | | | ····· |
| | | | | | ļ | | L | | | |
| | | | | | | | | | | |
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| 그는 것은 것을 많은 것을 수 없다. 그는 것 같은 것 같은 것 | | | | | | | | | | |
| | | | | L | | | | | | |

II Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C-8287

License Number

DEP Form 62-555. 900(3)Alternate

Page 1

| PWSI | dentificatio | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | <u>_</u> | | |
|-------------|--------------------|---|---------------------|---------------|--|---------------------------------------|--------------------------|-----------|---------------|------------------------------|------------------------|---|------------------|--|
| 111. E | Daily Data | for the N | lonth/Year | of: | | November, 200 |)4 | | | | | | | |
| | | | g Virus Inactiv | | val: 🔽 Free C | | Chlorine Di | innida | C Ozone | | · | (6) 1 | | |
| | ltraviolet R | | - | r (Describe): | • | 1 | Chiorine Di | loxide | 1 Ozone | I Comt | oined Chlori | ne (Chlorar | nines) | |
| - | | | | | | Free Chk | · Г | Cambi | ad Chloring | (Chloramine | | Chlorine I | | |
| Type | T Disinie | | | | ibution System: | | | | | | | | | |
| 1.24 | . | | | C | CT Calculations, or | | | Four-Log | g Virus Inac | | | | | |
| | | | | | | CT Calc | ulations | | | | | Dose | | |
| | | | | | | | Lowest CT | | | | | | | |
| | | | | | | Disinfectant | Provided | | | | | | | |
| ≤ 27.5 | Days Plant | | · · · . | | Lowest Residual | Contact Time | Before or at | | | | | | Lowest Residual | |
| 1.00 | Staffed or | a second s | Net Quantity | | Disinfectant | (T) at C | First | | | | | Minimum | 1 | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest Operating | UV Dose Required, | Concentration at | Emergency or Abnormal Operating |
| Day of the | Operator (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 | Minimum CT , Required, mg | | mW- | Remote Point in | Conditions; Repair or Maintenance Work that 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 | 1. S. | System, mg/L | Out of Operation |
| ·浙1点 | x | 24.0 | 184,500 | | 1.0 | | | | | 1 | | | 0.6 | |
| <u> </u> | X | 24.0 | 64,500 | | 1.5 | | | | | | | | 0.6 | |
| 3 | X | 24.0 | 52,900 | | 1.9 | | | | | | | | 0.9 | |
| 4 | x | 24.0 | 76,600 | | 1.5 | | | | | ļ | | ļ | 0.6 | |
| 6 | x | 24.0 | 67,600 | | 1.8 | | | ļ | | | | ├ ─── | 0.7 | |
| 7 | | 24.0 | 64,167 64,167 | | ······································ | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 8 | x | 24.0 | 64,167 | | 1.9 | | | | | | | | 1.2 | |
| 9 | x | 24.0 | 59,800 | | 1.4 | | | | | | <u> </u> | <u>├</u> ─── | 0.6 | |
| 10 | X | 24.0 | | | 2.0 | | | | | · · · · · | | 1 | 1.0 | |
| 11 | x | 24.0 | 67,700 | | 1.5 | | | | | | | | 0.6 | |
| 12 | x | 24.0 | 75,900 | | 1.7 | | | | | | | | 0.6 | |
| 13 | | 24.0 | 62,333 | | | | ļ | | ļ | | | | l | · · · · · · · · · · · · · · · · · · · |
| 14 | | 24.0 | 62,333 | <u> </u> | 1.0 | | | | | | | + | 0.4 | |
| 15 16 | X X | 24.0 | 62,333 84,600 | | 1.5 | | <u>`</u> | f | | | { | <u> </u> | 0.4 | |
| 17 | x | 24.0 | 74,800 | | 1.6 | <u> </u> | | | <u> </u> | | | | 0.5 | |
| 18 | X | 24.0 | 74,500 | | 1.6 | | | | 1 | | | | 0.5 | |
| 19 | X | 24.0 | | | 1.7 | | | | | | | | 0.6 | |
| 20 | | 24.0 | | | | | | | | | | | | |
| 21 | 1 | 24.0 | | | | | L | ļ | | | · | ļ | | |
| 22 | X | 24.0 | | | 2.6 | | | | | | | <u> </u> | 0.7 | |
| 23 24 | X X | 24.0 | | | 2.4 | | | | | | | | 0.8 | |
| 25 | x | 24.0 | <u> </u> | | 2.5 | <u>}</u> | | | | + | <u> </u> | | 0.7 | |
| 26 | x | 24.0 | 79,200 | | 2.2 | | | 1 | 1 | | | | 0.6 | |
| 27 | | 24.0 | | 1 | | | | | | | | | | |
| 28 | | 24.0 | 63,567 | | | | | | | | | | ļ | |
| - 29 | x | 24.0 | 63,567 | | 2.3 | <u> </u> | | | <u> </u> | ļ | | ļ | 0.7 | |
| 30 | x | 24.0 | 53,400 | | 2.5 | | ┣──── | | | | | + | 0.7 | |
| 31 Total | 1 | 24.0 | 2,112,000 | ·· | 1 | L | L | | <u> </u> | <u> </u> | L | 1 | l | 1 |
| Avgera | pe. | | 68,129 | 4 | | | | | | | | | | |
| Maxim | | | 184,500 | 1 | | | | | | | | | | |

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

DEP Form 62-555 900(3)Alternate

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Polymer Page 3 Due in December

December, 2004

1. General Information for the Month/Year of: A. Public Water System (PWS) Information

See Pages 4 for Instructions.

| PWS Name: | Interlachen Lakes Es | | · · · · · · · · · · · · · · · · · · · | | | | PWS Identification Number: | 2540545 | |
|-------------------------------|-----------------------|-------------------------|---------------------------------------|------------------|-----------|-----------|------------------------------------|-----------------|--|
| PWS Type: | ✓ Community | Non-Transient Non-Commu | nity 🗌 Tı | ransient Non-Com | munity | | Consecutive | | |
| Number of Service Connect | tions at End of Month | h: 239 | | | | Total | Population Served at End of Month | 593 | |
| PWS Owner: | Aqua Utilities Florid | da | | | | | | | |
| Contact Person: | Brian Heath | ······ | | | | Conta | ct Person's Title: Area M | Manager | |
| Contact Person's Mailing A | ddress: | 1343 NE 17th Road | | | City: O | ocala | State: Florida | Zip Code: | 34472 |
| Contact Person's Telephone | e Number: | (352) 732-6027 | | | | Conta | ct Person's Fax Number: (352) | 732-3213 | |
| Contact Person's E-Mail Ac | ldress: | beheath@aquaamerica.cor | <u>n</u> | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | |
| Plant Name: | Interlachen Lakes E | states | | | | | Plant Telephone Number: | 386-329-11 | |
| Plant Address: | Velvet Avenue | | | | City: H | lollister | State: Florida | Zip Code: | 32177 |
| Type of Water Treatment by | | Raw Ground Water | Purchased Fini | shed Water | | | | | |
| Permitted Maximum Day C | Derating Capacity of | Plant, gallons per day: | | 1,115,000 | | | ······ | | |
| Plant Category (per subsect | ion 62-699.310(4), F | .A.C.): IV | | | | | lass (per subsection 62-699.310(4) | | |
| Licensed Operators | | Name | ** | License Class | Licens | e Number | | Shift(s) Worked | |
| Lead/Chief Operator: | Mark March | | · · · · · · · · · · · · · · · · · · · | С | <u> </u> | 8287 | Days 1st Shift | | |
| | Paul Thompson | ···· | | А | · · · · · | 7251 | Days 1st Shift | | |
| | | | | | | | | ···· | |
| | | | | | | | | | |
| | | ······ | | | | | | | |
| | L | | | | L | | | | |
| | | | | | L | | | | |
| 1 19 泡 包括数理 | | | | | | | | | ······································ |
| | | | <u> </u> | | | | | | |
| | | · · | | | | | | | |
| a state wat in a state of the | | | | | | | | | |

II Certification by Lead/Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

<u>C8287</u>

License Number

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

| PWS Id | WS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates | | | | | | | | | | | | | |
|--------------|--|-----------------|---|---------------------------------------|------------------------------------|--|--------------------|----------|---------------------------------------|--------------|------------------------|---------------------|-------------------------------|---|
| | aily Data | for the N | lonth/Year | of: | | December, 200 | 4 | | | | | | | |
| _ | Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine 🔽 Chlorine Dioxide 🔽 Ozone 🖵 Combined Chlorine (Chloramines) | | | | | | | | | | | | | |
| | traviolet R | | • Intes Infactive | | | | Chlorine Di | oxide | 1 Ozone | [Comb | oned Chlori | ne (Chlorar | nines) | |
| F F | | | | | | | · – | <u> </u> | | (Chloramine | | <u></u> | | |
| Type of | of Disinled | clant Resid | lual Maintai | | ibution System: | | - | | | | | Chlorine I | Jioxide | |
| 1 | | | | C | CT Calculations, or | UV Dose, to | Demostate 1 | Four-Log | | | | | | |
| } | | | | | | CT Calc | ulations | | | | UV | Dose | | |
| | | | | | | | Lowest CT | | | | | | | |
| | | | | hin den s | | Disinfectant | Provided | | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | 경험감 | | | | | Lowest Residual | |
| | Staffed or | | Net Quantity | | Disinfectant | (T) at C | First | | | | | Minimum | Disinfectant | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | |
| Day of | | Hours plant | A set of the set of | | Before or at First | Point During | During Peak | Tomp of | | Minimum CT | | Required, mW- | Remote Point in | |
| the Month | (Place "X") | 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 | Required, mg | mW-sec/cm ² | sec/cm ² | Distribution System, mg/L= | Involves Taking Water System Components Out of Operation |
| | x) x | 24.0 | <u>gai.</u> 59,700 | Rate, gpu. | 2.5 | minutes | | water, C | плррисаоте | - mays | inw-sec/cin | sec/cm | 0.7 | Cut of Operation |
| 2 | x | 24.0 | 80,400 | | 2.2 | | | | · · · · · · · · · · · · · · · · · · · | | | | 0.8 | |
| 3 | х | 24.0 | 49,200 | | 2.3 | | | | | | | | 0.8 | |
| 4 | | 24.0 | 64,200 | | | | | | | | | | | |
| 5 | | 24.0 | 64,200 | | | | | | | | | | | |
| 6 | Х | 24.0 | 64,200 | | 2.4 | | | | | | | | 0.8 | |
| 7 | x | 24.0 | 84,500 | | 2.0 | | | · | | í | | | 0.7 | |
| 8 | X | 24.0 | 52,900 | | 2.1 | | | | | | | | 0.7 | |
| 9 | X X | 24.0 | 69,400 | | 2.2 2.0 | | | | | | | | 0.8 | |
| 10 | X | 24.0 24.0 | 57,700 59,533 | · · · · · · · · · · · · · · · · · · · | 2.0 | | | <u> </u> | | <u> </u> | ···· | | 0.7 | |
| 12 | | 24.0 | 59,533 | | | | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | | ······································ |
| 13 | x | 24.0 | 59,533 | | 2.3 | · · · · · · · · · | | | | | | | 0.8 | |
| 14 | X | 24.0 | 72,200 | | 2.1 | · ···································· | | | | 1 | | | 0.8 | |
| 15 | X | 24.0 | 80,200 | | 2.4 | | | | | | | | 1.0 | |
| 16 | Х | 24.0 | 68,600 | | 2.0 | | | | | | | | 0.8 | |
| 17 | X | 24.0 | 42,700 | | 2.5 | | | | | ļ | | ļ | 0.8 | |
| 18 | | 24.0 | 69,333 | | | | | | | | | ļ | | |
| 19 | | 24.0 | 69,333 | | | | | | | L | | | | |
| 20 | X | 24.0 | | | 2.4 | | | | ļ | | | | 0.8 | |
| 21 | X | 24.0 | | | 2.8 | | | | | | <u> </u> | | 1.6 | |
| 22 | X X | 24.0 | | [| 2.7 | | | · | f | <u> </u> | f | | 1.8 | |
| 24 | x | 24.0 | | | 2.8 | | | | | | | | 1.4 | |
| 25 | <u>^</u> | 24.0 | | | 2.0 | | | | | 1 | | | | |
| 26 | | 24.0 | | · | | | | <u> </u> | | | | | 1 | |
| 27 | x | 24.0 | <u> </u> | | 2.0 | | | | | 1 | | 1 | 1.0 | |
| 28 | x | 24.0 | | | 2.2 | | | | | | | | 1.0 | |
| 29 | х | 24.0 | | | 2.2 | | | | | | | | 0.9 | |
| 30 | X | 24.0 | | | 2.3 | | | | | | ļ | <u> </u> | 1.0 | |
| 31 | X | 24.0 | | | 2.4 | | L | I | | | L | <u> </u> | 1.0 | |
| Total | 101. jej | <u></u> | 1,991,600 | 1 | | | | | | | | | | |
| Avgera | | | 64,245 | ł | | | | | | | | | | |
| Maxim | m | | 84,500 | | | | | | | | | | | |

* 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 Instructions.

