48 Estates

Docket No. 060368-WS

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

Florida

VOLUME 6

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Aqua Utilities Florida, Inc.

Aqua Utilities Florida, Inc. Monthly Operating Reports

JS - 48 Estates

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See page 4 for instructions

I. General Information	for the Month/Year of:	January-04							
A. Public Water System	n (PWS) Information								
PWS Name:	48 Estates	····		P	WS Identit	fication Numb	er:	3350005	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient N	on-Commu	nity		Consecutive	
Number of Service Cor	nections at End of Month:	79		Total Populat	ion Served	at End of Mo	nth:	276.5	
PWS Owner:	AquaSource Utility, Inc.			_					
Contact Person:	Michael Fitzgerald			Contact Perso	n's Title:	Area Manag	ger - Flor		
Contact Person's Mailir					Ocala	State:	FL	Zip Code:	
Contact Person's Teleph		···· ··· ··· ··· ··· ··· ··· ··· ··· ·		Contact Perso	n Person's	Fax Number:		(352) 732-3	213
Contact Person's E-Ma		rald@suburbanwater.com							
B. Water Treatment Pla	· · · · · · · · · · · · · · · ·			······································					
Plant Name:	48 Estates		······································		lant Telepl	one Number:		(352) 369-4	
Plant Address:	Haines Creek Road	· · · · · · · · · · · · · · · · · · ·			avares	State:	FL	Zip Code:	32778
Type of Water Treated			rchased Finished Wat	er					
	ay Operating Capacity of Plant, gal	lons per day:	57,600	·	•				
	osection 62-699.310(4), F.A.C.):			Plant Class (p					Panayan data manaka kata da sa da sa kata kata kata kata kata kata kata
Licensed Operators	Name		License Class	License 1	Number	1.1.1.1.1.1.1	Day	(s)/Shift(s) Wor	ked
Lead/Chief Operator:	Mark Mar		С	828				3 Days per week	
Other Operators:	Tom Felto	n	С	224	41			3 Days per week	
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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 C8287 License Number

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



See page 4 for instructions

I. General Information	or the Month/Year of: February-04	
A. Public Water System	(PWS) Information	
PWS Name:	48 Estates PWS Identification Number: 3350005	
PWS Type:	X Community Non-Transient Non-Community Transient Non-Community Consecutive	
Number of Service Con	mections at End of Month: 79 Total Population Served at End of Month: 276.5	
PWS Owner:	AquaSource Utility, Inc.	
	Michael Fitzgerald Contact Person's Title: Area Manager - Florida	···
Contact Person's Mailin	3 Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 3447	70
Contact Person's Teleph	one Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213	
Contact Person's E-Mai	Address: <u>mvfitzgerald@suburbanwater.com</u>	
B. Water Treatment Pla		
Plant Name:	48 Estates Plant Telephone Number: (352) 369-4881	
Plant Address:	Haines Creek Road City: Tavares State: FL Zip Code: 3277	78
Type of Water Treated	by Plant: X Raw Ground Water Durchased Finished Water	
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day: 57,600	
Plant Category (per sul	section 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name License Class License Number Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Mark March C 8287 3 Days per week	
Other Operators:	Tom Felton C 2241 3 Days per week	
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II. Certification by Lead/Chief Operator

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Signature and Date

Mark March Printed or Typed Name C8287 License Number

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

PWS Id	entificat	tion Numbe	r:	3350005		Plant Name:	48 Estates								
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		for the Mon					Erec (Chlorin		Chlorine I	Vievide		Dzone	Combined Chlori	ne (Chloramines)
			Log Virus Inacti	viation/Rem		. X.				Chiornie L	JUXIUE			Combined Chion	ne (Chiorannics)
		et Radiation			Other (Describe	e):						11.10			Chlorine Dioxid
Type of	Disinte	ctant Resid	ual Maintained i						Free Chl			mbined C	hlorine (Chlor	amines)	
					CT Calculations			our-Log	Virus Inactiv	ration, if Appl					
	Days					CT Calcu	L	r			<u>UV I</u>	Dose		Server 1 Store State	
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited	and the second	N 0			(T) at C	at First			Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	Empression of A	bnormal Operating
	by	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer . During	Temp.	pH of	CT	UV Dose,	Required,			Maintenance Work that
Day of the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ter System Components
Month	(1 lace "X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C,	Applicable		sec/cm2	sec/cm2	System, mg/L		Operation
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Total			605,800	4											
Average			20,890	4											
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* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions				
I. General Information for the Month/Year of: March-04				
A. Public Water System (PWS) Information				
PWS Name: 48 Estates		PWS Identi	fication Number:	3350005
PWS Type: X Community Non-Transient Non-C	Community	Transient Non-Comm		Consecutive
Number of Service Connections at End of Month: 79		Total Population Served	at End of Month:	276.5
PWS Owner: AquaSource Utility, Inc.				
Contact Person: Michael Fitzgerald		Contact Person's Title:	Area Manager - Fl	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.c	om			
B. Water Treatment Plant Information				·····
Plant Name: 48 Estates	····		hone Number:	(352) 369-4881
Plant Address: Haines Creek Road		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600		<u>(2) (00 210/4) F</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsect		
Licensed Operators Name	License Class	License Number	D:	ay(s)/Shift(s) Worked
Lead/Chief Operator: Mark March	C	8287		3 Days per week
Other Operators: Tom Felton	C	2241		3 Days per week
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Signature and Date

Mark March Printed or Typed Name C8287 License Number

PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER	
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Emergency or Abnormal Operating	at Remote	UV Dose	BatharaqO	muminiM		qmoT	Customer	Measurement	(D) Belore or at		Vet Quanity	Z in graph at the states of	pλ	
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minime Refer to the instructions for this report to determine which plants must provide this information. * Refer to the instruction for the instruction of the inst

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See page 4 for instructions

I. General Information	for the Month/Year of:	April-04				
A. Public Water System	n (PWS) Information					
PWS Name:	48 Estates		n e :	PWS Identi	fication Number:	3350005
PWS Type:	X Community	Non-Transient Non-Co	mmunity 🗌	Transient Non-Comm	inity	Consecutive
Number of Service Con	nections at End of Month:	79		Total Population Served	at End of Month:	276.5
	AquaSource Utility, Inc.					
	Michael Fitzgerald			Contact Person's Title:	Area Manager - Flori	ida
Contact Person's Mailin				City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai		tzgerald@aquaamerica.co	<u>m</u>			
B. Water Treatment Pla	nt Information					
Plant Name:	48 Estates				hone Number:	(352) 369-4881
Plant Address:	Haines Creek Road			City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated			Purchased Finished Wa	ter		
	ay Operating Capacity of Plant		57,600			
	osection 62-699.310(4), F.A.C.)			Plant Class (per subsect		
and the second se	Na		License Class	License Number	K_	(s)/Shift(s) Worked
Lead/Chief Operator:	Mark	the second se	С	8287		Days per week
Other Operators:	Tom	Felton	<u> </u>	2241	3	Days per week
						· · · · · · · · · · · · · · · · · · ·
	·					
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				" I		

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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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 C8287 License Number

DEP Form 62-555.900(3)Alternate

Page 1

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											31'000	54 prs		LZ
	0.4										31'000	54 PLS	X	97
											43'000	54 prs	1	52
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											33'000	24 prs		81
											000'88	54 prs		21
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					[000°27	54 1/2	X	2
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Involves Taking Water System Components	nottudruzid	Μŵ	-Wm	Required,	Vater, if		Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(aVa)	əqi
Conditions; Repair or Maintenance Work that		Required,	UV Dose,	່ມ	Jo Hq	- jo	annd	Point During	First Customer		benzini To	smoll	Operator	
Emergency or Abnormal Operating	at Remote	UV Dose	Operating	muminiM	and the second	Temp	Customer	Measurement	(C) Before or at		Net Quantry	angan jar	۸q	
	Concentration	muminiM	lsowod		1.71 <u></u>	S 9.17	at First) as (T) at C	Concentration				benerv	
	Disinfectant						Before or	Sontact Time	Disinfectant		and the second second second		0L	
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							48 Estates	Plant Vame:		5000588		əquin _N uo	lentificati	PI SM
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* Refer to the instructions for this report to determine which plants must provide this information.

43'000 31'300 636'000 Maximum



See page 4 for instructions

I. General Information	for the Month/Year of:	May-04							
A. Public Water System	n (PWS) Information	· · · · · · · · · · · · · · · · · · ·							
PWS Name:	48 Estates				PWS Ident	ification Nur	nber:	3350005	
PWS Type:	X Community	Non-Transient Non-Co	mmunity	Transient	Non-Comm	unity		Consecutive	
	mections at End of Month:	79		Total Popul	ation Served	l at End of M	fonth:	276.5	
PWS Owner:	AquaSource Utility, Inc.								
Contact Person:	Michael Fitzgerald			Contact Pers		Area Man	ager - Flo		
Contact Person's Mailin					Ocala	State:	FL	Zip Code:	
Contact Person's Telepl) 369-4881		Contact Pers	son Person's	Fax Numbe	r:	(352) 732-3	213
Contact Person's E-Mai		tzgerald@aquaamerica.co	<u>m</u>		·····				
B. Water Treatment Pla	· · · · · · · · · · · · · · · · · · ·								
Plant Name:	48 Estates					hone Numbe	er:	(352) 369-4	881
Plant Address:	Haines Creek Road			City:	Tavares	State:	FL	Zip Code:	32778
Type of Water Treated			urchased Finished Wa	ter					
	ay Operating Capacity of Plant		57,600	1				·····	
	bsection 62-699.310(4), F.A.C.		and the second			ion 62-699.3			
Licensed Operators	Na		License Class		Number			y(s)/Shift(s) Worl	ced
Lead/Chief Operator:		March	С		287			3 Days per week	
Other Operators:	Tom	Felton	C	22	241			3 Days per week	
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A set of the set of						_			<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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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 C8287 License Number

