

Summit Chase

Docket No. 060368-WS

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

Florida

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VOLUME 6	CMP
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0.404.657	CTR
Set 21 of 57	ECR
Containing	GCI.
Additional Engineering Requirements	OPC
	RCA
Monthly Operating Reports	SCR
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Aqua Utilities Florida, Inc.

DOCUMENT AUMEER CATE

Aqua Utilities Florida, Inc. Monthly Operating Reports

JS - Summit Chase

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See page 4 for instructions					
I. General Information f	for the Month Year of: January-04			_	
A. Public Water System	(PWS) Information				
PWS Name:	Summit Chase		PWS Identific	cation Number:	3354112
PWS Type:	X Community Non-Transient Non-	Community	Transient Non-Commun	ity 🔲	Consecutive
Number of Service Con	nnections at End of Month: 215		Total Population Served a	End of Month:	451
PWS Owner:	AquaSource Utility, Inc.				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailir	ng Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph	none Number: (352) 369-4881		Contact Person Person's Fa	ax Number:	(352) 732-3213
Contact Person's E-Mai	Address: mvfitzgerald@suburbanwater.c	com			
B. Water Treatment Pla	nt Information				
Plant Name:	Summit Chase		Plant Telepho	ne Number:	(352) 369-4881
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated	by Plant: X Raw Ground Water	Purchased Finished W	ater		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	378,000			
Plant Category (per sul	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	4 D	iy(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287		6 Days per week
Other Operators:	Tom Felton	C	2241		6 Days per week
					6 Days per week
II. Certification by Lead	Chief Operator				
I the undersigned water	treatment plant operator licensed in Florida, am the l	lead/chief operator of t	he water treatment plant is	dentified in Part I	of this report. I certify that the
	this report is true and accurate to the best of my know				
International Standard 6	0 or other applicable standards referenced in subsecti	ion 62-333.320(3), F.A	.C. Talso certify that the	ionowing addition	nai operations records for this
plant were prepared each	h day that a licensed operator staffed or visited this pl	lant during the month i	ndicated above: (1) record	is of amounts of c	nemicals used and chemical feed
	ole, appropriate treatment process performance record			al operations reco	rds to the PWS owner so the PWS
owner can retain them, t	ogether with copies of this report, at a convenient loc	cation for at least ten ye	ears.		
	Mark March			C8827	
Signature and Date	Printed or Typed 1	Name		License Number	

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											1,397,000			
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	9.0		L		<u> </u>						40,000	24 hrs	X	30
	7.0				L						94,000	24 hrs	X	-67
	6.0		L.——								000°LS	24 hrs	X	87
	6.0		<u> </u>								000,14	24 hrs	X	17
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	0.1				1	T	Ţ				000'77	St hrs	X	74
	6.0										32,000	24 hrs	X	73
	I.I										000'91	24 hrs	X	77
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House of the model and the state of the stat	8.0								<u> </u>		000'95	24 hrs	X	I
Frace System Components Out of Operations, Water System Components Out of Operation	Lowest Residual Destriction Concentration at Acrosc Point in Point in Distribution System, mg/L	Minimum UV Dose Required, Required, an W	Lowest Operating UV Dose, mW- sec/cm2	Minimum CT Required Required mg-min/L	ph of Water, if Applicable	C Of Gunp Temp	Lowest CT Provided Before or at Furst Customer Customer	Dismicetant - Contact I une Contact I une Measurement Monte During Peak Flow.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer Finst Reak	Реак Поw Каке, gpd	Met Quanty of Finished Water Produced, gal	Hours Plant in Operation	Flant Staffed or or Visited	Day of the Month
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mines) Chlorine Dioxide	hlorine (Chlora	O bənidm	οጋ []	ənine	Free Chlo				n System:	n Distributio	i bənisinisM lsu	tant Resid	Disinfe	Iype o
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Combined Chlorine (Chloramines)) souc		ppixoid	Chlorine D		hlorine	J 5914 [ì			itsenl suriV go.			
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						2501	12 minime	Plant Name:		7111666		201110-1-121	markings	V.O.4. :
						6361	12 +immu2	Plant Mame.	ŀ	3324115	.1:	on Numbe	tentition	a SMd

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



Signature and Date

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

See page 4 for instructions February-04 1. General Information for the Month Year of: A. Public Water System (PWS) Information 3354112 PWS Name: Summit Chase PWS Identification Number: PWS Type: X Community Consecutive Non-Transient Non-Community Transient Non-Community 451 Number of Service Connections at End of Month: Total Population Served at End of Month: 215 PWS Owner: AquaSource Utility, Inc. Area Manager - Florida Contact Person: Michael Fitzgerald Contact Person's Title: Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FLContact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: Summit Chase Plant Telephone Number: Plant Address: Tavares Ridge Drive 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: 35,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked Licensed Operators License Class License Number Name 6 Days per week Lead/Chief Operator: Mark March \mathbf{C} 8287 6 Days per week Other Operators: Tom Felton C 2241 网络食物酒种合剂 6 Days per week ,全种数据通 in the better and 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. C8827