I. General Information for the Month/Year of: January, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Esta | ates | | | | | PWS Identification Numb | er: | 2540545 | |
|---|--------------------------|------------------------|-----------------|-------------------|-----------|---------|-----------------------------|------------------|-------------|----------|
| PWS Type: | ✓ Community | Non-Transient No | on-Community | Transient Non-Com | munity | | Consecutive | | | |
| Number of Service Connec | tions at End of Month: | 2 | 39 | | | Total | Population Served at End o | f Month: | 593 | |
| PWS Owner: | Aqua Utilities Florida | | | | | | | | | |
| Contact Person: | Brian Heath | | | | | Conta | ct Person's Title: | Area Manager | | |
| Contact Person's Mailing A | Address: P | O Box 490310 | | | City: Lee | sburg | State: Florida | | Zip Code: | 34749 |
| Contact Person's Telephone | | 352) 787-0980 | | | | Conta | ct Person's Fax Number: | (352) 787-6333 | 3 | |
| Contact Person's E-Mail Ad | ddress: b | eheath@aquaam | erica.com | | | | | | | |
| B. Water Treatment Pl | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Esta | ates | | | | | Plant Telephone Number: | | (352) 787-0 | 980 |
| Plant Address: | Velvet Avenue | | | | City: Ho | llister | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment b | y Plant: | Raw Ground Wate | er 🗌 Purchased | Finished Water | | | | | | |
| Permitted Maximum Day O | Operating Capacity of Pl | lant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsect | tion 62-699.310(4), F.A | | IV | | | Plant C | lass (per subsection 62-699 | | | |
| Licensed Operators | | Name | 이 가지 않는 것이 같이 같 | License Class | License | Number | Da | ıy(s) / Shift(s) | Worked | |
| Lead/Chief Operator: | Paul Thompson | | | А | 72 | 251 | Days 1st Shift | | | |
| Other Operators: | | | | | | | | | | |
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| and the state of the | | | | | | | | | | |
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II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A7251 License Number

DEP Form 62-555 .900(3)Alternate

Page 1

| | | | | | | | | | | | 005'28 | | u | muixeM |
|---|------------------------------|----------------------|------------------------|---------------------------|----------------|----------|---------------|------------------------------|------------------------|--|------------------------|-------------|------------------|-----------------------|
| | | | | | | | | | | | 675'79 | | | Avgerage |
| | | | | | | | | | | | 1'664'500 | | | [BJO] |
| | 9'0 | | | | | | | | 8.1 | | ££9°79 | 0.4.0 | Х | -11 |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | , | | | 259'79 | 54.0 | | 30 |
| | | | | | | | | | | | 62,633 | 54.0 | | 67 |
| | 9'0 | | | | | | | | 8.1 | | 23'400 | 54.0 | Х | - 82 |
| ······································ | L'0 | | | | | | | | 8.1 | | 005'28 | 54.0 | Х | L7 |
| | 9.0 | | · · · · | | | | | | 8.1 | | 002'85 | 54.0 | Х | 97 |
| <u></u> | L'0 | | | | | | | | 81 | | 009'82 | 54.0 | Х | 57 |
| | <u>L</u> .0 | | | | | | | | 0.2 | | ££0°29 | 54.0 | X | 54 |
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| | 8.0 | | | | | | | | 8.1 | | 005'77 | 54.0 | Х | - 12 |
| | 71 | | | - | | | | | 0.2 | | 007'78 | 54.0 | X | 50 |
| | 8.0 | | | | | | | | 8.1 | | 000'89 | 54.0 | Х | 61 |
| | 0.1 | | | 1 | | | | | 8.1 | 1 | 002'99 | 54.0 | x | 81 |
| | 8.0 | | | | | | | | 5.0 | | ££0' 7 5 | 54.0 | x | S. 21 |
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| | 9'0 | | | | | | | | 5.2 | | 002'52 | 54.0 | х | 11 |
| | 5.0 | | | ·! | | | | | 5.0 | | 006'59 | 54.0 | Х | E1 |
| ······································ | 0.1 | | | | | | | | 5.2 | | 005'57 | 54.0 | Х | 71 |
| | 0.1 | | ···· · ···· | 1 | - | | | | 5.0 | | 002'08 | 54.0 | Х | 11 |
| | L'0 | | | | | | | | 61 | | 006'79 | 54.0 | Х | 01 |
| | | | | | | | | ···· | | 1 | 006'†9 | 54.0 | | 6 |
| ······································ | | | | | | | | | | | 006'†9 | 54.0 | | 8 |
| | L'0 | · · · · | | | | | | | 5.1 | | 00+'25 | 54.0 | Х | L |
| | L'0 | | | | | | | | 6.1 | ······································ | 007'02 | 54.0 | Х | 9 |
| | 8.0 | | | | 1 | | | | 6'1 | h | 009'67 | 54.0 | Х | S |
| | 6.0 | | | + · ~ · // · – | | | | | 5.2 | | 009'62 | 54.0 | x | 7 |
| | 6.0 | | | | | - | | | 0.5 | | 199'79 | 54.0 | X | 3 |
| | | | | 1 | | | | | | | L99°79 | 54'0 | | 7 |
| | | | | | | | | | ··· ··· ··· ··· ··· ·· | | L99 [°] 79 | 54.0 | _ | $\pi^{1} \to 1^{n-1}$ |
| | System, mg/L | z ^{wo} /oəs | mW-sec/cm | շլ/տա | aldsailqqA II | Water, C | J/mm | səinnim | Peak Flow, mg/L | Rate, gpd | Bal. | Operation | ("X" | Month |
| Involves Taking Water System Components | Distribution | -Wm | 'asod VU | Required, mg Min/L | , Talew to Hq | 10 durat | -gm ,wolf | Peak Flow, | Customer During | Peak Flow | Producted, | u | exercised (Place | સ્પ |
| CONDITIONS TECHNIL OF THEMINO MALINE | | ,bequired, | Snutsiang Operating | TO muminiM | | 10 amoT | During Peak | | Before or at First | | Water | Hours plant | | Day of |
| Emergency or Abnormal Operating | Concentration at | UV Dose | Isowest | | | | Customer | Measurement | (Э) попвилээлоЭ | | benzini To | | Visited by | 200. 200 |
| | Disinfectant | muminiM | | 요즘 아이들 것 같 | | | . izu4 | ⊃ıs(T) | Disinfectant | 1997 - E. A. | Net Quantity | | Staffed or | |
| | and the second second second | | | | | | Before or at | Contact Time | Lowest Residual | | | n NA INT | mald sys Dant | Ξ., |
| | | | | | | | Provided | Disinfectant | | 1.1 | 1 | | | |
| | | | | | | | TOWest CT | | |] | | | | 1999 S |
| gnitsisqO famondA to yargend | | ્ ં ં ના ચંદ્રા | | | | | | | | | | | | |
| | | - əso(| ΙΛΩ | 18.263 | 14 1 문화 | | snottsh | CT Calci | | | | | | |
| | | | *plicable* | A II , nousevi | Virus Inact | Sout-Tog | A substate F | UV Dose, to I | T Calculations, or | .C. | 1 | | | |
| <u> </u> | SUCC | Chlorine D | | · | | | | Prec Chlo | bution System: | | LIPHURIAL IPH | DISON 11121 | | o add i |
| | | | <u> </u> | (Chloramines | , oninold') he | | <u> </u> | -11.5 | | | | | | |
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| | (səui | neroldO) a | ined Chlorin | Combi | əuozO 🔟 | əpixo | Chlorine Did | hlorine | al: 🔽 Free C | stion/Remova | vitus Inactiv | goJ-ruof g | iivəidəA te | o sniseM |
| | | | | | | | | | | | | | | |
| | | | | | | | | S002 'Yieunel | | :10 | 0 169 <u>(\data</u>) | 10 941 101 | Big Vata | шĽ D |
| | | | | | | mera | Interlachen L | Plant Name: January, 2005 | |);; 5240242 | onth/Year o | for the M | | |

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

DEP Form 62-555.900(3)Nitemate

February, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

| Tablie mater System | | | | | | | |
|-----------------------------|-----------------------|---------------------------|---------------|---------------------------------------|-----------------|--|-----------------|
| PWS Name: | Interlachen Lakes E | estates | | | | PWS Identification Number: | 2540545 |
| PWS Type: | ✓ Community | Non-Transient Non-Commun | nity T | ransient Non-Comr | nunity | Consecutive | |
| Number of Service Connec | tions at End of Mont | h: 251 | | | Tot | al Population Served at End of Month: | 753 |
| PWS Owner: | Aqua Utilitics Flori | da | ···· <u></u> | | | | |
| Contact Person: | Brian Heath | | | | Co | ntact Person's Title: Area Mana | ger |
| Contact Person's Mailing A | Address: | PO Box 490310 | | | City: Leesburg | State: Florida | Zip Code: 34749 |
| Contact Person's Telephone | e Number: | (352) 787-0980 | | · · · · · · · · · · · · · · · · · · · | Со | ntact Person's Fax Number: (352) 787- | 6333 |
| Contact Person's E-Mail Ac | ddress: | beheath@aquaamerica.con | <u>n</u> | | | | |
| . Water Treatment Pl | ant Information | | | | | | |
| Plant Name: | Interlachen Lakes E | Estates | | · · · · · · · · · · · · · · · · · · · | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Velvet Avenue | | | | City: Hollister | State: Florida | Zip Code: 32177 |
| Type of Water Treatment b | y Plant: | Raw Ground Water | Purchased Fin | ished Water | <u></u> | | |
| Permitted Maximum Day O | Dperating Capacity of | f Plant, gallons per day: | | 1,115,000 | | | |
| Plant Category (per subsect | tion 62-699.310(4), F | F.A.C.): IV | | | | t Class (per subsection 62-699.310(4), F.A | |
| Licensed Operators | | Name | te de Asiana | License Class | License Numb | er Day(s) / Shif | t(s) Worked |
| Lead/Chief Operator: | | | | А | 7251 | Days 1st Shift | |
| Other Operators: | 4 | | | | | | |
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II Certification by Lead/Chief Operator