GROUND WATER OR PURCHASED FINISHED WATER	WAA DNITAAAT & 2WA AOA TAOAAA NOITAAAO Y JHTNON
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											000'75	54 prs		LZ
	L'I										000'75	24 Pts	X	97
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	6.1	1									40,000	54 piz	X	17
		t				1					000'67	54 pts		07
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	<u>L'I</u>	───			<u> </u>						40,000	54 1/12	X	01
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											52,000	54 p.s	<u> </u>	7
	6.0									l	52,000	54 Prs	X	£
		Ļ	<u> </u>								52,000	54 PLS		7
											52,000	54 Pts		121
Out of Operation	J'gm ,mstv2	2mo/oas	Zmo/oos -		Applicable		J'nim-gm	səmuim	J\2m ,wolf	Rale, gpd	Produced, gal	-nousrago	("X"	Month
Emergency or Abnormal Operating Emergency or Abnormal Operating Conditions, Repair or Maintenance Work final Involves Taking Water System Components	at Remote	Minimum UV Dose Required,	Lowest UV Dose, Wm-	Required, CT Minimum	pH of Water, if	Temp. Of Water,	Before or at First Customer During Peak Flow,	Contact Time (T) at C Measurement Peak Flow,	Disinfectant Concentration (C) Before or at First Customer During Peak	Peak Flow	Net Quanity of Finished Water	Hours Plant in	or Visited Operator (Place	Day of
	Residual						Provided	Disinfectant	Lowest Residual				Staffed	
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Combined Chlorine (Chloramines)	əuoz(э 📋	<pre>sbixoi</pre>	Chlorine D		hlorine	Э ээтЧ		* :levo	viation/Rem	ithen land surid go.			
									40-yem		th/Year of:	noM adt ro	y Data f	III. Dail
							. .							
							48 Estates	Plant Name:		5000555		əquan _N uo		PI SMd

* Refer to the instructions for this report to determine which plants must provide this information. 000**°**7*L* mumixeM

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46'000

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24 Prs

54 p.s

Average

16

30

Total

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See page 4 for instructions

I. General Information f	for the Month/Year of:	June-04				
A. Public Water System	n (PWS) Information					
PWS Name:	48 Estates			PWS Ident	ification Number:	3350005
PWS Type:	X Community	Non-Transient Non-Con	nmunity	Transient Non-Comm	iunity	Consecutive
Number of Service Con	nections at End of Month:	79		Total Population Serve	d at End of Month:	276.5
	AquaSource Utility, Inc.					
	Michael Fitzgerald			Contact Person's Title:	Area Manager - F	
Contact Person's Mailin				City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph		2) 369-4881		Contact Person Person'	s Fax Number:	(352) 732-3213
Contact Person's E-Mai		itzgerald@aquaamerica.con	<u>n</u>			
B. Water Treatment Pla						
	48 Estates				ohone Number:	(352) 369-4881
	Haines Creek Road			City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated			urchased Finished Wa	ter		
	ay Operating Capacity of Plan		57,600	`F		
	osection 62-699.310(4), F.A.C			Plant Class (per subsec		
Licensed Operators	N	ame	License Class	License Number	I	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark	March	C	8287		3 Days per week
Other Operators:	Tom	Felton	С	2241		3 Days per week
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Signature and Date

Mark March Printed or Typed Name C8287 License Number

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												24 prs		15
	I I			1							000'67	24 Prs	X	30
						T					54'000	24 Pts		67
	9.0										54'000	24 prs	X	82
											54'000	24 Prs		LZ
											54'000	24 pts		97
	8.0										54'000	24 prs	X	52
											32,000	54 Pts		54
	8.0										35,000	54 PLS	X	53
					1						000'61	24 pts		77
	8.0								1		000'61	54 pts	X	51
											35,000	74 PLS		07
											32,000	24 PIS		61
	L'0										56,000	54 PLS	X	81
		1			1	1					56,000	54 PLS		<u></u> 1
	8.0										56,000	24 PtS	X	91
											000'72	24 pr.s		51
	8.0										52,000	54 Pts	X	14
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							1				000'72	24 Pts	1	15
	9.0										000'27	54 pts	X	. 11.
											52,000	24 prs		01
	L						1				52,000	24 Prs	X	6
											50,000	24 Prs	1	8
	9.0										50,000	24 PTS	X	L
							1				000'87	24 Prs	1	9
				I						[58'000	24 Prs	1	5
	8.0										000'87	24 Jrs	X	4
											56,000	54 Prs	1	£
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											46'000	54 PL2		I
Out of Operation	System; mg/L	2mo/oos	2mp/pas	J'nim-2m	Applicable	C	J'nim-2m	səmnim	Flow, mg/L	 bqg ,etaF 	Produced, gal	Operation	("X"	Month
Involves Taking Water System Components	Residual Disinfectant Concentration at Remote	Minimum UY Dose Requiced, MW	Detaing Detaing Lowest	Minimum CT Requited,	pH of Water, if	Temp. of Water,	Provided Before or at First Customer During Peak Flow,	Disinfectant Contact Time (T) at C Measurement Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Peak Flow	Net Quanity of Finished Water	zmoH ni tosi9	Staffed or Operator (Place	Day of
	Lowest			Contract reading			TO Jeswol						plant	
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								:(Other (Describe			t Radiation	ltraviole	n 🔲
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* Refer to the instructions for this report to determine which plants must provide this information. \$\$`000 56`161 mumixeM

803[°]000

Average

Total



See page 4 for instructions July-04 I. General Information for the Month/Year of: A. Public Water System (PWS) Information 3350005 PWS Name: 48 Estates PWS Identification Number: Consecutive PWS Type: X Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 79 Total Population Served at End of Month: 276.5 PWS Owner: Aqua Utilities Florida Contact Person's Title: Contact Person: Brian Heath Area Manager - Florida Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 Leesburg Zip Code: 34748 City: State: FL 352/787-6333 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Name: 48 Estates Plant Telephone Number: (352) 369-4881 Plant Address: Haines Creek Road City: Tavares State: FL Zip Code: 32778 X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked Licensed Operators Name License Class License Number Lead/Chief Operator: 3 Days per week Will Fontaine С 6813 Other Operators: John Worrel С 6597 3 Days per week

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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

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

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	<u> </u>										006'0£	24 Pts		52
											30,900	24 PLS		54
	6.0								5.1		006'0£	54 pts	X	52
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······											009'18	54 µis		81
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· · · · · · · · · · · · · · · · · · ·	1.1								1.4		40'000	24 prs	X	۶I
	1.4								LI		32,400	24 prs	X	14
	1.4								8.1		32'800	24 hrs	X	13
	2.1								<u>S.I</u>		38'000	24 prs	X	71
											34,300	54 prs		11
											34'300	24 PTS		10
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	l								£.1		41'400	24 hrs	X	8
	6.0								1.1		56,300	24 pts	X	L
	6.0								2.1		51,600	24 Prs	X	9
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Emergency or Abnormal Operaturg Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentation at Remote Point in Distribution System, mg/L	Minimum Ninimum Required, Wm Seciem2	Operating	mg-min/L Required, CT	Applicable	Temp.	mg-min/L Provided Before or Before or Lows All First Customer Preak Flow, All Customer Provided Provid		Lowest Residual Districtant Concentration (C) Before or at First Customer First Customer Flow, mg/L	Feak Flow	Yet Quantry Vet Quantry Vater Water	Plant in Operation	Days Plant Staffed or Visited by Operator (Place	the Month
						30.1-1uo			CT Calculations,					
Chlorine Dioxic	norine (Chlora	1) bənidr			Free Chlo						ii bənistnisM İst			
Combined Chlorine (Chloramines)	əuoz	0	əbixoi	Chlorine D		hlorine	C 5917): [viation/Remo	vitus Inactiv		vəidəA to	o susaN
									10-yiul	`	:to rear of:	noM ant r	of sted v	lied III
							48 Estates	Plant Name: 4		5000555		1əqunn uo	iteoftitro	PI SMc

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



See page 4 for instructions

I. General Information	for the Month/Year of:	August-04		·····					
A. Public Water System	n (PWS) Information								· · · · · · · · · · · · · · · · · · ·
PWS Name:	48 Estates				PWS Ident	ification Nun	nber:	3350005	
PWS Type:	X Community	Non-Transient Non-Co	ommunity	Transi	ent Non-Comm	unity		Consecutive	
	nections at End of Month:	79		Total Po	pulation Served	l at End of M	lonth:	276.5	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact	Person's Title:	Area Man	ager - Flor	ida	
Contact Person's Mailir				City:	Leesburg	State:	FL	Zip Code:	34748
Contact Person's Telepl			· · · · · · · · · · · · · · · · · · ·	Contact	Person Person's	Fax Numbe	r:	352/787-63	33
Contact Person's E-Mai		@aquaamerica.com							
B. Water Treatment Pla	nt Information								
	48 Estates				Plant Telep	hone Numbe	er:	(352) 369-4	881
	Haines Creek Road			City:	Tavares	State:	FL	Zip Code:	32778
Type of Water Treated			Purchased Finished V	ater					
	ay Operating Capacity of Plant, gal	ons per day:	57,600						
	osection 62-699.310(4), F.A.C.):	V		Plant Cl	ass (per subsect	ion 62-699.3	10(4), F.A.	.C.): D	
Licensed Operators	Name		License Class	Lic	ense Number	de Sagade	Day	(s)/Shift(s) Wor	ked
Lead/Chief Operator:	Will Fonta	ne	С		6813		3	B Days per week	
Other Operators:	John Worr	el	С		6597		3	Days per week	
		· · · · · · · · · · · · · · · · · · ·							
	······································								
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