License Number

Mark March

Printed or Typed Name

PWS Ic	lentificat	ion Number	r:	3354112		Plant Name:	Summit C	hase									
III. Dai	ly Data f	or the Mont	th Year <u>of:</u>		February-04												
Means	of Achie	ving Four-L	og Virus Inacti	viation/Rem	oval: *		Free (Chlorin	е 📗	Chlorine I	Dioxide		Ozone	Combined Chlo	orine (C	hloramin	es)
		et Radiation			Other (Describe	:):											
Type of	Disinfe	ctant Residu	ıal Maintained i	n Distributio					Free Chl				hlorine (Chlor	ramines)		Chlorine I	Dioxide Conditions:
					CT Calculations,	or UV Dose, to	Demonstrate l	our-Log	Virus Inactiv	ation, if Appl	icable*						
	Days	. 49		77		CT Calcu	lations			7.5	· LUV	Dose					
1	Plant				*		Lowest CT				Lowest	Bert 1	Lowest				
	Staffed	y mad		in the	Lowest Residual	Disinfectant	Provided					640 St. 1	Residual		ida ya Tiga Marabasa	海	**************************************
	or			1. 2.	Disinfectant	Contact Time	Before or			. 热性	4	36. 1	Disinfectant		4	weetle of	
	Visited				Concentration	(T) at C	at First			大学	Lowest	Minimum	Concentration				
Bau of	by Operator	Hours	Net Quanity of Finished	T. 4 94	(C) Before or at First Customer	Measurement Point During	Customer During	Temp	pH of	Minimum CT*	UV Dose,	UV Dose	at Remote Point in	Emergency or A	haormal	Onemina (onditioner
Day of the	(Place	Plant in	Water *	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required	mW-	mW	Distribution	Repair or Mainter	nance Wo	rk that Invo	lves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	- Flow, mg/L	minutes	mg-min/L	C	Applicable	and the second second second second	sec/cm2	sec/cm2	System, mg/L	Water System		A Street Street	100
1		24 hrs	37,000		, , , , , , , , , , , , , , , , , , , ,	· 							-				
2	X	24 hrs	28,000	1			T						0.7				
3	X	24 hrs	45,000										0.6				
4	X	24 hrs	58,000										0.5				
5	X	24 hrs	47,000										0.6				
- 6	X	24 hrs	33,000					<u> </u>				ļ	0.5				
7	X	24 hrs	45,000				ļ	<u> </u>				ļ <u>.</u>	0.6				
8		24 hrs	45,000				ļ	 _				ļ	0.5				
<u>9</u> 10	X	24 hrs	37,000				-	 -				 	0.5	 			
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20	X	24 hrs	36,000	<u> </u>				↓	L		ļ		0.6				
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27	X	24 hrs	40,000				 			1	 		0.7				
28	X	24 hrs	46,000	†				T					0.6				
29		24 hrs	46,000														
30		24 hrs															
31		24 hrs			1		<u></u>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	L				
Total	de Lois	Fred John	1,226,000														
Average	医弗罗二氏菌素		42 276	1													

65,000

Maximum

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions							
I. General Information f	or the Month Year of:	March-04					
A. Public Water System	(PWS) Information						
	Summit Chase				PWS Identif	ication Numb	er: 3354112
	X Community	Non-Transient Non-Co	ommunity	Transi	ent Non-Commu	ınity	Consecutive
	nections at End of Month:	222		Total Po	pulation Served	at End of Mor	nth: 777
PWS Owner:	AquaSource Utility, Inc.						
	Michael Fitzgerald			Contact	Person's Title:	Area Manag	
Contact Person's Mailir				City:	Ocala	1	FL Zip Code: 34470
Contact Person's Teleph				Contact	Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai	l Address: <u>mvfitzgera</u>	d@suburbanwater.com	<u>n</u>			· · · - · · · · · · · · · · · · · · · ·	
B. Water Treatment Pla	nt Information						
Plant Name:	Summit Chase					none Number:	
	Tavares Ridge Drive			City:	Tavares	State:	FL Zip Code: 32778
Type of Water Treated			Purchased Finished W	ater			
	ay Operating Capacity of Plant, gallo	ns per day:	77,000				
	osection 62-699.310(4), F.A.C.):				ass (per subsecti		
Licensed Operators	Name		License Class	Lice	ense Number	H TO WELL TO SEE	
Lead/Chief Operator:	Mark March		C		8287		6 Days per week
Other Operators:	Tom Felton		C		2241	<u> </u>	6 Days per week
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766/ 2006							
				 			