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

Paul Thompson

A7251

Signature and Date

Printed or Typed Name

License Number

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

| PWS I | dentification | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | | | |
|----------|---------------|--------------|------------------|---------------|--------------------|----------------|--------------|-----------|---------------|----------------|--------------|---|------------------|---|
| III. D | aily Data | for the N | lonth/Year | of: | | February, 2005 | | | | | | | | |
| | | | g Virus Inactiv | | val: 🔽 Free C | | Chlorine D | | | – – – – | · | | · 、 | |
| | traviolet R | - | - | r (Describe): | • | I I | Chiorine D | oxide | 1 Ozone | Comb | bined Chlori | ine (Chlorar | nines) | |
| H. | | | | | ibution System: | Free Chlo | · | Combin | | (Chloramine | · · · · · | | | · · · · · · · · · · · · · · · · · · · |
| Type | Disinfe | ctant Kesi | lual Maintai | | - | | | | | | | Chlorine I | Dioxide | ······································ |
| | | | | C | T Calculations, or | UV Dose, to | Demostate | Four-Log | | | | | | |
| | | | | | | CT Calo | ulations | | | 244-24 | UV | | | |
| | | | | | | 1 2 2 2 2 2 | Lowest CT | | | | Lowest | 德国际 | | |
| 1 | | ļ . | | | | Disinfectant | Provided | | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | | | 1999 1995 | | Lowest Residual | |
| | Staffed or | | Net Quantity | | Disinfectant | (T) at C | First ' | | | | | Minimum | Disinfectant | |
| | Visited by | 1.1.1 | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | 4 | Hours plant | Water | | Before or at First | Point During | During Peak | | | Minimum CI |) 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 | UV Dose | mW- | Distribution | Involves Taking Water System Components: |
| Month | "X") | Operation | gal. | Rate, gpd | Peak Flow, mg/L | minutes | min/L | Water, °C | if Applicable | min/L | mW-sec/cm | sec/cm ² | System, mg/L | Out of Operation |
| 1 | X | 24.0 | 77,900 | ł | 1.8 | | <u> </u> | | <u> </u> | | | | 1.0 | |
| 2 | X X | 24.0 | 50,100 49,300 | | 1.8 | l | · | | <u> </u> | ł | | | 1.0 | |
| 4 | $\frac{x}{x}$ | 24.0 | 81,400 | <u> </u> | 1.8 | | | | | <u> </u> | | | 1.2 | |
| 5 | <u> </u> | 24.0 | 54,700 | | 1.0 | | | | <u> </u> | | | | 1.0 | |
| 6 | | 24.0 | 54,700 | | | ļ | | | <u> </u> | <u> </u> | <u> </u> | | | |
| 7 | X | 24.0 | 54,700 | | 2.3 | | 1 | <u> </u> | · · · · · · | <u>+</u> | | | 1.0 | |
| 8 | X | 24.0 | 72,000 | | 2.1 | | | t | | T | | 1 | 0.8 | |
| 9 | X | 24.0 | 49,300 | | 1.8 | | | | | | | 1 | 0.8 | |
| 10 | X | 24.0 | 61,300 | | 1.7 | (| [| | I | [| | | 0.8 | |
| 11 | Х | 24.0 | 61,100 | | 1.8 | | | | | | | _ | 0.8 | |
| 12 | | 24.0 | 60,733 | | | | | | | | | | | |
| 13 | | 24.0 | 60,733 | | | | | L | ļ | L | | ļ | | |
| 14 | X | 24.0 | 60,733 | ļ | 0.7 | | | | | ļ | | <u> </u> | 0.4 | |
| 15 | X | 24.0 | 61,600 | l | 1.2 | | | | <u> </u> | <u> </u> | | <u> </u> | 0.6 | |
| 16 | X X | 24.0 24.0 | 63,800 | <u> </u> | 1.2 | | - | <u> </u> | | <u> </u> | | <u> </u> | 0.6 | |
| 18 | X | 24.0 | 57,000 | | 1.4 | | <u> </u> | <u> </u> | | + | | <u> </u> | 0.7 | |
| 19 | | 24.0 | 64,800 | | 1.0 | | | | | <u> </u> | <u> </u> | | 0.7 | |
| 20 | | 24.0 | 64,800 | <u> </u> | | | h | | | † | | | | |
| 21 | X | 24.0 | 64,800 | | 1.6 | | | | | | | 1 | 0.7 | |
| 22 | X | 24.0 | 82,400 | | 1.4 | | | | | | | | 0.7 | |
| 23 | X | 24.0 | 54,500 | | 1.5 | | | | | | | | 0.7 | |
| 24 | X | 24.0 | 108,600 | | 1.4 | | | | | I | | | 0.7 | |
| 25 | X | 24.0 | 55,200 | | 1.6 | | <u> </u> | | | <u> </u> | ļ | ļ | 0.7 | |
| 26 | ļ | 24.0 | 103,100 | ļ | | | ļ | ļ | | | ļ | | | |
| 27 | | 24.0 | 103,100 | ļ | | | | ļ | ļ | <u> </u> | <u> </u> | <u> </u> | 0.7 | |
| 28 | X | 24.0 | 103,100 | ┣━━━ | 1.6 | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | 0.7 | |
| 29 30 | <u> </u> | 24.0 | | <u> </u> | | | | <u> </u> | ├ ─── | <u> </u> | | ┨ | | |
| 30 | | 24.0 | <u> </u> | | | | <u> </u> | <u> </u> | | | | + | <u> </u> | 4 |
| Total | <u>ا</u> | 124.0 | 1,908,700 | <u> </u> | 1 | I | L | L | 1 | L | J | <u> </u> | 1 | |
| Avgera | ze | <u> </u> | 61,571 | 1 | | | | | | | | | | |
| Maxim | | | 108,600 | 1 | | | | | | | | | | |

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

DEP Form 62-555 900(3)Alternate

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See Pages 4 for Instructions.

1. General Information for the Month/Year of:

March, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Est | tates | | | | PWS Identification Numb | ber: 2540545 | |
|---|-------------------------|-------------------------|---------------|-------------------|-----------------|-----------------------------|-------------------------|---------|
| PWS Type: | ✓ Community | Non-Transient Non-Comm | unity T | ransient Non-Comr | munity | Consecutive | | |
| Number of Service Connec | tions at End of Month | 251 | | | Total | Population Served at End of | of Month: 753 | |
| PWS Owner: | Aqua Utilities Florida | a | | | ···· | | | |
| Contact Person: | Brian Heath | | | | Conta | ct Person's Title: | Area Manager | |
| Contact Person's Mailing A | Address: | PO Box 490310 | | | City: Leesburg | State: Florida | Zip Code: | 34749 |
| Contact Person's Telephone | e Number: | (352) 787-0980 | | | Conta | ct Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Ac | ddress: | beheath@aquaamerica.cc | om | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Interlachen Lakes Est | tates | | | | Plant Telephone Number | (352) 787-0 | 980 |
| Plant Address: | Velvet Avenue | | | | City: Hollister | State: Florida | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | Purchased Fin | ished Water | | | | |
| Permitted Maximum Day O | Operating Capacity of I | Plant, gallons per day: | | 1,115,000 | | | | |
| Plant Category (per subsect | | A.C.): IV | | | Plant C | Class (per subsection 62-69 | | |
| Licensed Operators | | Name | | License Class | License Number | D | ay(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Paul Thompson | | | Α | 7251 | Days 1st Shift | | |
| Other Operators: | | | | | | | | |
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II. Certification by Lead/Chief Operator

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

Paul Thompson

A7251 License Number

Signature and Date

Printed or Typed Name

| PWS Id | WS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates | | | | | | | | | | | | | |
|--------------|---|--------------|-------------------|---|--------------------|---------------------------------------|--------------------------|-----------------------|---------------|----------------|------------------------|---------------------|------------------|---|
| III. D | III. Daily Data for the Month/Year of: March, 2005 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | traviolet R | | | | | niorine | Chlorine Di | oxide | ☐ Ozone | 🔽 Comt | oined Chlori | ne (Chlorar | nines) | |
| h- | | | | r (Describe): | | | | | | | | | | |
| Type of | of Disinfeo | ctant Resic | lual Maintai | | ibution System: | | | | | (Chloramine | | Chlorine I | Dioxide | |
| | | | | 0 | T Calculations, or | UV Dose, to I | Demostate I | Four-Log | Virus Inac | tivation, if a | Applicable | | | |
| | | | | San | | CT Calc | ulations | | ja Sulta | | S. UV | Dose | | |
| | | | 2 | | | | | | | | | | 방왕이는 그 옷을 | |
| 19 A. | | | | | | 読ま とうかやうかく 注義 | Lowest CT | | | | | | 그렇게 물었었 | |
| | Days Plant | | | | Lowest Residual | Disinfectant | Provided Before or at | | | | | | Lowest Residual | |
| | Staffed or | · | Net Quantity | | Disinfectant | (T) at C | First | 4.5 | | | | Minimum | Disinfectant | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | |
| Day of | 1 1 | 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- | 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, ^o C | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| * 1 * | X | 24.0 | 97,200 | | 1.6 | | | | | | | | 0.8 | |
| 2 | X | 24.0 | 89,500 | | 1.6 | | | | | | | | 0.7 | |
| 3 | X | 24.0 | 110,100 | | 1.4 | | | | | | | | 0.7 | |
| 4 | X | 24.0 | 84,500 | | 1.6 | | | | | | | | 0.7 | |
| 5 | ļ | 24.0 | 98,333 | | | · · · · · · · · · · · · · · · · · · · | | | | | | ļ | | |
| 6 | | 24.0 | 98,333 | | 1.7 | | | | | ļ | | · | 0.0 | |
| 7 | X | 24.0 24.0 | 98,333 122,200 | | 1.7 | | | | | | | | 0.8 | |
| 9 | X X | 24.0 | 68,000 | | 1.8 | | | | | | | | 0.8 | |
| 10 | X | 24.0 | 100,200 | | 1.6 | | | | | l | | | 1.0 | |
| 11 | x | 24.0 | 93,700 | | 1.8 | · · · · – | | | | | | | 0.6 | |
| 12 | | 24.0 | 99,967 | | 1.0 | | | | | | | | | |
| 13 | · · · · · | 24.0 | 99,967 | | | | | | | | | 1 | | |
| 14 | X | 24.0 | 99,967 | | 1.7 | | | | | | | | 0.6 | |
| 15 | Х | 24.0 | 76,500 | | 1.3 | | | | | | | | 0.7 | |
| 16 | Х | 24.0 | 70,700 | | 1.8 | | | | | | | | 0.5 | |
| 17 | X | 24.0 | 59,800 | | 1.8 | | | | | | | | 1.1 | |
| 18 | Х | 24.0 | 69,300 | | 1.5 | | | | | | | ļ | 1.4 | |
| 19 | | 24.0 | 66,567 | | | | | <u> </u> | | | | | | |
| 20 | | 24.0 | 66,567 | | 1.0 | | | <u> </u> | | | | | 1.2 | |
| 21 | X X | 24.0 | 66,567 63,100 | | 1.8 | | | | ····· | | 1 | | 1.2 | |
| 22 | X | 24.0 | | | 1.7 | | | | | | | | 1.2 | |
| 24 | X | 24.0 | | | 1.7 | | | | | | | | 1.0 | |
| 25 | X | 24.0 | | 1 | 1.6 | | | | | | | | 1.0 | |
| 26 | | 24.0 | | 1 | | | | | | | | | 1 | |
| 27 | | 24.0 | | | | | | | | | | | | |
| 28 | X | 24.0 | | | 1.9 | | | | | | | | 1.1 | |
| 29 | X | 24.0 | | | 1.6 | | | | | | | | 0.9 | |
| 30 | X | 24.0 | | | 1.6 | | | | | | | ļ | 1.0 | |
| 31 | Х | 24.0 | | | 1.7 | | | | | | L | | 1.1 | |
| Total | | | 2,493,100 | - | | | | | | | | | | |
| Avgera | | | 80,423 | 4 | | | | | | | | | | |
| Maxim | m | | 122,200 | 1 | | | | | | | | | | |

* 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: April, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes I | Estates | | | | | PWS Identification Numb | er: | 2540545 | |
|---|---------------------|------------------------|-----------|------------------|---|--|-----------------------------|-----------------|-------------|--|
| PWS Type: | ✓ Community | Non-Transient Non-Comm | unity 🗌 T | ransient Non-Com | munity | | Consecutive | | | |
| Number of Service Connections at End of Month: 251 | | | | | | Total F | Population Served at End of | Month: | 753 | |
| PWS Owner: | Aqua Utilities Flor | ida | | | | | | | | |
| Contact Person: | Brian Heath | | | | | Contac | t Person's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: | PO Box 490310 | | | City: 1 | eesburg | State: Florida | | Zip Code: | 34749 |
| | | (352) 787-0980 | | | | Соптас | et Person's Fax Number: | (352) 787-6333 | | |
| Contact Person's E-Mail Address: beheath@aquaamerica.com | | | | | | | | | | |
| B. Water Treatment Plant Information | | | | | | | | | | |
| Plant Name: | Interlachen Lakes I | Estates | | | | | Plant Telephone Number: | | (352) 787-0 | 980 |
| Plant Address: | Velvet Avenue | | | | City: I | Iollister | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by Plant: | | | | | | | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,115,000 | | | | | | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | | | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | | | | |
| Licensed Operators | | Name | | License Class | Licens | se Number | Da | y(s) / Shift(s) | Worked | de de la companya de La companya de la comp |
| Lead/Chief Operator: | Larry White | | | С | | 7082 | Days 1st Shift | | | |
| Other Operators: | Paul Thompson | | | Α | | 7251 | Days 1st Shift | | | |
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11 Certification by Lead/Chief Operator