VM UAHAINIA UAAAUAAINA AU

											756'57			Average
											005'708	disaden internet.		[610]
	I.I.				1	T			1.4		52'100	54 PLS	x	15
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						1				· · · · · · · · ·	058'18	54 pts	1	67
······································		1				1			1		058'18	24 Pts	1	82
	1.1	1		1					5.1		006'61	54 Pts	X	LT
	9.1	1		1			· · · · · · · · · · · · · · · · · · ·		L'I		006'21	54 PL2	X	97
	6.1				1				2.2		005'11	54 PLS	X	52
	1.1			1		1			1.3		002,81	54 PL2	X	54
	ī			1	1				£'I	-	34'200	24 Pts	X	52
					1						34'200	24 Prs	<u> </u>	77
				1							34'100	54 PL2	1	17
	L'0								I		55'600	54 pts	X	50
	8.0								I		009'/1	54 prs	X	61
	1								6.1		000'61	24 PLS	X	81
	9'1								5		52'300	54 Pts	X	LI
	I								£.1		0\$1'81	24 prs	X	91
											0\$1'81	24 pts		\$1
	٤.1								9.1		005'81	54 prs	X	14
	1.4			T	1				9.1		51'000	24 PTS	X	٤١
	7.1								5.1		006'81	54 PLS	X	15
	2.1								1.4		51'600	24 hrs	X	्रा
	1.1								5. I		56,600	34 PLS	X	10
	L'0								8.0		0\$9'88	54 prs	X	6
											33'650	54 pr.s		8
									·		059'88	5 4 pr.s		<u> </u>
	8.0								1		56,100	54 pr.s	X	9
	<i>L</i> .0								<u> </u>		53'400	54 pt.2	X	S
· · · · · · · · · · · · · · · · · · ·	9.0								<u> </u>		51,100	54 PL2	X	7
	6.0								l I		54'200	54 pr.s	X	٤
	L'0					L			6.0		41'120	54 PLS	X	-5
				0		C. 200	6				t1'120	54 PL2		l
Emergency or Abnormal Operating Involves Taking Water System Components (volves Taking Water System Components	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, ng/L	Minimun UV Dose Required, MW	Lowest Operating UV Dose, M. Seccm2	Minimum CT Required, Maganted,	pH of Water, if Applicable	Temp. Water,	Ingemind Provided Before or Customer Customer Peak Flow, Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Belore or al First Customer During Peak Flow, mg/L	Peak Flow	Net Quanity Of Finished Water Produced, gal	Plenation Hours Plant in	Plant Staffed by Operator Place Py Operator Pared Py	Month Day of
		-050		uddy n 'uon	AILUS INACUAS	301-JUC			CT Calculations,				syed	
	stoline (Chlora			200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200	Free Chlo		•••				ii bənistnisM lsu	DISON 1001		1 ype of
Chlorine Dioxic		10 bouida			110				Other (Describe			t Radiation		
		~ 🗂	anivor	ດ າແມດເມດ		00000					vitaenl zuriV go.			
Combined Chlorine (Chloramines)	auoz(ahiyoi	Chlorine D		hlorine	D and	L						
									40-teuguA		th/Year of:	mol V adt 10	d ete(I v	iso III
· · · · · · · · · · · · · · · · · · ·							SOLDIST OF	Plant Name:	r	\$000555	· · · · · · · · · · · · · · · · · · ·	ou Number	เหวนแบ่จ	DISMA
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AJIAW UJHSINI-	1 UJCAH.	х РОКС	IFK OF	AW QN	I GKON	wдЯ	DNITA	чят _s zwa	а яся тяс	ои вер	V ОРЕ R∆ті	' IHTNC	NN I	

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

DEP Form Form 62-555-900(3)Hotemate



See page 4 for instructions

I. General Information f	or the Month/Year of:	September-04				
A. Public Water System	(PWS) Information					
	48 Estates			PWS Ident	ification Number	: 3350005
	X Community	Non-Transient Non-Com	munity	Transient Non-Comm		Consecutive
	nections at End of Month:	79		Total Population Serve	d at End of Month	h: 276.5
· · · · · · · · · · · · · · · · · · ·	Aqua Utilities Florida			· · · · · · · · · · · · · · · · · · ·		
	Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailin				City: Leesburg	State: F	
Contact Person's Teleph		37-0980		Contact Person Person's	s Fax Number:	352/787-6333
Contact Person's E-Mail	and the second second second second second second second second second second second second second second second	th@aquaamerica.com			<u> </u>	
B. Water Treatment Pla	nt Information					
	48 Estates				hone Number:	(352) 369-4881
	Haines Creek Road			City: Tavares	State: F	L Zip Code: 32778
Type of Water Treated			rchased Finished Wa	ter		
	ay Operating Capacity of Plant, g		57,600	······································		
	osection 62-699.310(4), F.A.C.):	V	•	Plant Class (per subsect	tion 62-699.310(4	1
Licensed Operators	Nan	e	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will For	itaine	С	6813		3 Days per week
Other Operators:	Marty	Veal	<u> </u>	10027		3 Days per week
				L		
					-	
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II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

PWS I	lentificat	tion Numbe	er:	3350005		Plant Name:	48 Estates								
	ly Data i	for the Mor	th/Year of:		September-04										
			Log Virus Inacti	vistion/Dom			Eroo (Chlorin	<u> </u>	Chlorine I	Diavida		Ozone	Combined Chlor	ine (Chloramines)
		Ŷ	0			-)-				Chionne	Joxide			Combined Chion	ine (Cinorannines)
		et Radiation			Other (Describ	e):									
Type o	t Disinte	ectant Resid	ual Maintained						Free Chl				hlorine (Chlor	amines)	Chlorine Dioxi
a constant a	13 (1997) 25 (1997) - 1992) 18 (2008) - 1992) 18 (2008)					, or UV Dose, to I		Four-Log	Virus Inactiv	ation, if App			eroeste sign gouldroom	in a domining a set	
3.410 pro-604.0	Days			And Comparing the		CT Calcu	lations	1			<u> </u>	Dose			
a internet in the second second second second second second second second second second second second second s	Plant			a sector of a sector of the se		2015 - 1 1 - 1 2 - 1 1 - 1	Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided		555 15 h ~ l				Residual		
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First				Laurant	1 Ciminana	Disinfectant	The second second second second second second second second second second second second second second second se	
And States	by	t ano nati anajuliji (1991) Manazari	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	Emergency or A	bnormal Operating
Day of	Operator	Hours	of Finished	and and a second second second second second second second second second second second second second second se	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		r Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	-Water, if	Required,	mW-	mW.	Distribution		ter System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	с	Applicable		sec/cm2	sec/cm2	System, mg/L		Operation
1	X	24 hrs	23,000		1.3								1		
2	X	24 hrs	15,700		1.3								1.1		
3	X	24 hrs	23,200		1.4								1.1		
4		24 hrs	18,000												
5		24 hrs	18,000									L		- <u></u>	
6	X	24 hrs	18,100		1.3								1	·	
7	X	24 hrs	24,200		1.3								1		
8	X X	24 hrs	13,000 23,100		1.4								1.1		
10	X	24 hrs 24 hrs	22,300		1.6					<u> </u>			1.2		
11	$-\frac{\Lambda}{X}$	24 hrs	15,500		1.5								1.5	<u> </u>	
12		24 hrs	23,500		1.5								· · · · · · · · · · · · · · · · · · ·		· ·
12	X	24 hrs	23,600		1.5	·······		<u> </u>					1.1		
14	X	24 hrs	18,100		1.4								1.1		
15	X	24 hrs	14,300	· · · · · ·	1.3								1.1		
16	X	24 hrs	19,900		1.5								1.1		
17	Х	24 hrs	19,900		1.5								1.2		
18		24 hrs	20,600												
19		24 hrs	20,700												
20	X	24 hrs	20,700		1.5								1.3		
21	<u> </u>	24 hrs	18,200		1.3			ļ					1.1		
22	X	24 hrs	23,100		1.5			ļ			·		1.1		
23	X	24 hrs	17,900		1.6								1.4	L <u></u>	
24	X	24 hrs	16,600		1.7		. <u></u>	<u> </u>		ļ			1.4		
25 26		24 hrs	19,800					ļ						······	
20	X	24 hrs 24 hrs	19,800 19,800		1.6								1.4	<u> </u>	
27	X	24 hrs 24 hrs	19,800		1.6					<u> </u>		<u>├</u> ──~	1.4		
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Average			19,670	1											
Maximu	m 👘	and the second sec	24,200												

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



See page 4 for instructions

I. General Information for	the Month/Year of:	October-04							
A. Public Water System (
· · · · · · · · · · · · · · · · · · ·	8 Estates				PWS Identi	fication Nu	nber:	3350005	
PWS Type: X	Community	Non-Transient Non-Con	nmunity		Transient Non-Commu	inity		Consecutive	
Number of Service Conne	ctions at End of Month:	79			Total Population Served	at End of N	Ionth:	276.5	
PWS Owner: A	qua Utilities Florida								
Contact Person: B	rian Heath				Contact Person's Title:	Area Mar	nager - Florie	da	
Contact Person's Mailing	Address: 2315 Griffin Road,	Suite 4			City: Leesburg	State:	FL	Zip Code:	34748
Contact Person's Telephor	ne Number: 352/787-	0980			Contact Person Person's	Fax Numbe	er:	352/787-63	33
Contact Person's E-Mail A	Address: beheath	@aquaamerica.com							
B. Water Treatment Plant	Information	-							
Plant Name: 41	8 Estates				Plant Telep	hone Numb	er:	(352) 369-4	4881
Plant Address: H	aines Creek Road				City: Tavares	State:	FL	Zip Code:	32778
Type of Water Treated by	Plant: X Raw Ground	Water 🗌 Pu	urchased Finished	Wate	er				
Permitted Maximum Day	Operating Capacity of Plant, gal	lons per day:	57,600						· · · · · · · · · · · · · · · · · · ·
	ection 62-699.310(4), F.A.C.):	V			Plant Class (per subsecti				
Licensed Operators	Name		License Cla	ss	License Number —		Day(s)/Shift(s) Wor	rked
Lead/Chief Operator:	Will Fonta	ine	C		6813		3	Days per weel	<u>د</u>
Other Operators:	Marty Ne	al	С		10027		3	Days per weel	ζ
	······································						_		
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A Contraction of Contraction									

II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

MOUTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER ication Number: 3350005