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

Signature and Date

Larry White

Printed or Typed Name

C7082

License Number

DEP Form 62-555. 900(3)Alternate

| PWS Id | lentificatio | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | ···· | | | |
|-------------------------------------|-----------------|-----------------|--|---------------|--|--------------|---------------------------------------|-----------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|------------------|---|
| 111. D | aily Data | for the N | lonth/Year | of: | | April, 2005 | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | g Virus Inactiv | | /al: 🔽 Free C | | | | | | · | | | |
| | traviolet R | | | r (Describe): | | norme [| Chlorine Di | oxide | C Ozone | ☐ Comt | oined Chlori | ne (Chlorar | nines) | |
| + | | | | | | | | | | | | | | |
| Type of | Disinfe | ctant Resic | lual Maintai | | ibution System: | Free Chlo | | | | (Chloramine | | Chlorine I | Dioxide | |
| 1.16 | | | | C | CT Calculations, or | | | | | tivation, if | Applicable' | | | |
| | | | | | | CT Calc | ulations | | | | UV | | | |
| ية يونية المراجع المراجع المراجع | | | 1999 - C. 1999 - | | | | Lowest CT | | | | | 1219-02 1317 - 27184 272 | | |
| | | | | | | Disinfectant | Provided | | | | | | 经 专家 温 | |
| | Days Plant | | an soit | | Lowest Residual | Contact Time | Before or at | | | | | | Lowest Residual | 建 毫全的。 |
| | Staffed or | | Net Quantity | | Disinfectant | (T) at C | First | | | | | Minimum | Disinfectant A | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | | Hours plant | Water | · . · | Before or at First | Point During | During Peak | | | Minimum CT | Operating | Required | Remote Point in | Conditions; Repair or Maintenance Work that |
| the Month | (Place "X") | in Operation | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | 1 emp of | pH of Water, if Applicable | Required, mg | | mW- | Distribution | Involves Taking Water System Components |
| 1 | X X | 24.0 | gal. 56,800 | Rate, gpd. | Peak Flow, mg/L 1.6 | minutes | min/L · | water, C | n Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L/ | Out of Operation |
| 2 | | 24.0 | 57,433 | | 1.0 | | | | | | | | 1.0 | |
| 3 | | 24.0 | 57,433 | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 4 | X | 24.0 | 57,433 | | 1.8 | | | | | | | | 0.9 | |
| 5 | Х | 24.0 | 72,400 | | 1.8 | | | | | | | | 1.5 | |
| 6 | X | 24.0 | 65,400 | | 1.6 | | | | | | | | 1.3 | |
| 7 | X | 24.0 | 57,100 | | 1.6 | | | | | | | | 1.3 | |
| 8 | X | 24.0 24.0 | 65,300 58,300 | | 1.4 | | | | | | | | 1.0 | |
| 10 | | 24.0 | 58,300 | | | | | | | | | | | |
| 11 | х | 24.0 | 58,300 | | 1.7 | | | | | <u> </u> | | | 1.2 | |
| 12 | X | 24.0 | 62,500 | · | 1.7 | | | | | | | | 1.1 | |
| 13 | Х | 24.0 | 69,200 | | 1.7 | | | | | | | | 1.0 | |
| 14 | X | 24.0 | 66,500 | | 1.6 | | | | | | | | 1.1 | |
| 15 | x | 24.0 | 52,700 | | 1.7 | | | | | | | | 0.8 | |
| 16 | | 24.0 | 71,233 | | | | | | | | | | | - |
| 17 | x | 24.0 24.0 | 71,233 | | 1.5 | ···· | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 18 | X | 24.0 | 71,233 | | <u>1.5</u> 1.5 | | | | | · · · · · | | | 0.9 | |
| 20 | X | 24.0 | 89,600 | | 1.5 | | | | | | | | 1.1 | |
| 21 | x | 24.0 | 46,800 | | 1.0 | | | | | | | | 1.1 | |
| 22. | Х | 24.0 | 70,100 | | 1.6 | | | | | | | | 1.0 | |
| 23 | | 24.0 | 63,700 | | | | | | | | | | | |
| 24 | | 24.0 | 63,700 | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| 25 | <u>X</u> | 24.0 | 63,700 | | 1.8 | | | | | | | | 1.3 | |
| 26 27 | X X | 24.0 | 71,300 | | 1.4 | | | | L | | | | 1.0 | |
| 27 | <u>X</u> X | 24.0 24.0 | 59,400 59,900 | | 1.5 | | | | | | | | 1.0 | |
| 28 | - <u>^</u> X | 24.0 | 62,600 | | 1.4 | | | | | | | | 1.1 | |
| 30 | | 24.0 | 63,000 | | | | | | | | × n | | ····· | |
| 31 | | 24.0 | | | | | | | | [| | | | |
| Total | | | 1,904,400 | | ······································ | | | | | - | | | • | • · · · · · · · · · · · · · · · · · · · |
| Avgerag | | | 61,432 | | | | | | | | | | | |
| Maximu | m | | 89,600 | | | | | | | | | | | |

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



| See Pages 4 for Instr | uctions | | | | | | |
|--------------------------------|-----------------------|------------------------|---|--|-----------------|--|-----------------|
| . General Information | | Year of: May, 200 | 5 | | | | |
| | | | | | | | |
| A. Public Water System | | | A 18 | ······································ | | | ······ |
| PWS Name: | Interlachen Lakes Es | | | | | PWS Identification Number: | 2540545 |
| PWS Type: | Community | Non-Transient Non-Comm | nunity 🔄 🗌 1 | Fransient Non-Com | munity L | Consecutive | |
| Number of Service Connec | | | | | Tota | Population Served at End of Month: | 753 |
| PWS Owner: | Aqua Utilities Florid | da | | | | · · · · · · · · · · · · · · · · · · · | |
| Contact Person: | Brian Heath | | | | | act Person's Title: Area Ma | |
| Contact Person's Mailing A | | PO Box 490310 | | | City: Leesburg | State: Florida | Zip Code: 34749 |
| Contact Person's Telephone | | (352) 787-0980 | | | Cont | act Person's Fax Number: (352) 78 | 87-6333 |
| Contact Person's E-Mail Ad | | beheath@aquaamerica.co | om | | | | |
| B. Water Treatment Plant Name: | | | | | | | |
| Plant Name: Plant Address: | Interlachen Lakes Es | states | | | | Plant Telephone Number: | (352) 787-0980 |
| Type of Water Treatment b | Velvet Avenue | ✓ Raw Ground Water | | | City: Hollister | State: Florida | Zip Code: 32177 |
| Permitted Maximum Day C | / | | Purchased Fir | | | | |
| Plant Category (per subsect | · · · · · | | | 1,115,000 | Diant | Class (per subsection 62-699.310(4), F | E.A.C.): C |
| Licensed Operators | 1011 02-079.510(4), 1 | | | License Class | | r Day(s)/S | |
| Lead/Chief Operator: | Paul Thompson | Tyune | and a state of the second s | A | 7251 | Days 1st Shift | intras) worked |
| Other Operators: | r dur r nompson | | | 1 | 1251 | | |
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| i Alexandria Alexandria | | | | | | | |
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II Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

A7251

Printed or Typed Name

License Number

| [PWS Id | lentification | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | | | |
|---------|---------------|--------------|---|---------------|--------------------|------------------------------|-----------------------|-----------|---------------|--------------|------------------------|---------------------|------------------|---|
| HIL D | aily Data | for the N | lonth/Year | of: | | May, 2005 | | | | | | | | |
| - | | | g Virus Inactiv | | al: E France | | | | | | | | | |
| 1 | traviolet R | | | r (Describe): | | niorine | Chlorine Di | oxide | Czone | Comt | oined Chlori | ne (Chlorar | nines) | |
| F | | | | | | | | - | | | | | | |
| Type of | of Disinfe | ctant Resid | lual Maintai | | ibution System: | ✓ Free Chlo | | | | (Chloramine | | Chlorine I | Dioxide | |
| | | | | C | T Calculations, or | UV Dose, to | Demostate | Four-Log | y Virus Inac | tivation, if | Applicable* | | | |
| | | | | | | CT Calc | ulations | | | | UV | Dose | | |
| 1 | to service | | | | ÷ | | 전화학자 관풍 | ×. | 122 | | MARCH 197 | | | |
| | | | | | | Disc | Lowest CT Provided | | | | | | | |
| 1 | Days Plant | | | | Lowest Residual | Disinfectant Contact Time | Before or at | | restant i si | | | | Lowest Residual | |
| | Staffed or | | 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 | Water | | Before or at First | Point During | During Peak | | | 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, C | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| | | 24.0 | 93,650 | | | | | | | ļ | | | | |
| 2 | X | 24.0 | 93,650 | | 1.7 | | | | ļ | | | | 1.1 | |
| 4 | X X | 24.0 24.0 | 65,100 63,400 | | 1.0 0.7 | | | | | | · | | 0.5 | |
| 5 | x | 24.0 | | | 1.6 | | | | | | | | 0.6 | |
| 6 | x | 24.0 | | | 1.4 | | | | <u> </u> | <u> </u> | | | 1.0 | ······ |
| 7 | <u> </u> | 24.0 | | | 1.7 | | | | | | | | 1.0 | |
| 8 | | 24.0 | 60,233 | | | | | 1 | | | 1 | | | |
| 9 | x | 24.0 | 60,233 | | 1.3 | | | | | | | | 0.8 | |
| 10 | Х | 24.0 | 75,500 | | 0.4 | | | | 1 | | | | 0.4 | |
| 11 | X | 24.0 | 50,100 | | 1.6 | | | | | | | | 0.9 | |
| 12 | x | 24.0 | 63,200 | | 1.5 | | | | | | | | 1.0 | |
| 13 | X | 24.0 | 55,600 | | 1.4 | | | | · · · · · | ļ | | | 1.0 | · · · · · · · · · · · · · · · · · · · |
| 14 | | 24.0 | | | | | | | | | | _ | | |
| 15 | x | 24.0 24.0 | | | 1.5 | | | | | <u> </u> | | | 0.9 | |
| 10 | X | 24,0 | <u>, </u> | | 1.8 | | | | | | | | 1.0 | |
| 18 | x | 24.0 | 62,200 | | 1.6 | | | 1 | | 1 | | | 1.2 | |
| 19 | x | 24.0 | 61,100 | | 1.5 | | | · · · · | | | 1 | 1 | 1.2 | |
| 20 | Х | 24.0 | 86,100 | | 2.0 | | | | | | | | 1.5 | |
| 21 | | 24.0 | 62,333 | | | | | | | | | | | |
| 22 | | 24.0 | 62,333 | | | | | | L | <u> </u> | | ļ | | |
| 23 | X | 24.0 | 62,333 | | 1.7 | | | | | | | · · | 1.1 | |
| 24 | X | 24.0 | 100,100 | | 1.9 | | | 1 | | | | <u> </u> | 1.7 | |
| 25 | X X | 24.0 | 59,000 64,900 | | 2.0 | | | | | | | | 1.6 | |
| 20 | X | 24.0 24.0 | 77,600 | | 2.0 | | | | | | <u> </u> | | 1.5 | |
| 28 | ^ | 24.0 | 84,600 | | 2.0 | | | | | | | | 1.5 | |
| 29 | | 24.0 | 84,600 | | | | | | † | 1 | <u>†</u> | | 1 | |
| 30 | x | 24.0 | 84,600 | | 1.7 | · · · · · · · | | <u> </u> | t | 1 | | | 0.9 | |
| .31 | X | 24.0 | 45,500 | | 1.6 | | | | | | | | 1.0 | |
| Total | | | 2,143,800 | | | | | | | | | | | |
| Avgera | | | 69,155 | | | | | | | | | | | |
| Maxim | m | | 100,100 | | | | | | | | | | | |

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

June, 2005

A. Public Water System (PWS) Information

| TALL TALL | | | | | | DWC Identification Numbe | | 2540545 | |
|-----------------------|--|---|---|--|---|---|--|---|---|
| | | | | | ··-··· | | J | 2340343 | |
| | | unity 📋 Tr | ransient Non-Com | munity | | | | | |
| tions at End of Month | h: 251 | | | | Total | Population Served at End of | Month: | 753 | |
| Aqua Utilities Florid | da | | | | | • | | | |
| Brian Heath | | | | | Conta | ct Person's Title: | Area Manager | | |
| ddress: | PO Box 490310 | | | City: | Leesburg | State: Florida | | Zip Code: | 34749 |
| Number: | (352) 787-0980 | | | | Conta | ct Person's Fax Number: | (352) 787-6333 | | |
| ldress: | beheath@aquaamerica.co | om | | | | | | | |
| ant Information | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Interlachen Lakes Es | states | | | | | Plant Telephone Number: | | (352) 787-0 | |
| Velvet Avenue | | | | City: | Hollister | State: Florida | | Zip Code: | 32177 |
| y Plant: | Raw Ground Water | Purchased Fini | shed Water | | | | | | |
| Dperating Capacity of | Plant, gallons per day: | | 1,115,000 | | | | | | |
| tion 62-699.310(4), F | .A.C.): IV | | | | Plant C | | | <u> </u> | |
| | Name | - 1 | License Class | Licen | se Number | Day | y(s) / Shift(s) | Worked | |
| Larry White | | | С | | 7082 | Days 1st Shift | | | |
| Paul Thompson | | | А | | 7251 | Days 1st Shift | | | |
| | | | | | | | | | |
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| | | | 1 | | | | | | |
| | Community Aqua Utilities Florid Brian Heath ddress: Number: Idress: ant Information Interlachen Lakes E Velvet Avenue y Plant: perating Capacity of ion 62-699.310(4), F Larry White | ions at End of Month: 251 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 Number: (352) 787-0980 ldress: beheath@aquaamerica.cc ant Information Interlachen Lakes Estates Velvet Avenue Y Plant: Y Plant: ✓ Raw Ground Water perating Capacity of Plant, gallons per day: IN ion 62-699.310(4), F.A.C.): IV Name Larry White | ✓ Community Non-Transient Non-Community Ti tions at End of Month: 251 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 Number: (352) 787-0980 Idress: beheath@aquaamerica.com ant Information Interlachen Lakes Estates Velvet Avenue y Plant: ✓ Raw Ground Water Purchased Fini perating Capacity of Plant, gallons per day: ion 62-699.310(4), F.A.C.): IV Larry White Name Larry White | ✓ Community Non-Transient Non-Community Transient Non-Community tions at End of Month: 251 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 Number: (352) 787-0980 Idress: beheath@aquaamerica.com ant Information Interlachen Lakes Estates Velvet Avenue y Plant: ✓ Raw Ground Water perating Capacity of Plant, gallons per day: 1,115,000 ion 62-699.310(4), F.A.C.): IV Larry White C | ✓ Community Non-Transient Non-Community Transient Non-Community tions at End of Month: 251 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 City: Number: (352) 787-0980 ldress: beheath@aquaamerica.com ant Information Interlachen Lakes Estates Velvet Avenue City: y Plant: ✓ Raw Ground Water Purchased Finished Water perating Capacity of Plant, gallons per day: 1,115,000 ion 62-699.310(4), F.A.C.): IN Name License Class License Larry White C City Ion | ✓ Community Non-Transient Non-Community Transient Non-Community Intransient Non-Community Aqua Utilities Florida 251 Total Brian Heath Conta ddress: PO Box 490310 City: Leesburg Number: (352) 787-0980 Conta Idress: beheath@aquaamerica.com Conta ant Information City: Leesburg Interlachen Lakes Estates City: Hollister Velvet Avenue City: Hollister y Plant: ✓ Raw Ground Water Purchased Finished Water perating Capacity of Plant, gallons per day: 1,115,000 ion 62-699.310(4), F.A.C.): IV Plant C Larry White C 7082 | ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive ions at End of Month: 251 Total Population Served at End of Aqua Utilities Florida Brian Heath Contact Person's Title: ddress: PO Box 490310 City: Leesburg State: Florida Number: (352) 787-0980 City: Leesburg State: Florida Idress: beheath@aquaamerica.com Contact Person's Fax Number: Contact Person's Fax Number: Idress: beheath@aquaamerica.com City: Leesburg State: Florida Interlachen Lakes Estates City: Hollister State: Florida Velvet Avenue City: Hollister State: Florida y Plant: ✓ Raw Ground Water Purchased Finished Water yearting Capacity of Plant, gallons per day: 1,115,000 ion 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699. Larry White C 7082 Days 1st Shift | Interlation Lates Estates Image: Consecutive Conseconsecutice Consecutice Consecutive Consecutive Consecutive Conse | Image: Community in the second sec |