											35'600	Nation of the second	ų	numixeN
											54'368			Average
											004,227	The standard states and the	and Service and Se	[otal
											30,200	24 prs	X	31
				L	l						30,200	24 Prs		30
	L'0								L.I		21,400	24 prs	X	56
	6.0								1.3		009'12	24 Prs	Χ.	58
	6.0								τ.1		54'800	24 Prs	X	L7
	8.0								5.0		009'57	54 Prs	X	97
	8.0								I		005'LZ	24 Pts	X	52
										1	51,400	24 115		54
											51,400	24 pr.s		53
	1.1								1.4		56,300	24 prs	X	77
	1.2								1.4		56,300	24 Prs	X	51
	I								<u>8.1</u>		52'000	54 PLS	X	50
	6.0								1.I		35'600	54 PLS	X	61
	6.0								£'1	[52'200	24 115	X	81
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											006'07	24 Prs		10
											50,900	54 Pts		6
	1.1								1.4		21'000	54 pt.	X	8
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Out of Operation	System, mg/L	zmo/oas	zmo/oas	J/mm-8m	Applicable	3-	J'nim-gm	səmuim 👘	I/gm ,wolf	Rate, gpd	Produced, gal	Operation	("X.»	Ann
Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components	Lowest Residual Disinfectant Concentration at Remote Point in	Minimum UV Dose Required,	Lowest Operaung UV Dose, UV Dose,	Minimum CT Required,	pH of Water, if	Temp.	Provest CT Provided Before or Customer Customer Preak Flow, Preak Flow,	Disinfectant Contact Firne (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak		Net Quantry of Pinished Water	Plant m	Plant Staffed Visited by Operator (Place	əth
		950	ηνι			2	suoite	CI. Calcul		設計会が沿			Days	
- Andrewski - State - Andrewski - State	An demonstration of the local sectors					no.1-nu	emonstrate Fo	of UV Dose, to I	CT Calculations,	And Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and			and the second s	
Chlorine Dioxic	stold) anitolr	D bənidm	Col		Free Chlo					n Distributio	i bəniatniaM lau	tant Residu	Disinfec	to aqyT
):	Other (Describe	\square		Radiation	litraviole	
Combined Chlorine (Chloramines)	auoz	ΣП	abixoi	Chlorine D		plorine	С ээтЧ		* : BVC	viation/ <u>Rem</u>	itsenl suriV go.	J-mof gni	vaidaA to	Neans (
									October-04			noM adi ro		
			· · · · ·						10			- of Codt ac	- or old in	and III
							səlbisü 84	Plant Name:		5000555		iəquin _N uo	neonneon	LWS ID
								1.1.10		2000200				. i onitu

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

95P Form Form 62-355-900(3)A(E)009



See page 4 for instructions I. General Information for the Month/Year of: November-04 A. Public Water System (PWS) Information PWS Name: 48 Estates PWS Identification Number: 3350005 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 79 Total Population Served at End of Month: 276.5 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 City: Leesburg State: FL. Zip Code: 34748 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: 352/787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: 48 Estates Plant Telephone Number: (352) 369-4881 Plant Address: Haines Creek Road City: Tavares State: FL Zip Code: 32778 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day; 57,600 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Will Fontaine С 6813 3 Days per week Other Operators: Marty Neal С 10027 3 Days per week

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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

Sa TREATING RAW GROUND WATER OR PURCHASED FINISHED WAR as	WONTHLY OPERATION REPORT FOR PWS
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											751,52			Average
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	1.4	ļ							<u>\$`I</u>		50'000	54 47	X	97
	1.4					ļ		<u>-</u>	91		18'500	24 prs	X	52
	\$`I							ļ	91		51'000	54 prs	<u>X</u>	54
	8.1								6.1		56,400	54 pr.s	X	53
	6° I						1		7		53'100	24 prs	X	77
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											53'100	54 Pts		50
	6'1					1			7		51'400	74 pis	X	61
	7		· · · · · ·		1				5.3		005'15	24 pts	X	81
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						ļ			1.2		002'81	54 PL2	X	10
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							L				54'600	54 PLS		9
	l							l	£.1		002'61	54 prs	X	Ş
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	L.I								5. I		30,300	54 prs	X	I
Operation Operation	System, mg/L	Smo/oas	2mp/pas	J'nim-2m	Applicable	C -	J/mm-2m	saturita	How, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
Involves Taking Water System Components	Distribution	Wm	-Mm	Required,	Vater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	ခဍ္မာ
Conditions, Repair of Maintenance Work that	Point in	Required,	UA Dose,	1.2	lo Hq	Jo	BuiwC	Point During	First Customer	e ces debà i a care	banzini To	smoH	Operator	Day of
Emergency or Abnormal Operating	at Remote	UV Dose	Operating	muminiM	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	.qmaT	Customer	Measurement	(C) Before or at		Vet Quantity		ĥ	
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED

WATER

See page 4 for instructions	•								
I. General Information	for the Month/Year of:	December-04							
A. Public Water System	n (PWS) Information								
PWS Name:	48 Estates				PWS Identi	fication Num	iber:	3350005	
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transient N	lon-Commu	inity		Consecutive	
	nnections at End of Month:	79		Total Popula	tion Served	at End of M	onth:	276.5	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact Pers	on's Title:	Area Man	ager - Flo	orida	
Contact Person's Mailir					Leesburg	State:	FL	Zip Code: 34748	
Contact Person's Telepl		/87-0980		Contact Pers	on Person's	Fax Number	:	352/787-6333	
Contact Person's E-Mai		ath@aquaamerica.com				······	· · · · <u> · · ·</u> · · · · ·		
B. Water Treatment Pla									
Plant Name:	48 Estates]	Plant Telepl	none Numbe	r:	(352) 369-4881	
Plant Address:	Haines Creek Road				Favares	State:	FL	Zip Code: 32778	
Type of Water Treated			rchased Finished Wa	ter					
	ay Operating Capacity of Plant,		57,600						
	bsection 62-699.310(4), F.A.C.)			Plant Class (the state is a set with the second second				
Licensed Operators	Na	ne	License Class	License	Number		Da	y(s)/Shift(s) Worked	
Lead/Chief Operator:	Will Fo		C	68	13			3 Days per week	
Other Operators:	Marty	Neal	C	100	027			3 Days per week	
	-				<u> </u>			· · · · · · · · · · · · · · · · · · ·	.
		······							
				<u> </u>					.
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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.

Page 1

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

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											005'019			leto
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<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		†		1			51,600	54 pr.s		81
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	L						<u> </u>		<u> </u>		002'81	54 PL2		71
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	Jygm, mg/L J.6	zmɔ/ɔəs		Jana-Sa	Applicable	5	Juim-Sm	sətunim 🕫	T'sm, wolf	Rate, gpd	Produced, gal	Operation	("X.	Month
Emergency of Abnormal Operating Conditions, Repatt of Abnormal Operating Involves Taking Water System Components	at Remote Point in Distribution	Wm	Lowest Operating UV Dose, mW-	Minimum CT Required,	C	Water,	Peak Flow,	a second s	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Peak Flow	Mater Water Water	amoH amoH amoH	Plant Staffed or Visited by Operator Place	the Day of
	denotes and the	950	IVU				suoite	CT Calcula	and the second			(1998) Somerican (1997) Studies reported and Statistical (1997)	Days	
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	(10)							:(Other (Describe			r Radiation		
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Combined Chlorine (Chloramines)	0002							I				tnoM ont ro		
·				<u> </u>					December-04			, as J V od t ac	2 of Clark	n-u-n
							49 F219162	Plant Name:	1	5000555		ioquin _N uo	iteoitituo	PI SM

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



See page 4 for instructions

I. General Information f	for the Month/Year of:	January-05				
A. Public Water System	(PWS) Information					
	48 Estates	·····		PWS Iden	tification Number:	3350005
	X Community	Non-Transient Non-Co	mmunity	Transient Non-Comn		Consecutive
	nections at End of Month:	79		Total Population Serve	d at End of Month:	276.5
	Aqua Utilitics Florida					
	Brian Heath			Contact Person's Title:	X	
Contact Person's Mailin				City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph		37-0980		Contact Person Person	s Fax Number:	352/787-6333
Contact Person's E-Mai	Address: behea	th@aquaamerica.com				
B. Water Treatment Pla	nt Information					
Plant Name:	48 Estates			Plant Tele	phone Number:	(352) 787-0980
	Haines Creek Road			City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated	by Plant: 🛛 🗶 Raw Grou	ıd Water 🔄 I	Purchased Finished Wa	ter		
	ay Operating Capacity of Plant, g	allons per day:	57,600			
Plant Category (per sub	osection 62-699.310(4), F.A.C.):	V		Plant Class (per subsec		
Licensed Operators	Nam	e	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will For	taine	С	6813		3 Days per week
Other Operators;	Marty I	veal	C	10027		3 Days per week
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II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

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		ļ									51,200	24 Prs		30
							L				51,200	54 Pt2		67
	<u> </u>								4. I		002'22	24 Prs	X	87
	1.2	L							4.1		20,100	54 pt.s	X	17
	Ţ.I		1			1			J 't		50,600	24 Prs	X	97
	I		I						5.1		005,81	24 Prs	X	\$2
	1.1								£.1		18,200	54 prs	X	54
											18'500	24 prs		EZ
											001'81	24 pts		77
	1.1								1.f		009'81	54 PL2	X	17
	1.1								5.1		000'91	54 prs	X	50
	1.1								5.1		00£'91	54 PLS	X	61
	1								1.4		008'71	54 PLS	X	81
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											54'300	54 PLS		6
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	I								2.1		005'61	54 Pts	X	L
	I								7.1		18'500	54 11.2	X	9
	6.0	1							7.1		11,200	54 PI.2	X	S
	I							·	£.1		002'02	5¢ µ.2	X	7
	6.0								I'I		55,000	5¢ µ12	X	£
											51'000	54 prs		7
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Emergency or Abnormal Operating Conditions; Repair or Mainterrance Work that Involves Taking Water System Components Out of Operation	at Remote	Minimum Winimum Winimum Kequired, Min Win Secvem2	Dorest Dorest Dorest Towest M. Sectom2	ing-min/L Required, Minimum Minimum	pH of Water, if Applicable	Temp. of Water,	mg-min/L Peak Flow, Customer Before or Proveat CT Proveat CT	CT Catcant Distrifectant Contact Time Messurement Peak Flow, minutes minutes	Lowest Restdual Disinfectant Concentration (C) Before or at First Customet During Peak Flow, mg/L	Kate: Eld	Net Quanity of Finished Water Produced, gal	Plant in Pla	""X") Operator Visited Day Operator Days Days	Month
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									January-05		:ho rear of:	or the Mont	ly Data fi	III. Dai
							48 Estates	Plant Name:		5000555	:	ioquinn uoi	lentificat	PI SMd

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

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See page 4 for instructions

I. General Information	for the Month/Year of:	February-05	····				
A. Public Water System	n (PWS) Information	· · · · · · · · · · · · · · · · · · ·					
PWS Name:	48 Estates	······································		PWS Ident	ification Number:	3350005	
PWS Type:	X Community	Non-Transient Non-Co	mmunity	Transient Non-Comm	unity	Consecutive	
Number of Service Cor	nections at End of Month:	78		Total Population Served	at End of Month:	273	
PWS Owner:	Aqua Utilities Florida					······································	
Contact Person:	Brian Heath	· · · · · · · · · · · · · · · · · · ·		Contact Person's Title:	Area Manager - Flo	orida	
Contact Person's Mailir		310		City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telepl		52/787-0980		Contact Person Person's	Fax Number:	352/787-6333	
Contact Person's E-Mai	l Address: b	eheath@aquaamerica.com					
B. Water Treatment Pla	nt Information						
Plant Name:	48 Estates			Plant Telep	hone Number:	(352) 787-0980	
Plant Address:	Haines Creek Road			City: Tavares	State: FL	Zip Code: 32778	
Type of Water Treated			Purchased Finished Wat	ter			
	ay Operating Capacity of Pl		57,600				
	osection 62-699.310(4), F.A	. <u>C.): V</u>		Plant Class (per subsect	ion 62-699.310(4), F.A	4.C.): D	
Licensed Operators		Name	License Class	License Number	Da	y(s)/Shift(s) Worked	
Lead/Chief Operator:	Wil	l Fontaine	С	6813		3 Days per week	
Other Operators:	М	arty Neal	С	10027		3 Days per week	
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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

PWS I	dentificat	tion Numbe	er:	3350005		Plant Name:	48 Estates							······································	
			th/Year of:		February-05						· · · · · · · · · · · · · · · · · · ·				
			Log Virus Inacti	iviation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramine	s)
	Ultra 106	et Radiation	<u>ז</u>		Other (Describ	e):									
Type o	t Disinfe	ctant Resid	ual Maintained	in Distributi	on System:			_ [Free Ch	lorine	Co	mbined C	Chlorine (Chlor	ramines) Chlorine D	vioxi
		e 1981			CT Calculations	, or UV Dose, to	Demonstrate 1	Four-Log	y Virus Inactiv	ation, if App	licable*				
	Days					CT Calcu	lations				UV	Dose	Same		
	Plant						Lowest CT				1		Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or			1	<u></u>		Disinfectant		1
17	Visited	a second second			Concentration	(T) at C	at First	13.20		1.0.7.8.088	Lowest	Minimum	Concentration	the second second second second second second second second second second second second second second second s	1
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10000	Operator	Hours	of Finished		First Customer	Point During	During	of	pHof	CT 👘	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Worl	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Compon	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation	ar ind
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4	×	24 hrs			1.3		· · · · · · · · · · · · · · · · · · ·		1			<u> </u>	<u> </u>		
6		24 hrs 24 hrs	20,100										·		
7	x	24 hrs 24 hrs	20,100	· · · · · ·	1.3		<u>}</u>	ļ	<u> </u>		}		1.1	·	<u> </u>
8	X	24 hrs 24 hrs	23,000		1.3								1.1		
9	$\frac{\lambda}{X}$	24 hrs	23,000		1.3		+						1.1		
10	X	24 hrs	20,700		1.3								1	· · · · · · · · · · · · · · · · · · ·	
11	X	24 hrs	16,300		1.3	h				· · · · ·			1		
12		24 hrs	22,300												
13		24 hrs	22,400				1	··· ··		1					
14	X	24 hrs	22,400		1.3		1	-		1			1.1		
15	X	24 hrs	19,200		1.1		1						1		
16	X	24 hrs	21,900		1.4								1.1		
17	X	24 hrs	21,500		1.2								1		_
18	X	24 hrs	20,600		1.2								1		
19		24 hrs	25,400					I				I			
20		24 hrs	25,500				l								
21	X	24 hrs	25,500		1.3				ļ	ļ			1	·····	
22	X	24 hrs	29,600	ļ	1.4		·			<u> </u>	Ļ		1.2		
23	X	24 hrs	25,700		1.2	ļ	ļ			<u> </u>	<u> </u>		1.1		
24	X	24 hrs	26,200	ļ	1.3	·	<u> </u>					ļ	1.1		
25	X	24 hrs	<u>39,300</u> 18,900		1.3		+			<u> </u>			I		
26	<u>.</u>	24 hrs	18,900												
27	x	24 hrs 24 hrs	18,900	·	1.3	ł							1.1	· · · · · · · · · · · · · · · · · · ·	
20	<u> </u>	24 hrs 24 hrs	18,900		1.3		+				<u> </u>		1.1		
30	1	24 hrs			<u> </u>		1	<u> </u>					<u> </u>		
31		24 hrs			<u> </u>		1		<u>├</u>	<u> </u>					
Total	na ang magin na ang magin		616,000	<u> </u>		L	4	l	I	I	L	L		· · · · · · · · · · · · · · · · · · ·	
Averag	e		22,000	1											
Maxim			39,300	1											

 Maximum
 39,300

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

DEP Form Form 62-555.900(3)Attemate



See page 4 for instructions

I. General Information f	or the Month/Year of:	March-05				
A. Public Water System	n (PWS) Information					
PWS Name:	48 Estates			PWS Ident	ification Number:	3350005
	X Community	Non-Transient Non-Com	munity	Transient Non-Comm	unity	Consecutive
Number of Service Con	nections at End of Month:	78		Total Population Served	at End of Month:	273
	Aqua Utilities Florida			· · · · · · · · · · · · · · · · · · ·		
	Brian Heath			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailin				City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph		2/787-0980		Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Mai		heath@aquaamerica.com				
B. Water Treatment Pla	nt Information					
Plant Name:	48 Estates			Plant Telep	hone Number:	(352) 787-0980
	Haines Creek Road			City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated			rchased Finished Wat	er		
	ay Operating Capacity of Pla		57,600	r · · · · · · · · · · · · · · · · · · ·		
	osection 62-699.310(4), F.A.			Plant Class (per subsect		
Licensed Operators	1	Name	License Class	License Number		(s)/Shift(s) Worked
Lead/Chief Operator:	Will	Fontaine	С	6813		3 Days per week
Other Operators:	Ma	rty Neal	С	10027		3 Days per week
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acii (25-acii) tridabergamini ac		· · · · · · · · · · · · · · · · · · ·				
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

PATER OR PURCHASED FINISHED WAR DATER	AT ¿2W9 A03 TAO9AA NOITAA390 YJHTNOM
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											51,800		u	numixeM
											50,626			Average
	· · · · · · · · · · · · · · · · · · ·										007 689		n Geralde	Total
	1.1								1.2		55'200	54 pi.s	X	IE
	1.2	<u> </u>							l d		006'21	24 PLS	X	0E
	<u> </u>					İ.			1.4		51,000	54 pts	X	67
	1.1								£'1		50,600	54 pt.s	X	82
											20'000	54 112		LZ
											50'000	54 PLS		97
	1.2								5.1		51,400	54 PLS	X	57
	1.1								1.4		51,900	54 pts	X	54
	1.2								<u>5.1</u>		53,300	54 pts	X	53
	2.1								1.4	· · · · · · · · · · · · · · · · · · ·	16,300	24 PLS	X	77
	1.1					1			1.4		001'81	54 pts	X	17
											18,100	24 prs		50
											18'100	24 Prs	1	61
	2.1					1			1.4		18'300	54 pis	X	81
	1.2				<u> </u>	1	<u> </u>		5.1		006'91	54 pt.2	$\frac{x}{x}$	41
	1.3		1	1		T	<u> </u>		5.1		001,81	54 µ.2	$\frac{x}{x}$	91
	2.1			· · · · · · · · · · · · · · · · · · ·		<u> </u>			5.1		007'81	54 Jr.s	X	SI
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				· · · ·		1	————	<u> </u>			51,200	24 115	1	E1
	<u> </u>					1	+	<u></u>			002'LZ	54 prs		15
	2.1			<u> </u>					5.1		006'51	54 p.2	X	<u> </u>
	1.1								5.1		005'51	54 pr.s	$\frac{x}{x}$	01
······································	1.1					1			J.4		000'61	54 pr.	X	6
	I			<u> </u>					1.4		000 01	54 PLS	X	8
	i i	<u> </u>	····	<u> </u>					<u>4.1</u>		008'LZ	54 Pts	X	L
	<u> </u>	<u>}</u>	<u>}</u>		<u> </u>	1	┣────	<u> </u>			008'22	54 Jr.2	+ <u>^</u>	9
				<u> </u>		<u> </u>					002'22	54 112	+	S
	I I					<u> </u>		···	J.4		009'51	54 PLS	x	7
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	8.0								1.1		006'07	54 112	X	2
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notteraço lo tuO	System, mg/L	zmo/oes	Zmələəz	J'nim-gm	Applicable	0		səmim	Flow, mg/L	bqg ,sies	Produced, gal	Operation	GX.	Month
Involves Taking Water System Components	Distribution	Ma	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow	During Peak	Peak Flow	Mater	Plant in	(Place	ेक्ष
Conditions, Repair of Maintenance Work that	ni mioq	Required,	OV Dose,	LD .	Jo Hq	jo	Burnd	Point During	First Customer		bodzinici to	STUD	Operator	
Emergency or Abnormal Operating	at Remote	OV Dose	SnitsnaqO	muminiM		Temp.	Customer	Measurent	(C) Before or at		Vet Quanty	S cannot de la constante de la	þ.	
	Concentration	numiniM	Isswol	New State			at First	⊃ 18 (T)	Concentration				beiter	
	Disinfectant						Before or	Contact Time	Disinfectant				01	
	Residual					1.000	Provided	Disinfectant	Lowest Residual			and the sounds	Staffed	
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			· · · · · · · · · · · · · · · · · · ·					Plant Name:		3320005		oquin _N uoi		FI SMd