II Certification by Lead/Chief Operator

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

Larry White

C7082

License Number

Signature and Date

Printed or Typed Name

| PWS Ic | entification | n Number: | | 2540545 | | Plant Name: | Interlachen l | _akes Esta | ites | | | | | |
|----------|--------------|--|------------------|---|---------------------|--------------|---------------|------------|-------------------------------|-----------------------|--|--|---------------------|---|
| HI. D | aily Data | for the N | lonth/Year | of: | | June, 2005 | | | | | | | | |
| | | | g Virus Inactiv | | val: 🔽 Free C | | Chlorine Di | | C Ozone | | · | | ······ | |
| | traviolet R | | | r (Describe): | | informe 1 | Chiorine Di | oxide | 1 Ozone | Coml | oined Chlori | ne (Chlorar | nines) | |
| F | | | | | | | · – – – – – | Cambin | ad Oblasiaa | (Chloramine | | Chlorine I | Nia 11. | |
| Type c | of Disinfec | ctant Resid | lual Maintai | | ibution System: | Free Chic | | | | - | | | Jioxide | |
| | | | | | CT Calculations, or | | | Four-Log | Virus Inac | tivation, if | Applicable [*] | <u> </u> | | |
| ł | | | | | | CT Calc | ulations | | | | UV | | | |
| | | | | | | | Lowest CT | | | | | | | |
| | 14 | | | | | Disinfectant | Provided | | | | | | | |
| 1 | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | | | | 이가 가려가? 2013년 1월 1943년 2013년 1월 1943년 | Lowest Residual | Energency or Abnormal Operating |
| | Staffed or | | Net Quantity | | Disinfectant | (T) at C | First | | | 41 | | Minimum | Disinfectant | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | | Hours plant | | | Before or at First | Point During | During Peak | Toma | | Minimum CI | | Required, | Remote Point in | Conditions; Repair or Maintenance Work that |
| the | (Place | in | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | | pH of Water, if Applicable | Required, mg min/L | State of the second s second second secon | 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 | II Applicable | min/L: | mW-sec/cm ² | sec/cm | System, mg/L 1.0 | Cat of Operation |
| 1 | X X | 24.0 | 73,500 | | 1.4 | | | | | | | | 1.1 | |
| 2 | X | 24.0 | 60,800 | | 1.4 | | <u> </u> | | | | | | 1.3 | |
| 4 | - ^ | 24.0 | 63,033 | | | · | | | | | | | | |
| 5 | | 24.0 | 63,033 | | | | <u> </u> | <u> </u> | | | | | | |
| 6 | x | 24.0 | 63,033 | | 1.4 | | ł | | | <u> </u> | 1 | | 0.9 | |
| 7 | x | 24.0 | 64,700 | | 1.2 | | | | | | 1 | | 0.8 | |
| 8 | Х | 24.0 | 70,600 | | 1.5 | | | | | | | | 1.2 | |
| 9 | x | 24.0 | 56,300 | | 1.5 | | | | | | | | 1.1 | |
| 10 | Х | 24.0 | 71,200 | | 1.2 | | | | | | | | 1.0 | · |
| 11 . | | 24.0 | 66,900 | | | | | | | L | | L | | |
| 12 | | 24.0 | 66,900 | | | | ļ | ļ | | | <u> </u> | | | |
| 13 | X | 24.0 | 66,900 | | 1.6 | | | | ļ | <u> </u> | | [| 1.2 | |
| 14 | X | 24.0 | 81,900 | | 1.7 | | | | | <u> </u> | | | 1.4 | |
| 15 | X X | 24.0 | 49,100 77,600 | | 2.0 | | <u> </u> | <u>}</u> | | ļ | <u> </u> | <u> </u> | 1.7 | |
| 17 | x | 24.0 | 54,700 | | 1.9 | | | | | | | | 1.7 | |
| 18 | <u> </u> | 24.0 | 61,800 | | | | | | | | 1 | | | |
| 19 | | 24.0 | 61,800 | | | | | | | | 1 | | | |
| 20 | X | 24.0 | 61,800 | | 1.9 | | | - | | | | | 1.6 | |
| 21 | X | 24.0 | 63,200 | | 1.8 | | | | | | | | 1.6 | |
| 22 | X | 24.0 | 66,100 | | 2.0 | | | | | L | | I | 1.5 | · · · · · · · · · · · · · · · · · · · |
| 23 | X | 24.0 | 72,600 | | 2.0 | | | | | | <u> </u> | <u> </u> | 1.5 | |
| 24 | X | 24.0 | 85,100 | | 1.9 | | <u> </u> |] | | | ļ | | 1.5 | |
| 25 | | 24.0 | 62,467 | | | | | | | <u> </u> | { | { | | |
| 26 | | 24.0 | 62,467 | | | | | | | | <u> </u> | <u> </u> | 1.4 | |
| 27 | <u>x</u> | 24.0 | 62,467 | | 1.8 | | } | | | <u> </u> | | | 1.3 | <u></u> |
| 28 | X | 24.0 | 51,400 | | 1.4 | | <u> </u> | | | | <u> </u> | <u> </u> | 1.1 | |
| 29 30 | x x | 24.0 | 69,700 59,300 | | 1.4 | - | <u> </u> | | <u> </u> | | 1 | <u> </u> | 1.1 | |
| 31 | <u> </u> | 24.0 | | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | | t | 1 | | 1 | |
| Total | . | 1 | 1,957,000 | | L | L | L | L | L | · | ····· | • | • | |
| Avgera | e | | 63,129 | 1 | | | | | | | | | | |
| Maxim | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 85,100 | 1 | | | | | | | | | | |

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



See Pages 4 for Instructions. . General Information for the Month/Year of:

July, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Estates | | · · · · · · · · · · · · | PWS Identification Number: | 2540545 |
|----------------------------------|--|--------------------------|-------------------------|-----------------------------------|-------------------|
| PWS Type: | Community Non-Transient Non- | Community Transient No | n-Community | Consecutive | |
| Number of Service Connect | tions at End of Month: 251 | | Total | Population Served at End of Mon | ith: 753 |
| PWS Owner: | Aqua Utilities Florida | | | | |
| Contact Person: | Brian Heath | | Conta | ct Person's Title: Area | a Manager |
| Contact Person's Mailing A | ddress: PO Box 490310 | | City: Leesburg | State: Florida | Zip Code: 34749 |
| Contact Person's Telephone | Number: (352) 787-0980 | | Conta | ct Person's Fax Number: (352 | 2) 787-6333 |
| Contact Person's E-Mail Ac | Idress: beheath@aquaameri | ca.com | | | |
| 8. Water Treatment Pla | ant Information | | | | |
| Plant Name: | Interlachen Lakes Estates | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | Velvet Avenue | | City: Hollister | State: Florida | Zip Code: 32177 |
| Type of Water Treatment by | y Plant: 🔄 Raw Ground Water | Purchased Finished Water | r | | |
| Permitted Maximum Day C | perating Capacity of Plant, gallons per day: | 1,115,000 | | | |
| | ion 62-699.310(4), F.A.C.): | IV | | lass (per subsection 62-699.310(- | |
| Licensed Operators | Name | License | Class License Number | Day(s) | / Shift(s) Worked |
| Lead/Chief Operator: | Paul Thompson | А | 7251 | Days 1st Shift | |
| Other Operators: | Larry White | C | 7082 | Days 1st Shift | |
| | David Haring | С | 14091 | Days 1st Shift | |
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II Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A7251

License Number

| | | | | | | | | | | | 005'88 | | | umixeM |
|---|--|------------|---------------------------------------|----------------|---------------|---------------|-----------------------------|--|---|--|---------------------|-------------|--------------|----------------|
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| | | | | | | | | | | | 258'201'2 | L | | IBIOT |
| | | | | | | | | | | | 999'19 | 54.0 | | 16 |
| | | | | | | | | | | . | 999'19 | 54.0 | | 30 |
| | 1°1 | | | | | | | | 91 | | 00£'69 | 54.0 | X | 56 |
| | 0.1 | | | | | | | | 1.4 | | 005'28 | 54.0 | x | 58 |
| | 0.1 | | | | | | | | 1.4 | | 005'09 | 54'0 | X | 51 |
| | L'0 | | | | | | | | 1.1 | | 000 ' £8 | 54.0 | X | - 56 |
| | 1,4 | | | | | | | | 61 | | L96 [•] 99 | 54'0 | X | 52 |
| | | | | | | | | | | | L96 [•] 99 | 54.0 | | 54 |
| | | | | | | | | | | | L96 [•] 99 | 54.0 | | 53 |
| | 5.3 | | | | | | | | 5.5 | | 005'88 | 54.0 | X | 72 |
| | 7.1 | | | | | | | | \$`1 | | 002'98 | 54.0 | X | 17 |
| · · · · · · · · · · · · · · · · · · · | 8.0 | | | | | | | | £.I | | 006'#9 | 54'0 | x | 50 |
| · · · · · · · · · · · · · · · · · · · | 6'0 | - | | | | | | | £'I | | 001'79 | 54.0 | X | 61 |
| | 8.0 | | | | | | | | £1 | | L90'59 | 54.0 | x | 81 |
| | • · · · · · · · · · · · · · · · · · · · | | | l | | | <u> </u> | | ····· | | 290'59 | 54.0 | | 21 |
| | | | | | | | | · | · · · · · · · · · · · · · · · · · · · | | L90'59 | 54.0 | <u>├</u> | 91 |
| | 0.0 | | | | | | | | 0.1 | | 006'02 | 54.0 | x | 51 |
| | 9.0 | | | | | <u> </u> | | | 01 | | 001'69 | 54.0 | X | 14 |
| | 6'0 | | | <u> </u> | | | | | | | 007'25 | 54.0 | X | EI |
| | 8.0 | L | l | l | | | | | 1.2 | | | | | |
| | 0'1 | | | | | | | | J.4 | | 005'12 | 54.0 | X | 21 |
| · · · · · · · · · · · · · · · · · · · | 0'1 | | | | | | | | 1.2 | | 002'08 | 54'0 | <u> </u> | 11 |
| | | | | | | | | | · | | 002'08 | 0.4.0 | ļ' | 01 |
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| | 71 | | | | | | | | 1.4 | | 009'02 | 54.0 | X | -9 |
| | 1.2 | | | | | | | | 91 | | 002'55 | 54 0 | X | S |
| | 1.2 | | | | | | | | 5.1 | | 001.65 | 54.0 | X | 4 |
| | | | | | | | | | | | 001'65 | 54.0 | | ε |
| | | | · · · | | | | | | | | 001'65 | 54.0 | h | 5.2 |
| | 21 | | | | | | | | 1.4 | | 00£'92 | 54.0 | X | |
| Out of Operation | J/gm, marel | _wo/oəs | ^z mɔ/ɔəs-Wm | יייעועם | sldssilqqA li | Water, U | J/uim | sənuru | Peak Flow, mg/L | Rate, gpd. | Bal | Operation | | muow |
| Involves Taking Water System Components | nonudruzia | | | Required, mg | LIDEN TO LID | Do duras | -Sm ,wolf | Peak Flow, | Customer During | Peak Flow | Producted, | u | (Place | અપ |
| Conditions, Repair or Maintenance Work that | and the second | -Wm | | | | fo amaT | During Peak | gninu During | Before or at First | LT L. C | 1 | Hours plant | | Day of |
| Emergency or Abnormal Operating | the motherination at | Required, | | TO muminiM | | | Customer | Measurement | (D) nothernasino) | | benzini To | Loole amol | Visited by | La contraction |
| unitersoft learnord A no workshimed | Disinfectant | Dose 1 | Isowo.I | | | | First | Dis (T) | Disinfectant | | Net Quantity | | Staffed or | and the second |
| [] 신지야, 지것 그 것 . 영화 방송 성상했는 | Lowest Residual | muminiM | | | | | a state in the state of the | the second s | 「読んを読んでいた」 「「読ん」」 いたい しょうしょう | | vitroun() to M | 1 df - 5 | 1 | |
| | Isubise Teerro I | | | | | | Before or at | Contact Time | Lowest Residual | | 100 C 100 ST | 1 | Days Plant | |
| | | | | | | | Provided | Disinfectant | | | | | 1. J. 1. | |
| | | 14. 31 | | | | | LOWest CT | | | | | · · | | 1.1 |
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| | sbixoi | Chlorine D | (9 | (Chloramine) | ed Chlorine | Combin | T anin | 📐 Free Chlo | bution System: | ruziU ni bə | nietnieM leu | tant Resid | oofinited 1 | Type of |
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| | | | · · · · · · · · · · · · · · · · · · · | | 291 | બન્ગ્ર ગ્રુપણ | Іпtегіасhen L | Plant Name: | L | 540545 | | Number | roiteatiting | 71 5Md |