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



See page 4 for instruction	S										
I. General Information	for the Month/Year of:	April-05									
A. Public Water Syste	m (PWS) Information	······································						_			
PWS Name:	48 Estates PWS Identification Number: 3350005										
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transient Non-Cor			Consecutive				
Number of Service Co	nnections at End of Month:	78		Total Population Ser	ved at End of N	1onth:	273				
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Brian Heath			Contact Person's Tit		nager - Flor					
Contact Person's Mail				City: Leesbur		FL		34749			
Contact Person's Tele				Contact Person Perso	on's Fax Numbe	er:	352/787-633	33			
Contact Person's E-Ma		@aquaamerica.com		,							
B. Water Treatment P	ant Information										
Plant Name:	48 Estates			Plant Te	980						
Plant Address:	Haines Creek Road			City: Tavares	State:	FL	Zip Code:	32778			
Type of Water Treate			irchased Finished Wat	ter			· · · · · · · · · · · · · · · · · · ·				
	Day Operating Capacity of Plant, ga		57,600		1 62 600 6						
	ubsection 62-699.310(4), F.A.C.):	<u></u>		Plant Class (per subs				ed			
Licensed Operators	Name		License Class	License Numbe			y(s)/Shift(s) Worl	.00			
Lead/Chief Operator:	Will Fonta		C	6813			3 Days per week				
Other Operators:	Marty Ne	al	С	10027			3 Days per week				
 Comparison of a state of the st											
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II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

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	7.1										55'800	54 µ12	X	30
	2.1			·	+	+			£'1		55'600	24 pts	X	56
	1.1								1.4		006'61	54 prs	<u>X</u>	87
									6.1		005'91	54 PLS	X	51
		+						· · · · · ·	6.1		008'51	54 µ12	X	97
				 			I		2.1		002'82	24 hrs	X	52
	+										53'600	54 Pts		54
	+		<u> </u>								53'600	54 pts		53
	1.1			I					1.4		009'67	54 pt.s	X	55
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	2.1								1.4	1	36,000	54 pts	X	50
	£.1								t, l		34'400	54 µts	X	61
	£.1								5.1		005'62	54 112	$\frac{x}{x}$	81
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	1.4			1	1				9.1		52'000		X	51
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	2.0	· · · · · ·		+						<u> </u>	009'52	54 PL2	X	15
									6.0		54'400	24 PLS	X	11
				<u> </u>	+	+					54'300	24 pts		10
	6.0				+	+					54'300	24 pts		6
	<u> </u>		l	ł	<u> </u>	<u> </u>			1.2		16,200	24 prs	X	8
	2.1								2.1		53'400	24 Pts	X	Ľ
	1.1				<u> </u>				1 <u>.</u> 4		28,200	24 Prs	X	. 9
					<u> </u>	+			1.4		56,100	24 Pts	X	S
				ļ		ļ			1.2		52'100	54 Prs	X	4
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* Refer to the instructions for this report to determine which plants must provide this information.

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See page 4 for instruction	5										
I. General Information	for the Month/Year of:	May-05									
A. Public Water System	n (PWS) Information										
PWS Name:	8 Estates PWS Identification Number: 3350005										
PWS Type:	X Community	Non-Transient Non-Con	nmunity	Transient Non-C			Consecutive				
Number of Service Co	nnections at End of Month:	78	Total Population S	erved at End of M	onth:	273					
PWS Owner:	Aqua Utilities Florida		·								
Contact Person:	Brian Heath			Contact Person's T	the second second second second second second second second second second second second second second second se						
Contact Person's Maili				City: Lecsb		<u> </u>		34749			
Contact Person's Telep		787-0980		Contact Person Per	son's Fax Number	r:	352/787-633	3			
Contact Person's E-Ma		eath@aquaamerica.com		-m							
B. Water Treatment Pl											
Plant Name:	48 Estates		·	Plant Telephone Number: (352) 787-0980							
Plant Address:	Haines Creek Road			City: Tavar	s State:	FL	Zip Code: 3	32778			
Type of Water Treate			urchased Finished Wa	iter		<u> </u>					
	Day Operating Capacity of Plant		57,600			10(4) 5 4					
	bsection 62-699.310(4), F.A.C.			Plant Class (per subsection 62-699.310(4), F.A.C.): D License Number Day(s)/Shift(s) Worked							
Licensed Operators	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	ime	License Class	License Numl	cr			20			
Lead/Chief Operator:		ontaine	<u> </u>	6813		3 Days per week					
Other Operators:		y Neal	C	10027			3 Days per week				
	······	<u> </u>									
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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

3 PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER	МОИТНLY ОРЕЯАТІОИ ЯЕРОЯТ ГОЯ
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	I.I								5.1		46'200	24 pt.s	X	97
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	8.0								1		36,200	24 prs	X	54
	5.0								8.0		001'18	54 prs	X	53
											000'1£	24 pis		52
										1	31'000	24 prs		17
	5.0			1		1			Ľ.0		30,800	24 pts	X	50
	9.0								8.0	1	001'58	54 pts	X	61
	5.0						T		9.0		51,300	54 pts	X	81
	1.1		1		-	1			£'I		32,200	54 pts	X	<i>L</i> 1
	2.1			1		1			£.1		30'200	54 pt.2	X	91
											005'08	54 pt.		\$1
						1					30,400	54 pts		71
	6.0								I.I		54'200	54 PLS	X	٤١
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Involves Taking Water System Components	notudintaid	- Mm	-Wm	Required,	Ji , Jois W	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni insl9	ecel (Place	adt
Conditions; Repair or Maintenance Work that		Required,	UV Dose,		lo Hq	Jo	Quind	gainud mioq	First Customer		badaini To	smoH	Operator	TO YEU
Emergency or Abnormal Operating	at Remote	Dose UV Dose	Operating	muminiM		.qməT	Customer	Measurement	(C) Before or at		Vet Quanity		рλ	nasin seri hani hani seri s
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* Refer to the instructions for this report to determine which plants must provide this information. 46,700 mumixeM

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24 PLS

24 p.c

24 Prs

Average

Total

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See page 4 for instruction	5								
I. General Information	for the Month/Year of:	June-05							
A. Public Water Syster	n (PWS) Information	· · · · · · · · · · · · · · · · · · ·							
PWS Name:	48 Estates				PWS Identi	fication Nu	mber:	3350005	
PWS Type:	X Community	on-Transient Non-Com	munity		t Non-Comm			Consecutive	
Number of Service Co	nnections at End of Month:	78		Total Popu	lation Served	at End of N	Aonth:	273	
PWS Owner:	Aqua Utilitics Florida								
Contact Person:	Brian Heath	·····			rson's Title:		nager - Flor		
Contact Person's Maili				City:	Leesburg	State:	FL		34749
Contact Person's Telep			<u>.</u>	Contact Pe	rson Person's	Fax Numbe	er:	352/787-633	
Contact Person's E-Ma		aquaamerica.com					· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Pl	ant Information								
Plant Name:	48 Estates				Plant Telep			(352) 787-0	
Plant Address:	Haines Creek Road			City:	Tavares	State:	FL	Zip Code:	32778
Type of Water Treated			rchased Finished Wa	ter					
	Day Operating Capacity of Plant, gallor	s per day:	57,600			(2 (00)			
	bsection 62-699.310(4), F.A.C.):	<u> </u>			s (per subsect	ion 62-699.			ed
Licensed Operators	8		License Class		se Number	1013.772.227		(s)/Shift(s) Work	60
Lead/Chief Operator:	Will Fontaine		С		6813			3 Days per week	
Other Operators:	Marty Neal		С		0027			3 Days per week	
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

Means of Achieving Four-Log Virus Inactiviation/Removal: * X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Racitation Other (Describe): X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Days			tion Numb		3350005		Plant Name:	40 LStates			······································					
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Maximum 30,300 * Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions I. General Information for the Month/Year of: Julv-05 A. Public Water System (PWS) Information PWS Name: 48 Estates PWS Identification Number: 3350005 PWS Type: **X** Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 78 Total Population Served at End of Month: 273 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL. Zip Code: 34749 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: 352/787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: 48 Estates Plant Telephone Number: (352) 787-0980 Plant Address: Haines Creek Road City: Tavares State: FĹ Zip Code: 32778 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57 600 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked la del del del del del adera Lead/Chief Operator: Will Fontaine С 6813 3 Days per week Other Operators: Marty Neal C 10027 3 Days per week

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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

NATALY OPERADAUA REPORT FOR PWSs TREATING BAN GROUND WATER OR PUSHCARD FINING	ABTAW DBHRINIA C	JACHASEL	AN GROUND WATER	A DNITABAT acwa	ΑΟΥ ΤΑΟΥΞΑ ΝΟΙΤΑΑΞ	MONTHLY OF
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	60	<u> </u>							13	<u> </u>	001'67	54 pre	$\frac{\Lambda}{X}$	- <u>()</u>
	6.0			ł		<u> </u>	<u> </u>	{·	1.1	!	009'08	5.4 pr.	$\frac{x}{x}$	22 97
	1.1		<u> </u>	<u> </u>		+	<u> </u>		£.I		008'87	54 pr.	$\frac{x}{x}$	52
	1 1	<u> </u>		<u> </u>						·	58'800	24 PLS	+	54
	<u> </u>		h			<u> </u>		<u> </u>		ļ	58,800	54 PLS		EZ
		+						<u> </u>	<u>£.1</u>	<u> </u>	51'100	54 pre		
	<u> </u>		<u> </u>	<u> </u>	<u> </u>	+	<u> </u>	<u> </u>		ł			X	55
	1 T T			÷				<u> </u>	<u>1.3</u>	<u> </u>	10'000	54 Jts	<u>X</u>	51
	<u> </u>		Į						<u> </u>		52'000	54 µrs	X	50
	1.1			<u> </u>	ļ				1.4		53'900	54 pts	X	61
	2.1	<u> </u>		<u> </u>	ļ	_			1.4	<u> </u>	54'100	54 pts	<u> </u>	81
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			· · · · · · · · · · · · · · · · · · ·		·					L	54'000	54 prs		91
	<u> </u>						Į		1.4	ļ	50'000	54 µ.2	X	51
	1.2	 	· · · · · · · · · · · · · · · · · · ·	ļ		ļ			1.4	<u> </u>	005'81	24 hrs	X	14
	<u>£.1</u>			ļ		ļ			1.4	L	54,200	54 pts	X	E1
	1.2			ļ					1.4		000'61	24 Pts	<u>X</u>	15
	1.1		<u> </u>		ļ		· · · · ·		<u>p.1</u>		55'200	5 4 µts	<u> </u>	<u> 11</u>
	÷		ļ	·	·				····		55'100	54 prs		10
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······································	<u> </u>		 		ļ				2.1		005'87	24 Pts	<u>X</u>	8
	5.1		 	l					<u>E.1</u>	L	51'400	54 pils	X	<u> </u>
	<u> </u>		L	ļ	<u> </u>	<u> </u>			9.1		006'0E	24 prs	<u>X</u>	9
	8	·				<u> </u>			[`1		005'05	54 pr.s	X	<u> </u>
	8.0		_	 		<u> </u>			<u> </u>		50,600	54 PLS	<u>X</u>	.
·····						ļ					50,600	54 pr.s		3
			 		· · · · · ·						50,500	24 hrs		5
novered to us of	6.0			-	Concernence of the Party of the				2.1		006'17	54 prs	<u>X</u>	1
Out of Operation	System, mg/L	Zmo/oos	Zmo/oos	J/nim-2m	Applicable		J/nim-2m	sətunim	Flow, mg/L	Rate, gpd	Produced, gal	Operation	(uXu	Month
Involves Taking Water System Components	Distribution	Wm	-Mut	Required,	Nator, if	Water	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	ədi
Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that		Required,	UV Dose,	1.0	lo Hq	.jo	gnimQ	Point During	First Customer		banzini To	smoH		Day of
valued ferring A to stranged	Concentration at Remote	Minimum 920 VU	Operating	mminiM		,qm9T	Customer	Measurement	(C) Belore or at		Net Quanity		рλ	
and the second second second second second second second second second second second second second second second	Disinfectant	- minimity (mento I				Before or	Contact Time	Concentation				or Visited	
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									Other (Describe)			noiterbeA i	olotvati	
Combined Chlorine (Chloramines)	əuoz	0	əbixoi	Chlorine D		aninold	D əərə 🛛 🗙		* :lbvo	viation/Rem	titosal suriV ge.	I-nor⊴ gaiv	raidaA ito) susoM
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							48 Estates	Plant Name:	[3350005		iəquin _N uo	thsว <u>ก็บ</u> กว	PI SMd

* Refer to the instructions for this report to determine which plants must provide this information. $\frac{31,300}{1000}$



See page 4 for instructions

I. General Information	for the Month/Year of:	August-05							
A. Public Water Syste	m (PWS) Information					-			
PWS Name:	48 Estates				PWS Ident	ification Nu	mber:	3350005	·····
PWS Type:	X Community	Non-Transient Non-Con	nmunity		Transient Non-Comm	unity		Consecutive	
	nnections at End of Month:	78			Total Population Served	l at End of M	Month:	273	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				Contact Person's Title:	Area Ma	nager		
Contact Person's Maili					City: Leesburg	State:	FL	Zip Code:	
Contact Person's Teler		352/787-0980			Contact Person Person's	Fax Numb	er:	352/787-63	33
Contact Person's E-Ma		beheath@aquaamerica.com							
B. Water Treatment Pl									
Plant Name:	48 Estates				Plant Telep			(352) 787-0	
Plant Address:	Haines Creek Road				City: Tavares	State:	FL	Zip Code:	32778
Type of Water Treate			urchased Finished	Wa	ter				
	Day Operating Capacity of		57,600						
Licensed Operators	ubsection 62-699.310(4), F.	Name		2.8.9.95	Plant Class (per subsect				•
			License Clas	<u>ss</u>	License Number		and an an and a second	y(s)/Shift(s) Wor	
Lead/Chief Operator:		Till Fontaine	<u> </u>		6813			3 Days per week	
Other Operators:	[Marty Neal	C		10027			3 Days per week	·
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

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	6.0								7.1		50,000	24 Pts	X	67
											50,000	54 PLS		87
											50,000	54 PLS	1	51
	6'0								5.1		00£'L1	54 PL2	X	97
	8.0								1.1		001,81	24 prs	X	52
	6'0								1.2		002'51	24 prs	X	54
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	8.0								l		008'67	54 PL2	X	52
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	L'0						<u> </u>		1		002'82	54 PLS	$\frac{\lambda}{X}$	en ben gan un
Dut O Deration	System, mg/L	Zuo/oas	zmo/oos		oldsoilqqA	ີວ	7/0100-800	sətunim 👘	Flow, mg/L	bdg ,914.8	Produced, gal	Operation	("Xn	Month
Energency of Abnormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System Components	Residual Disinfectant Concentation at Remote Point in Distribution	Minimum UV Dose Required, Wm	Lowest Operating UV Dose, Mri	Мілітит СТ Ведійгед,	lo Hq	Temp. of Water,	Provided Before or Customer Dunng Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Districtant (C) Before of at First Customer During Peak	Peak Flow	Met Quanity 01 Finished Water	Plant in	Statfed or Visited by Operator (Place	भूप
	Lowest	əso(AUDEUI SDIIA		Participations Strong TD Isowo.1	or UV Dose, to D	SHOURIDARS 13				Plant Days	
amines) Chlorine Dioxi	hlorine (Chlor				Free Chlo		10000000000000000000000000000000000000	The second second second second second second second second second second second second second second second se		onnornsia	ii bənistnisM lsı I	L DISON JURIO	อเมเรเต	10 9d6 1
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									20-jsuguA			inoM adt ro		
							48 Estates	Plant Name:		\$000555	:.	iəquinN uoi	າຮວເປົ້າກາວ	PI SMJ
SINISHED WATER	A DESAHC	NAU9 2	TER OF	AW UN	บ ดหอบ	NAA	DNITA	SWSs TRE	ORT FOR I	ON REP	ТАЯЗЧО Ү	NTHL	W	

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

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See page 4 for instructions

I. General Information	for the Month/Year of: September-05	
A. Public Water System	n (PWS) Information	
PWS Name:	48 Estates PWS Identification Number: 3350005	
PWS Type:	Community Non-Transient Non-Community Transient Non-Community Consecutive	
Number of Service Cor	nnections at End of Month: 78 Total Population Served at End of Month: 273	
PWS Owner:	Aqua Utilities Florida	
Contact Person:	Brian Heath Contact Person's Title: Area Manager	
Contact Person's Mailir		
Contact Person's Telepl		
Contact Person's E-Mar	il Address: <u>beheath@aquaamerica.com</u>	
B. Water Treatment Pla	int Information	
Plant Name:	48 Estates Plant Telephone Number: (352) 787-0980	
Plant Address:	Haines Creek Road City: Tavares State: FL Zip Code: 32778	
Type of Water Treated		
	Day Operating Capacity of Plant, gallons per day: 57,600	
	bsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name License Class License Number Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Will FontaineC68133 Days per week	
Other Operators:	Marty Neal C 10027 3 Days per week	
		<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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555 900(3)Alternate

Page 1

PWS Identification Number:

.

Plant Name: 48 Estates

3350005

											<u></u>			
			th/Year of:		September-05									
			Log Virus Inacti	viation/Rem			X Free C	Chlorin	e	Chlorine I	Dioxide	· [] (Dzone	Combined Chlorine (Chloramines)
	Itrasio	et Radiation	ı		Other (Describe	e):								
Type of	Disinfe	ctant Resid	ual Maintained	in Distributio				X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxi
		yest and				or UV Dose, to I	Demonstrate I						Line and a	é la la la la la la la la la la la la la
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200 - 200 	Plant						Lowest CT					de potici, e	Lowest	
i volució a dimensi a dimensi	Staffed				Lowest Residual	Disinfectant	Provided		1				Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		And a second second		Concentration	(T) at C	at First		1.12	44	Lowest	Minimum		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	late	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	Contraction of the	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	<u>"X")</u>	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<u> </u>	Applicable	mg-min/L.	sec/cm2	sec/cm2	System, mg/L	Out of Operation
1	<u>X</u>	24 hrs	19,900		2.2		· · · · · · · · · · · · · · · · · · ·						1.8	
2	<u>X</u>	24 hrs 24 hrs	20,000 19,900		2.2				ļ				1.9	· · · · · · · · · · · · · · · · · · ·
4		24 hrs 24 hrs	19,900									-		
5	X	24 hrs	20,000		1.4								1.1	
6	- <u>^</u> X	24 hrs	28,200		1.4								1.1	
7	- <u>X</u>	24 hrs	21,500		1.2								1	
8	X	24 hrs	17,700	·	1.3								1	
9	X	24 hrs	20,800		0.7		····-						0.6	
10		24 hrs	25,666									-	0.0	······
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12	X	24 hrs	25,666		1.1	· · · · · · · · · · · · · · · · · · ·							0.9	
13	X	24 hrs	31,000		1.1								0.9	
14	X	24 hrs	32,000		1								0.7	
15	X	24 hrs	30,300		1.3								1	
16	Х	24 hrs	35,400		1.2								1	
17		24 hrs	31,000											
18		24 hrs	31,000											
19	X	24 hrs	31,000		1.1								0.9	
20	X	24 hrs	31,400		1.3								1	
21	X	24 hrs	21,100		1.2		<u> </u>				L		0.8	
22 23	X	24 hrs	29,700 27,700		1.2								0.8	
23	<u> </u>	24 hrs	27,700		1.2								0.9	
24		24 hrs	25,000											
25	X	24 hrs 24 hrs	25,000		1.2						·		0.9	
20	$\frac{X}{X}$	24 hrs	37,500		1.2		<u> </u>						0.9	
28	$\frac{\Lambda}{X}$	24 hrs	30,300		1.2								0.9	
20	X	24 hrs	19,200		1.1								0.8	
30	X	24 hrs	30,600		0.7						·		0.5	
31		24 hrs			,				<u> </u>					
Total			789,198						·				L	
Average			26,307											
Maximu		Sm	37,500	{										