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



See Pages 4 for Instructions. General Information for the Month/Year of: August, 2005 A. Public Water System (PWS) Information PWS Name: Interlachen Lakes Estates PWS Identification Number 2540545 Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 251 Total Population Served at End of Month: 753 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com **B.** Water Treatment Plant Information Plant Name (352) 787-0980 Interlachen Lakes Estates Plant Telephone Number: Plant Address: Velvet Avenue City: Hollister State: Florida Zip Code: 32177 Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,115,000 ΓV Plant Class (per subsection 62-699.310(4), F.A.C.): С Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Paul Thompson 7251 Days 1st Shift Α Other Operators: Larry White С 7082 Davs 1st Shift 14091 Days 1st Shift David Haring

II. Certification by Lead/Chief Operator

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Signature and Date

Paul Thompson

A7251 License Number

Printed or Typed Name

| PWS Ic | entification | n Number: | ,,,,,,,, | 2540545 | | Plant Name: | Interlachen I | .akes Esta | ates | | ········ | | | |
|---------|---------------------|----------------|------------------|--------------------|---------------------------------------|-----------------------|--------------------|--------------------|-----------------------|---|------------------------|---------------------|------------------------------|---|
| III. D | aily Data | for the M | onth/Year | of: | | August, 2005 | | | | | | | | |
| | | | g Virus Inactiv | | al: 🔽 Free C | | Chi Di | | F 0 1 1 | Comb | | | ······ | |
| | | | , Virus inactiv | | | | Chiorine Di | oxide | 1 Ozone | I Comb | oned Chlorn | ne (Chiorar | nines) | |
| L | | | | | | F | | | 1011 | (Chloramine | <u> </u> | <u> </u> | | |
| Type of | of Disinfe | ctant Resid | lual Maintai | | ibution System: | | | | | | | Chlorine I | | |
| 1.1 | | | | e C | T Calculations, or | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | and the German and | | CT Calc | ulations | | | al an | े UV । | Dose | | |
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| | | | | | | Disinfectant | Provided | | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | きょうちょうか きょうちょうが | | | | | Lowest Residual | |
| | Staffed or | | Net Quantity | - うち と 見たらくなって | Disinfectant | (T) at C | First | | | | | Minimum | Disinfectant | Emergency or Abnormal Operating |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | 10 10 1 1 1 1 | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating - |
| Day of | | Hours plant | | | Before or at First | Point During | During Peak | Town of | | Minimum CT Required, mg | Operating | Required, mW- | Remote Point in | Conditions, Repair or Maintenance Work that |
| the | (Place | in | Producted, | Peak Flow | Customer During Peak Flow, mg/L | Peak Flow, minutes | Flow, mg- min/L | Water OC | pri or water, | min/L | mW-sec/cm ² | sec/cm ² | Distribution System, mg/L | Involves Taking Water System Components Out of Operation |
| Month | * "X") X | Operation 24.0 | gal. 92,500 | Rate, gpd. | 1,1 | nunaies | | maici, C | | | anti-scoroin | scorem | 0.7 | |
| 2 | X | 24.0 | 54,400 | | 1.1 | | <u> </u> | | | <u> </u> | | | 1.1 | |
| 3 | - <u>x</u> | 24.0 | 50,700 | | 1.1 | | | | | | | <u> </u> | 1.0 | |
| 4 | X | 24.0 | 87,900 | | 1.0 | | | | | | | | 0.9 | |
| 5 | Х | 24.0 | 46,700 | | 1.0 | | | | | | | | 0.8 | |
| 6 | | 24.0 | 63,167 | | | | ļ | | | | | | <u> </u> | |
| 7 | | 24.0 | 63,167 | | | | ļ | ļ | | ļ | ļ | | 0.8 | |
| 8 | <u> </u> | 24.0 | 63,167 | | 1.0 | | <u> </u> | | ├ ──── | | | | 0.8 | |
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| 10 | X X | 24.0 | 58,900 75,500 | <u> </u> | 1.0 | | | | | ł | | | 0.8 | |
| 11 | X | 24.0 | 52,000 | { | 0.9 | { | | <u> </u> | <u> </u> | | ~ | † | 0.8 | |
| 13 | <u> </u> | 24.0 | 68,967 | | 0.9 | | | | | | | | <u> </u> | |
| 14 | | 24.0 | 68,967 | | · · · · · · · · · · · · · · · · · · · | | T | 1 | | | | | | |
| 15 | <u> </u> | 24.0 | 68,967 | | 1.0 | | 1 | | 1 | | | | 0.8 | |
| 16 | X | 24.0 | 79,900 | | 0.9 | | | | | | | | 0.7 | |
| 17 | Х | 24.0 | 55,500 | | 1.0 | | | | | | | ļ | 1.0 | |
| 18 | Х | 24.0 | 65,500 | | 1.0 | | L | | L | ļ | | ļ | 0.8 | |
| 19 | X | 24.0 | 65,900 | | 1.0 | | ļ | L | | | | | 0.8 | |
| - 20 | | 24.0 | 58,133 | | | | ļ | ļ | · | ļ | <u> </u> | ╂───── | | |
| 21 | | 24.0 | 58,133 | | | ļ | | ļ | Į | | <u> </u> | <u> </u> | 0.7 | |
| 22 | <u>x</u> | 24.0 | 58,133 | | 0.8 | | | ┟──── | | <u> </u> | | ┨───── | 1.0 | ······································ |
| 23 | X X | 24.0 | 63,000 59,100 | | 1.0 | <u> </u> | | <u> </u> | <u> </u> | | | | 0.9 | |
| 24 | $\frac{1}{x}$ | 24.0 | 64,000 | <u> </u> | 1.2 | | | | 1 | 1 | <u> </u> | 1 | 1.0 | |
| 26 | X | 24.0 | 56,800 | <u> </u> | 1.2 | | <u>+</u> | | | | · | 1 | 1.1 | |
| 27 | 1 | 24.0 | 66,467 | | | | | | | 1 | | | | |
| 28 | | 24.0 | 66,467 | <u> </u> | | | | _ | | | | | | |
| 29 | x | 24.0 | 66,467 | | 1.1 | | | | | | | | 0.9 | |
| 30 | x | 24.0 | 45,400 | | 1.0 | | | | | | ļ | | 0.9 | |
| 31 | X | 24.0 | 58,500 | | 1.2 | | | | L | | L | | 1.2 | l |
| Total | 5 S 3 | | 1,958,900 | | | | | | | | | | | |
| Avgera | | | 63,190 | 1 | | | | | | | | | | |
| Maxim | m | | 92,500 | | | | | | | | | | | |

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

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Estates | s | | | | PWS Identification Numbe | er: 2540545 | |
|-----------------------------|---|--|----------------|------------------|-----------------|---------------------------------|--|-------|
| PWS Type: | ✓ Community | Non-Transient Non-Comm | nunity 🔄 Tr | ransient Non-Com | munity [| Consecutive | | |
| Number of Service Connect | tions at End of Month: | 251 | | | Tot | tal Population Served at End of | Month: 753 | |
| PWS Owner: | Aqua Utilities Florida | | | | | | | |
| Contact Person: | Brian Heath | | | | Co | ntact Person's Title: | Area Manager | |
| Contact Person's Mailing A | ddress: PO | Box 490310 | | | City: Leesburg | State: Florida | Zip Code: | 34749 |
| Contact Person's Telephone | | 2) 787-0980 | | | Со | ntact Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Ad | | heath@aquaamerica.c | om | | ··· | | · · · · · · · · · · · · · · · · · · · | |
| 3. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Interlachen Lakes Estate | s | | | | Plant Telephone Number: | (352) 787-0 | |
| Plant Address: | Velvet Avenue | ······································ | | | City: Hollister | State: Florida | Zip Code: | 32177 |
| Type of Water Treatment by | | Raw Ground Water | Purchased Fini | ished Water | | | | |
| Permitted Maximum Day O | <u> </u> | | | 1,115,000 | | | ······································ | |
| Plant Category (per subsect | | | | | | t Class (per subsection 62-699. | | |
| Licensed Operators | the second se | Name | | License Class | | | y(s) 7 Shift(s) Worked | |
| Lead/Chief Operator: | Paul Thompson | | | Α | 7251 | Days 1st Shift | | |
| | Larry White | | | С | 7082 | Days 1st Shift | ······ | |
| | David Haring | | | С | 14091 | Days 1st Shift | | |
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II. Certification by Lead/Chief Operator