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



See page 4 for instructions

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

I. General Information for the Month/Year of: October-05 A. Public Water System (PWS) Information PWS Name: 48 Estates PWS Identification Number: 3350005 **PWS** Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 78 Total Population Served at End of Month: 273 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: FL Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: 352/787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: 48 Estates Plant Telephone Number: (352) 787-0980 Plant Address: Haines Creek Road Zip Code: 32778 City: Tavares State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57.600 Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class Day(s)/Shift(s) Worked License Number Lead/Chief Operator: Will Fontaine С 6813 3 Days per week Other Operators: Marty Neal 10027 С 3 Days per week

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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number D

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											52,200	24 Prs		30
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	1.4							9.1			55'200	54 Prs	<u>X</u>	- [1
	91				<u> </u>			8.1			52,000	54 PLS	X	10
											54'600	54 Prs		6
											54,900	54 PLS		8
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	5.1							6°1			53'600	24 Prs	X	9
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								· · · · · · · · · · ·			56,500	54 PL2	1	
Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Disinfectant Concentration at Remote Point in Distribution System, mg/L	Minimum UV Dose Required, MW secien2	sec/cm2 UV Dose, MW- Lowest	Minimum CT Required, mg-min/L	Applicable Mater, if Applicable	Temp. of Water, C	Before or at First During Peak Flow, Peak Flow,	Contact Time (T) at C Measurement, Peak Flow, Peak Flow, minutes	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow	Vet Quanity of Finished Water Produced, gal	Hows Plant in Operation	or Visited by Operator (Place "X")	lo ysU sh thoM
	Jeowed Inubico	SO(2. 1 N 138/2006 18 2 2 2 2 2 2 2 2 2	lqqA ù ,noù	Virus Inactiva	(130-1-100) (1)	Provided Provided	CT Calcul	Lowest Residual				Days Plant Datted	
mines) Chlorine Dioxic	hlorine (Chlor	D bənidr		ənine	Free Chlo	[X]			n System:	n Distributio	i bənistnisM lsı	iant Residu	Disinfe	Type of
Combined Chlorine (Chloranines)	- əuozo			Chlorine D		hi	X Free C		Other (Describe Other (Describe	viation/Remo	itosal suriV go.	ring Four-L t Radiation	rsidoA fo Itraviole) snssM
									October-05		:Jo reaY/d	the Mont	bl eted vi	III. Dail
	· ·					_	48 Estates	Plant Vame:		5000555	:	ıəquin _N uo	entificati	PI SMd

Maximum 100 μου 100,000 μου 100,000 μου 10



See page 4 for instruction	1S				
I. General Information	for the Month/Year of: November-	05			
A. Public Water Syste	m (PWS) Information				
PWS Name:	48 Estates		PWS Identif	ication Number:	3350005
PWS Type:	X Community Non-Transient N	on-Community	Transient Non-Commu	nity	Consecutive
	onnections at End of Month: 78		Total Population Served	at End of Month:	273
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	· · · · · · · · · · · · · · · · · · ·
Contact Person's Mail			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Tele			Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-M		<u>com</u>			
B. Water Treatment P					
Plant Name:	48 Estates			one Number:	(352) 787-0980
Plant Address:	Haines Creek Road		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treate		Purchased Finished V	/ater		
	Day Operating Capacity of Plant, gallons per day:	57,600		(2 (00 210/4) E A	
Licensed Operators	ubsection 62-699.310(4), F.A.C.): V Name	License Class	Plant Class (per subsection License Number		The second second second second second second second second second second second second second second second se
and a second with the second dealers when the second					y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813		3 Days per week
Other Operators:	Marty Neal	C	10027		3 Days per week
	·				
Contraction and the second second second second second second second second second second second second second					
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

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PWS Ic	entificat	tion Numbe	r:	3350005		Plant Name:	48 Estates							
III. Daily Data for the Month/Year of: November-05														
			Log Virus Inacti				X Free C	Thlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe					Olifornio L	romae	L '		, ,
			ual Maintained i	in Distributi		<u></u>		X	Free Chl	orine		mbined (hlorine (Chlor	amines) Chlorine Dioxic
Type o	Distilic			Distribution	CT Calculations,	or LIV Dora to I	Jamonstrate I							
	4	 State of the second seco		1	Ci Calculations,	CT Calcu		04-208		anon, n Appi	UVI	Dose		
	Days Plant	ang pangkatan dan sanal (Sana ang manang ang sanal Sana dan sanang sana sana		and a second A second A second A second A second A second A second A second A second A second A second A second		Of Child	Lowest CT		Aug	l			Lowest	
	Staffed	in a second second second second second second second second second second second second second second second s			Lowest Residual	Disinfectant	Provided						Residual	
	or	and the standard st Standard standard stan			Disinfectant	Contact Time	Before or				- Andrew States		Disinfectant	
n anna an stàirteach	Visited			area than the second	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	and the second second second second second second second second second second second second second second second
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
1. Sec. 1. Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dase,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Involves Taking Water System Components
Month	<u>"X")</u> X	Operation	Produced, gal 18,200	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 0.9	Out of Operation
	X	24 hrs 24 hrs	18,200		1.2				<u> </u>				1	······
3	X	24 hrs	16,400		1.3								1	
4	X	24 hrs	17,200		1.1			<u>}−−−</u>					0.9	
5		24 hrs	20,000			· · · · · · · · · · · · · · · · · · ·								
6		24 hrs	20,000				· · · · ·							
7	X	24 hrs	20,000		1								0.7	
8	Х	24 hrs	17,800		0.9								0.7	
9	X	24 hrs	20,700		1								0.7	
10	X	24 hrs	21,100		1.1								0.9	
	X	24 hrs	18,000		0.9								0.7	
12		24 hrs	26,500					<u> </u>		 				
13		24 hrs	26,500		0.0			<u> </u>					0.6	
14 15	<u>X</u> X	24 hrs 24 hrs	26,500 20,800		0.8		 				<u> </u>		0.0	
15	X	24 hrs 24 hrs	18,800		1.7		L						1.2	
10	X	24 hrs	22,700		1.5								1.1	
18	X	24 hrs	18,500		1.5			<u> </u>					1.1	······································
19		24 hrs	21,200							· · · · · · · · · · · · · · · · · · ·	·			
20		24 hrs	21,200					ļ —		1				
21	Х	24 hrs	21,200		1.5								1.2	
22	Х	24 hrs	17,100		1.5								1.1	
23	Х	24 hrs	19,100		1.6								1.2	
24	X	24 hrs	19,800	L	1.6		ļ			L	· · · · · · · · · · · · · · · · · · ·		1.2	
25	X	24 hrs	27,800		1.4		ļ	<u> </u>	ļ		ļ	ļ	1.2	
26		24 hrs	23,800					ļ		ļ				
27	37	24 hrs	23,800	┟	1.6		╂		<u> </u>	<u> </u>			1.3	
28 29	<u>X</u> X	24 hrs 24 hrs	23,800 20.000	<u> </u>	1.6		<u> </u>			┣		├───	1.3	
30	<u>X</u>	24 hrs 24 hrs	17,300		0.8		<u> </u>			<u> </u>	<u> </u>		0.6	
30		24 hrs	17,500	<u> </u>		 	<u> </u>	<u>├</u> ──	<u> </u>	+	·	<u>├</u> ───	<u> </u>	
Total		1 27 113	624,800		L	L	J	<u> </u>	l		· · · · · ·	L	I	· · · · · · · · · · · · · · · · · · ·
Average			20,827	1										
Maximu			27,800	1										

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



See page 4 for instructions

I. General Information	for the Month/Year of:	December-05									
A. Public Water System (PWS) Information											
	48 Estates			PWS Identification Number: 3350005							
	X Community	Non-Transient Non-Com	munity	Transient Non-Community Consecutive							
The second	nections at End of Month:	78	Total Population Served at End of Month: 273								
PWS Owner: Aqua Utilities Florida											
	Brian Heath		Contact Person's Title: Area Manager								
Contact Person's Mailin			City: Leesburg		Zip Code: 34749						
Contact Person's Teleph		787-0980	Contact Person Person's Fax Number: 352/787-6333								
Contact Person's E-Mai		eath@aquaamerica.com									
B. Water Treatment Pla		······································	<u></u>								
	48 Estates		- <u></u>	Plant Telephone Number: (352) 787-0980							
	Haines Creek Road		City: Tavares	State: FL	Zip Code: 32778						
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water											
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600											
	osection 62-699.310(4), F.A.C.)	: <u>V</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): D								
Licensed Operators		me	License Class	License Number	a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	Day(s)/Shift(s) Worked					
Lead/Chief Operator:	· · · · · · · · · · · · · · · · · · ·	ontaine	<u> </u>	6813		3 Days per week					
Other Operators:	Marty	v Neal	С	10027		3 Days per week					
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			· · · · · · · · · · · · · · · · · · ·								
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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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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

Will Fontaine Printed or Typed Name C6813 License Number

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Involves Taking Water System Components	Distribution	Wm	Mm	Required,	and the second second second second second	Water,	Peak Flow.		Jacob Peak	Peak Flow	Water	Plant in	osely)	ર્ગ
Conditions, Repair or Maintenance Work that		Required,	UV Dose,	LЭ	lo Hq	lo	gurma	gaind miof	First Customer		benzini'i To	smoH	Operator	lo yeU
Emergency or Abnormal Operating	at Remote	UV Dose	Operating	muminiM		Temp.	Customer	Measurement	(C) Before or at		Net Quanity		λq	
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