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

Paul Thompson

Signature and Date

Printed or Typed Name

A7251

License Number

| PWS Ic | entification | n Number: | | 2540545 | | Plant Name: | Interlachen | Lakes Est | ates | | | | | |
|-------------------|--------------------|---|--|---|---------------------------------------|---------------------------|--------------------------|-----------|---------------|----------------------------|------------------------|----------------------|-----------------|--|
| III. D | aily Data | for the N | lonth/Year | of: | | September, 200 |)5 | | | | | | | |
| | | | g Virus Inactiv | | /al: 🔽 Free (| | Chlorine Di | | ☐ Ozone | <u> </u> | | | · 、 | |
| | traviolet R | | | r (Describe): | | | Chiorane Di | oxide | I Ozone | [Com | vined Chlori | ne (Chiorar | nines) | |
| F | | | | | | Free Chk | | Combin | ad Chloring | (Chloramine | | Chlorine I | | |
| Type C | | | | | ibution System: | | | | | | | | Joxide | an a |
| 1 | | | | C | T Calculations, or | | | Four-Log | g Virus Inac | tivation, if A | | | | |
| | | 22 40.7 1 | | | | CT Calc | ulations | | | | UV | Dose | | |
| | | | | | | | Lowest CT | | | | | | | F |
| | | | | | | Disinfectant | Provided | | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | | | | | Lowest Residual | |
| 1.17 | Staffed or | オンマン たくさい 気気 | Net Quantity | | Disinfectant | (T) at C . | First | | | | | Minimum | Disinfectant | |
| | Visited by | General Content | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest Operating | UV Dose Required, | | Emergency of Abnormal Operating |
| Day of the | Operator (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 | Minimum CT Required, mg | | mW- | Distribution | Conditions, Repair or Maintenance Work that Involves Taking Water System Components |
| Month | (" lace "X") | Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | | if Applicable | | mW-sec/cm ² | sec/cm ² | | Out of Operation |
| 1 | X | 24.0 | | , er and a second se | 1.2 | | | | | | | | 1.1 | |
| 2 | X | 24.0 | 84,900 | | 1.2 | | | | | | | | 1.0 | |
| 3 | | 24.0 | | | | | | | | | | | | |
| 4 | | 24.0 | | | | L | | | | | | | | |
| 5 | X | 24.0 | | | 0.9 | | | | | | | | 0.8 | ····· |
| 6 | X | 24.0 | | | 1.0 | | · | | · · · · · | | | | 0.8 | |
| 7 | X X | 24.0 | | | 1.0 | | · | | | | · · · · · | | 0,9 | |
| 9 | x | 24.0 | | | 1.0 | | <u> </u> - | | | | | | 0.8 | |
| 10 | <u> </u> | 24.0 | | | | | · · · · · | | | | | | | |
| 11 | | 24.0 | | | | | | | | | | | | |
| 12 | X | 24.0 | 61,733 | | 0.6 | | | | | | | | 0.4 | |
| 13 | Х | 24.0 | | | 0.9 | | | | | | | ļ | 0.6 | |
| 14 | Х | 24.0 | and the second sec | | 0.9 | | | | | <u> </u> | | | 0.7 | |
| 15 | X | 24.0 | | ļ | 0.9 1.0 | | | | | | | | 0.7 | |
| 16 17 | x | 24.0 24.0 | | + | 1.0 | | | | | | | | 0.1 | |
| -18 | | 24.0 | | + | | | - | | | | | | | |
| 19 | x | 24.0 | | | 1.5 | | | - | | | | | 1.4 | |
| 20. | X | 24.0 | | | 1.9 | | | | | | | | 1.6 | |
| 21 | Х | 24.0 | | | 1.5 | | | | | | | | 1.5 | |
| 22 | X | 24.0 | | | 1.4 | | | | L | | <u> </u> | | 1.1 | |
| 23 | x | 24.0 | | | 1.5 | | | | <u> </u> | | | <u> </u> | 1.3 | |
| 24 25 | | 24.0 | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | | <u>+</u> | | | | | |
| 25 | x | 24.0 | | 1 | 1.4 | | | | <u> </u> | | <u> </u> | | 1.2 | |
| 27 | X | 24.0 | | | 1.4 | | 1 | | | | | | 1.2 | |
| 28 | X | 24.0 | | 1. | 1.1 | | | | | | | | 1.1 | |
| 29 | x | 24.0 | 79,000 | | 1.1 | | | | | | | | 1.0 | |
| 30 | X | 24.0 | | | 1.2 | ļ | ļ | | | | <u> </u> | ļ | 1.0 | |
| 31 | L | 24.0 | | <u> </u> | <u> </u> | L | <u>l</u> | I | | L | L | l | 1 | I |
| Total | | <u></u> | 1,963,600 | 4 | | | | | | | | | | |
| Avgera | | | 63,342 126,600 | | | | | | | | | | | |
| 1 - THOMAS IN THE | | (c) 11 (c) 12 (c) 13 | 1 120,000 | 1 | | | | | | | | | | |

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



See Pages 4 for Instructions. I. General Information for the Month/Year of:

October, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Esta | ates | | | | F | WS Identification Numbe | ar: | 2540545 | |
|--------------------------------|------------------------|------------------------|-----------------|-----------------|----------------|----------|---------------------------------------|---------------------------------------|-------------|-------|
| PWS Type: | Community | Non-Transient Non-Comm | nunity [] Tr | ansient Non-Com | nunity | | onsecutive | | | |
| Number of Service Connect | tions at End of Month: | 251 | | | | Total Po | pulation Served at End of | Month: | 753 | |
| PWS Owner: | Aqua Utilities Florida | L | | | | | | | | |
| Contact Person: | Brian Heath | | | | | Contact | Person's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: F | PO Box 490310 | | | City: Leesbu | g S | State: Florida | | Zip Code: | 34749 |
| Contact Person's Telephone | Number: (| (352) 787-0980 | | | | Contact | Person's Fax Number: | (352) 787-6333 | | |
| Contact Person's E-Mail Ad | | beheath@aquaamerica.c | om | | | | | | | |
| 8. Water Treatment Pla | ant Information | | | | | | | | | |
| Plant Name: | Interlachen Lakes Esta | ates | | | | I | Plant Telephone Number: | | (352) 787-0 | 980 |
| Plant Address: | Velvet Avenue | | | | City: Holliste | r S | State: Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | Raw Ground Water | Purchased Finis | shed Water | | | | | | |
| Permitted Maximum Day O | perating Capacity of P | lant, gallons per day: | | 1,115,000 | | | | | | |
| Plant Category (per subsection | ion 62-699.310(4), F.A | A.C.): IV | | | | | ss (per subsection 62-699. | | С | |
| Licensed Operators | | Name | | License Class | License Nu | mber | Da | y(s) / Shift(s) | Worked | |
| Lead/Chief Operator: | Paul Thompson | | | Α | 7251 | I | Days Ist Shift | | | |
| Other Operators: | Larry White | | | С | 7082 | I | Days 1st Shift | | | |
| | David Haring | | | С | 14091 | I | Days 1st Shift | | | |
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II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

A7251

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

Printed or Typed Name

License Number

Page 1

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| III. Daily Data for the Alondh Sart of. October, 2005 C) Three of Abieving Four-Log Yurus Inactivation/Removal: | | | | | | 1 | | | | 01 | | | | <u> </u> | _ |
| III. Daily Data for file / Onlify Caronic Methods Coloper_12005 Construction of christing Four-Log Yuns Inactivation for Construction of Constructio | | | † | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| III. Days Plant October, 2005 October, 2005 October, 2005 October, 2005 Pype of Districted Partine Production Procession Removal: Prec Chlorine [Continue] Continue Chlorine Ch | | 8.0 | 1 | | | | ······· | | | 0.1 | <u> </u> | | | | |
| III. Days Description Concernation Concontinue Concontinue Concernation | | 0.1 | | | | <u> </u> | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| III. Daily Data for the Ylonth/ for ofi October, 2005 Vesars of Active Meriter Four-Log Virus Inscrivation Kennoval: | | 8.0 | | ······································ | | | | | ······································ | | | + | | | |
| III. Daily Data for the Vlorthy Far of: October, 2005 T Ultraviolet Radiation T Other (Te Vlorthe Far of: T Ultraviolet Radiation T Other (Describe). T Other (Describe). C Descriptions C Distribution C/f Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* Distribution Distribution C Distribution Distribution Distribution Distribution C Distributions Distributions Distributions Distributions Distributions Distributions Distributions Distributions Distribution Distributions Distributions Distributions Distributions Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribution Distribu | | 6'0 | 1 | | | <u> </u> | | | | | | | | | |
| III. Daily Daily Data for the Month/Year of: October, 2005 Coloper, 2005 Coloper, 2005 Coloper, 2005 Coloper, 2005 Coloper, 2005 Consertion Coloper, 2005 Consertion Coloper, 2005 Consertion Coloper, 2005 Consertion Consertion Lowest Consertion Consertion Consertion Lowest Consertion Consertion Consertion Consertion Consertion Lowest Consertion Consertion Consertion Lowest Consertin Consertion | | | 1 | <u> </u> | 1 | | | | | | | | | | _ |
| II. Daly Data for the NonthY est of: October, 2005 Construction of the NonthY est of: Control of Chicking Four-Log Virus Inscribution System: Free Chlorine Control of Chicking Four-Log Virus Inscribution System: Free Chlorine Control of Chicking Four-Log Virus Inscribution System: Free Chlorine Control of Chicking Four-Log Virus Inscributions; Chlorine Chlori | | | 1 | | 1 | | | | | 01 | | | | <u> </u> | |
| It Daily Daily Daily Daily for the Alonthh Far oft. October, 2005 | | | 1 | | | | | | | | | | | | |
| II. Daily Daily Daily Daily Daily Corrige Vinus Inscrivation/Year of: October, 2005 Post of Contract Relation Collocity Control Contract Control Control Control Control Provided Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contrel Control Control Control Control Control Control Control Control | Out of Operation | J/gm ,mstem, mg/L | - ,ui)/)98 | mo/cee-Wm | 7/0100 | u Applicable | J , TSIBW | า/แม | samunu | TRUI MOLL MPD T | Turne, Bpd. | | | | |
| II. Daily Data for the Month/ ear of: October, 2005 | Emergency or Abnormal Operating | Lowest Residual Disinfectant Concentration at Remote Point in | Dose UV Dose | Operating | Required, mg | , nater, PH of Water, | Temp of | Provided Before or at Customer Customer Peak | Contact Time (T) at C Measurement Point During Peak Flow, | Disinfectant Concentration (C) Before or at First Customer During | | of Finished Water Producted, | tinslq zwoH in | Statfed or Visited by Operator (Place | Day of Day of |
| II. Daily Data for the MonthA car of: October, 2005 | | | | 1 \\n | | | | | CT Calc | | | | | | |
| II. Daily Data for the Month/ ear of: October, 2005 Means of Achieving Four-Log Virus Inactivation/Removal: I Free Chlorine I Contine Dioxide I Ozone I Combined Chlorine (Chloramines) I Ultraviolet Radiation I Other (Describe): If ype of Disinfectant Residual Maintained in Distribution System: I Free Chlorine Dioxide I Combined Chlorine (Chloramines) | | | | *eldseilqq | A li , noitevi | Virus Inact | go.1-no | | | | <u>a</u> | 1 . | | | |
| II. Daily Data for the Month/ ear of: Means of Achieving Four-Log Virus Inactivation/Removal: Vere Chlorine Dioxide T Ozone T Combined Chlorine (Chloramines) T Ultraviolet Radiation T Other (Describe): C Ultraviolet Radiation T Other (Describe | | əbixoi | | | | | | | | | | TIEJAIBIAI IEU | L DISƏM 1021 | าลาแรเดา | |
| Means of Achieving Four-Log Virus Inactivation/Removal: Veto Colober, 2005 Means of Achieving Four-Log Virus Inactivation/Removal: Veto Colober, 2005 | | | | | | | | | | | | | | | |
| | | ines) | е (Срјогаш | ned Chlorir | | anosO 🗌 | əbixo | Chlorine Die | | ad: 🔽 Free C | | | | | |
| W2 Identification Number 2540545 Paint Name: Interfaction Lakes Estates | | | | | | | | | | | :10 | onth/Year o | tor the M | eted vlin | III' D' |
| | | · | | | | sət | akes Esta | Interlachen I | Plant Name: | | 540545 | | | ntification | PISMA |

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

95P Form 62-555.900(3)Attempted



See Pages 4 for Instructions. I. General Information for the Month/Year of:

November, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes Es | states | | | ··· ··· ··· ··· ··· | | | PWS Id | entification Numb | per: | 2540545 | |
|--|-----------------------|----------------|-------------------|---------------|---------------------|--------|------------|-------------|--------------------|----------------|-------------|---------|
| PWS Type: | Community | Non- | Transient Non-Com | nmunity 🛛 T | ransient Non-Com | nunity | | Consecu | ıtive | | | |
| Number of Service Connect | tions at End of Month | n: | 251 | | | | Tota | l Populatio | on Served at End o | of Month: | 753 | |
| PWS Owner: | Aqua Utilities Florid | la | | | | | | | | | | |
| Contact Person: | Brian Heath | | | | <u> </u> | | Cont | tact Person | 's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: | PO Box 490 | 310 | | | City: | Leesburg | State: | Florida | | Zip Code: | 34749 |
| Contact Person's Telephone | Number: | (352) 787-09 | 980 | | | | Con | tact Person | 's Fax Number: | (352) 787-633 | 3 | |
| Contact Person's E-Mail Ad | Idress: | beheath@ | @aquaamerica. | com | | | | _ | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | | | | |
| Plant Name: | Interlachen Lakes E | states | | | | | | Plant T | elephone Number: | | (352) 787-0 | 980 |
| Plant Address: | Velvet Avenue | | | | | City: | Hollister | State: | Florida | | Zip Code: | 32177 |
| Type of Water Treatment by | y Plant: | 🗹 Raw (| Ground Water | Purchased Fin | iished Water | | | | | | | |
| Permitted Maximum Day O | Derating Capacity of | Plant, gallons | s per day: | | 1,115,000 | | | | | | | |
| Plant Category (per subsect | ion 62-699.310(4), F | .A.C.): | <u> </u> | v | | | | | subsection 62-699 | | | |
| Licensed Operators | | | Name | | License Class | Lice | ense Numbe | r 🔤 | | ay(s)/Shift(s) | Worked | |
| Lead/Chief Operator: | Paul Thompson | | | | А | | 7251 | Days 1s | st Shift | | | |
| Other Operators: | Larry White | | | | С | | 7082 | Days Is | st Shift | | | |
| | David Haring | | | | C | | 14091 | Days 1s | st Shift | | | |
| and the second of the second | | | | | | | | | | | | |
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| | | | | | | L | | | | | | |
| | | | | | 1 | | | | | | | |

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A7251 License Number

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

Page 1

. ,

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

| PWS Id | PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates | | | | | | | | | | | | | |
|--|--|---|-------------------------|------------|--------------------|--------------|-----------------------|---|---|--------------|--|---------------------|-------------------|---|
| III. Daily Data for the Month/Year of: November, 2005 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine 🗂 Chlorine Dioxide 🔽 Ozone 🖵 Combined Chlorine (Chloramines) | | | | | | | | | | | | | | |
| Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide | | | | | | | | | | | | | | |
| Туре с | | | | | | | | | | | | | | |
| | | 1999 1 | | C | T Calculations, or | UV Dose, to | Demostate I | Four-Log | Virus Inac | tivation, if | | | | 양성 방법 방법 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 |
| | | CT Calculations UV Dose | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 동법은 성실에 가장되는 것을 받는 것이 있는 것이 있는 것이다. 방법은 것은 것이 같은 것이 있는 것이 있는 것이 같이 있는 것이다. |
| - | | | | | | Disinfectant | Lowest CT Provided | an a | | | 1월 20일 - 11일 - 11일 1일 - 11일 - 11일 1일 - 11일 - 11일 | | | |
| | Days Plant | (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, | | | Lowest Residual | Contact Time | Before or at | | | | | | Lowest Residual | |
| | Staffed or | | Net Quantity | | Disinfectant | (T) at C | First | | | | 1.5765 2 | Minimum | Disinfectant | |
| | Visited by | | of Finished | | Concentration (C) | Measurement | Customer | | | | Lowest | UV Dose | Concentration at | Emergency or Abnormal Operating |
| Day of | | Hours plant | 1. A. | | Before or at First | Point During | During Peak | national The Alasta | | Minimum CT | | Required, | Remote Point in | |
| 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, ^O C | if Applicable | min/L | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation |
| 1. (1 . %) | x | 24.0 | 64,300 | | 1.2 | | L | [| | | | | 0.8 | |
| 2 - | X | 24.0 | 74,100 | | 1.0 | L | ļ | ļ | <u> </u> | ļ | ļ | ┣──── | <u>1.0</u> 0.9 | |
| 3 | x | 24.0 | | | 1.0 | | | | | | <u> </u> | [| 0.9 | |
| 4 | X | 24.0 | 54,400 | | 1.0 | | <u> </u> | ļ | <u> </u> | | | <u> </u> | 0.7 | |
| 5 | | 24.0 | <u>65,467</u> 65,467 | | | | | | ┠──── | <u> </u> | <u></u> | | | |
| 7 | x | 24.0 | 65,467 | | 1.1 | | <u> </u> | | | | | | 0.8 | |
| 8 | X | 24.0 | 57,300 | | 1.3 | | | | | | | | 0.7 | |
| 9 | x | 24.0 | 54,500 | | 1.0 | | | <u> </u> | | | | | 0.7 | |
| 10 | X | 24.0 | 65,800 | | 1.1 | | | | t | | 1 | | 0.8 | |
| 11 | x | 24.0 | 75,400 | | 1.1 | | <u> </u> | 1 | | | | | 1.0 | |
| 12 | | 24.0 | 50,700 | | | | 1 | | | [| | | | |
| 13 | | 24.0 | 50,700 | | | | | | | ļ | ļ | ļ | | |
| 14 | X | 24.0 | 50,700 | | 1.7 | L | ļ | ļ | ļ | | | <u> </u> | 1.5 | |
| 15 | Х | 24.0 | 68,500 | | 1.6 | | I | ļ | <u> </u> | | <u> </u> | <u> </u> | 1.2 | |
| 16 | <u>x</u> | 24.0 | 53,400 | | 1.3 | | <u> </u> | ╄── | | | <u> </u> | | 1.0 | |
| 17 | X | 24.0 | <u>65,800</u> 66,100 | | 1.2 | | | | <u> </u> | | | <u>├</u> ──── | 1.0 | ······································ |
| 18 | x | 24.0 | 59,700 | ł | 1.2 | | <u> </u> | | | | | | | |
| 20 | <u> </u> | 24.0 | | | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u>↓</u> | <u> </u> | |
| 20 | x | 24.0 | | <u>├</u> | 1.2 | | t | | <u>├</u> | 1 | 1 | 1 | 0.6 | |
| 22 | X | 24.0 | | <u> </u> | 1.2 | | | 1 | | | | | 0.8 | |
| 23 | X | 24.0 | | | 1.4 | | | | | | | | 0.9 | |
| 24 | Х | 24.0 | 56,000 | | 1.4 | | | | | L | ļ | L | 1.0 | |
| 25 | X | 24.0 | | | 1.4 | | L | | L | 1 | <u></u> | ļ | 1.1 | |
| 26 | | 24.0 | | | | | <u> </u> | ļ | ļ | ļ | | | <u> </u> | |
| 27 | | 24.0 | | | | | | <u> </u> | ļ | | | | 0.8 | · · · · · · · · · · · · · · · · · · · |
| 28 | X | 24.0 | | | 1.3 | | } | <u> </u> | <u> </u> | | <u> </u> | <u>├</u> ──── | 0.6 | |
| 29 | X X | 24.0 | | <u> </u> | 1.2 | | ┼─── | | | | + | <u> </u> | 1.2 | |
| 30 | <u>X</u> | 24.0 | 67,000 | <u>↓</u> | 1.2 | | <u> </u> | | <u> </u> | | 1 | 1 | 1 | |
| Total | 1 | <u> </u> | 1,835,200 | <u> </u> | L | J | 4 | J | <u> </u> | | _ L | . | | |
| Avgera | 2e | | 59,200 | 1 | | | | | | | | | | |
| Maxim | | | 75,400 | | | | | | | | | | | |

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

ear of: December, 2005

A. Public Water System (PWS) Information

| PWS Name: | Interlachen Lakes E | states | | | | PWS Identification Number | er: 2540545 | |
|--|----------------------|---------------------------|----------------|------------------|-----------------|---------------------------------|------------------------|-------|
| PWS Type: | ✓ Community | Non-Transient Non-Con | nmunity 🗌 Tr | ransient Non-Com | munity | Consecutive | | |
| Number of Service Connect | tions at End of Mont | h: 251 | | | То | tal Population Served at End of | f Month: 753 | |
| PWS Owner: | Aqua Utilities Flori | da | | | | | , | |
| Contact Person: | Brian Heath | | | | Co | ontact Person's Title: | Area Manager | |
| Contact Person's Mailing A | ddress: | PO Box 490310 | | | City: Leesburg | State: Florida | Zip Code: | 34749 |
| Contact Person's Telephone | Number: | (352) 787-0980 | | | Co | ontact Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Ad | Idress: | beheath@aquaamerica | .com | | | | | |
| . Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Interlachen Lakes E | states | | | | Plant Telephone Number: | (352) 787-09 | 80 |
| Plant Address: | Velvet Avenue | | | | City: Hollister | State: Florida | Zip Code: | 32177 |
| 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: | | 1,115,000 | | | | |
| Plant Category (per subsect | ion 62-699.310(4), F | F.A.C.): | IV | | Pla | nt Class (per subsection 62-699 | | |
| Licensed Operators | | Name | | License Class | License Num | ber Da | y(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Paul Thompson | | | Α | 7251 | Days 1st Shift | | |
| Other Operators: | Larry White | | | C | 7082 | Days 1st Shift | | |
| 이 공장 전쟁을 통하는 것 | David Haring | | | С | 14091 | Days 1st Shift | | |
| | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | |
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| 이 이 모두 바람이 가 바람이 있는 것이 하는 것이 이 이 하는 것이 이 | | | | | | | | |
| | | | | | | | | |
| 1. 法公共法律法 | | | | | | | | |
| | | | | | | | | |

II Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A7251

License Number

| PWS Id | PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates | | | | | | | | | | | | | | |
|---|--|--------------|------------------|---|-------------------------|--------------|--------------|--------------|---------------|--------------|------------------------|---------------------------------------|------------------|--|--|
| III. Daily Data for the Nonth/Year of: December, 2005 | | | | | | | | | | | | | | | |
| Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine 🔽 Chlorine Dioxide 🖵 Ozone 🔽 Combined Chlorine (Chloramines) | | | | | | | | | | | | | | | |
| Ultraviolet Radiation Coher (Describe): | | | | | | | | | | | | | | | |
| Type of Disinfectant Residual Maintained in Distribution System: 🔽 Free Chlorine 🔽 Combined Chlorine (Chloramines) 🔽 Chlorine Dioxide | | | | | | | | | | | | | | | |
| Type of | | | | | | | | | | | | | | and the second | |
| | | | | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | | |
| | | | | | CT Calculations UV Dose | | | | | | | | | | |
| [| | | | a dina | Lowest CT | | | | | | | | | | |
| | | | | | | Disinfectant | Provided | | | | | | | | |
| | Days Plant | | | | Lowest Residual | Contact Time | Before or at | | | | | | Lowest Residual | | |
| | Staffed or | | 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 | 「うかい かいがく うちょうもの | | 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- | | | 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 | mm/L∕⊙∰ | mW-sec/cm ² | sec/cm ² | System, mg/L | Out of Operation | |
| 1 | X | 24.0 | | | 1.4 | <u> </u> | | <u> </u> | <u> </u> | | | | 1.2 | | |
| 2 | x | 24.0 | 45,400 58,767 | | 1.4 | | | | | | | ┠──── | 1.0 | | |
| 4 | | 24.0 | 58,767 | ╂──── | | <u> </u> | | | <u> </u> | <u> </u> | | | | | |
| 5 | x | 24.0 | 58,767 | | 1.3 | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | | | 0.8 | | |
| 6 | | 24.0 | 73,000 | { | 1.8 | <u>}</u> | | | 1 | | | | 1.0 | | |
| 7 | | 24.0 | | | 1.7 | <u> </u> | · ··· | | | | | | 1.0 | | |
| - 8 | Х | 24.0 | | | 1.6 | | | | 1 | ļ | | | 0,8 | | |
| 9 | х | 24.0 | 54,400 | | L.4 | | 1 | 1 | 1 | | | | 0.8 | | |
| 10 | | 24.0 | 53,733 | | | | | | | | | | | | |
| 11 | | 24.0 | | | | | | | | | | L | | | |
| 12 | x | 24.0 | | | 1.8 | L | | | <u> </u> | | | | 1.3 | | |
| 13 | x | 24.0 | | | 1.6 | <u> </u> | ļ | <u> </u> | <u> </u> | | | <u> </u> | 1.0 | | |
| 14 | X | 24.0 | | | 1.5 | | ļ | <u> </u> | l | | | | 0.7 | | |
| 15 | X | 24.0 | | <u> </u> | 1.2 | ļ | | ╂-── | | ļ | | | 0.6 | | |
| 10 | x | 24.0 24.0 | | | 1.2 | <u> </u> | | | | | | | 0.0 | | |
| 17 | | 24.0 | | <u> </u> | | <u></u> | | <u>+</u> | + | | <u> </u> | | <u> -,</u> | | |
| 19 | x | 24.0 | | | 1.2 | | 1 | <u>├</u> ─── | + | <u> </u> | | 1 | 0.8 | | |
| 20 | x | 24.0 | | | 1.2 | | | | | | | | 0.8 | | |
| 21 | X | 24.0 | | | 1.4 | | | | | | | | 0.7 | | |
| 22 | X | 24.0 | | 1 | 1.4 | | | | | | | | 1.0 | | |
| 23 | X | 24.0 | 52,600 | | 1.2 | | | | | | ļ | | 0.7 | | |
| 24 | | 24.0 | | | | | | | <u> </u> | ļ | | | <u> </u> | | |
| 25 | | 24.0 | | | | <u> </u> | | | <u> </u> | · | ļ | | | | |
| 26 | <u>x</u> | 24.0 | | | 1.4 | <u> </u> | | ╂ | | | <u> </u> | <u> </u> | 0.7 | | |
| 27 | X | 24.0 | | <u> </u> | 1.4 | h | <u> </u> | + | <u> </u> | | | | 0.0 | | |
| 28 | X | 24.0 | | ┨ | 1.4 | | | <u> </u> | <u> </u> | 1 | | <u> </u> | 1.0 | | |
| 29 30 | X X | 24.0 24.0 | | ┼──── | 1.4 | + | <u> </u> | + | + | | | | 1.0 | <u> </u> | |
| 30 | <u>+_^</u> | 24.0 | | ┼ | 1.5 | <u>+</u> | ┼──── | | + | | | †' | 1 | | |
| Total | 1 | 1 24.0 | 1,751,946 | <u> </u> | L | L | | <u> </u> | ± | 1 | L | · · · · · · · · · · · · · · · · · · · | * | | |
| Avgera | že | | 56,514 | - | | | | | | | | | | | |
| Maxim | | | 95,800 | - | | | | | | | | | | | |

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