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The state of the s							
II. Certification by Lead	Chief Operator						
						.1 .:6 1:	D of Colins of Landification of the
I, the undersigned water	treatment plant operator licensed	n Florida, am the lea	ad/chief operator of t	he water t	reatment plant	identified in	Part I of this report. I certify that the
information provided in	this report is true and accurate to t	he best of my knowl	ledge. I certify that a	ll drinking	g water treatme	ent chemicals	s used at thisplant conform to NSF
International Standard 6	0 or other applicable standards ref	erenced in subsection	n 62-555.320(3), F.A	C. I also	certify that the	e following a	additional operations records for this
plant were prepared each	h day that a licensed operator staffe	ed or visited this plan	nt during the month i	ndicated a	above: (1) reco	rds of amoun	nts of chemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process p	erformance records.	Futhermore, I agree	to provid	le these additio	nal operation	ns records to the PWS owner so the PWS
owner can retain them t	ogether with copies of this report,	at a convenient loca	tion for at least ten ye	ears.			
van vermin viiving	State of and topolis		•				
		Mark March				C8827	
Signature and Date		Printed or Typed Na	ame			License Nu	mber
orginature and Date		Timed of Typed A					

Page 1

PWS Id	WS Identification Number: 3354112 Plant Name: Summit Chase														
III. Dai	III. Daily Data for the Month Year of: March-04														
			og Virus Inacti	viation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						_	<u></u>		
			ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines)	Chlorine Dioxide
13000				31 34,448	CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log			licable*	And Bulleti	and Constitution		e e e e e e e e e e e e e e e e e e e
	Days					CT Calcu					UV	Oose 4			
	Plant			### 1	- 8 g = 1, A2 (-4, 5)		Lowest CT	1000		- 124 - 124	Lowest	17.79	Lowest		TO SERVICE STATE OF THE SERVIC
	Staffed				Lowest Residual	Disinfectant	Provided				V 10		Residual		
1	or				Disinfectant	Contact Time	Before or						Disinfectant		
1	Visited				Concentration	(T) at C	at First	/32		44.75	Lowest	Minimum	Concentration		1.40A
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Millining	1 Cheramik	LIV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Gustomer	Point During	During	of	pH of	CT	UV Dose,	Required.	Point in	Emergency or Abnorma	l Operating Conditions, 1.
the	(Place	Plant in	Water	Peak Flow	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW_ sec/cm2	Distribution System, mg/L	Repair or Maintenance V	nents Out of Operation
Month 1	"X") X	Operation 24 hrs	Produced, gal 28,000	Rate, gpd	riow, mg/L	minutes	ing-marc	-	Applicable	ing-unive	- SOUCHIZ	-SCC/CIIIZ	0.5	water system compo	icins out of operation
2	$\frac{\lambda}{X}$	24 hrs	43,000	 			 	 	 		 		i		
3	X	24 hrs	62,000	 			 				-	<u> </u>	0.6		
4	X	24 hrs	55,000				 				 		0.6	 	
5	X	24 hrs	50,000				 	\vdash			 		0.6		
6	X	24 hrs	37,000						<u> </u>				0.8		
7		24 hrs	37,000					1							
8	X	24 hrs	27,000										0.8		
- 9.	X	24 hrs	43,000										0.5		
. 10	X	24 hrs	59,000										0.6		
11	X	24 hrs	58,000						ļ		ļ	L	0.5		
12	X	24 hrs	27,000		<u> </u>		 	ļ		ļ			0.6		
13	X	24 hrs	48,000 48,000	 			 			 	 		0.3		
15	X	24 hrs 24 hrs	29,000	 				├					0.5	<u></u>	
16	X	24 hrs	48,000	 		<u> </u>	 	 		<u> </u>			0.6		
17		24 hrs	48,000	 			ļ	 			 -				
18	X	24 hrs	51,000					t					0.8		
19	X	24 hrs	35,000					ļ					0.6		
20	Х	24 hrs	62,000								·		0.8		
21		24 hrs	62,000												
22	X	24 hrs	27,000	l									0.7		
23	X	24 hrs	43,000					L			<u> </u>		0.6		
24	X	24 hrs	56,000					ļ					0.6		
25	X	24 hrs	57,000	ļ				_		<u> </u>			0.5		
26	X	24 hrs	20,000	 			 	ļ			-		0.8		
27	X	24 hrs	65,000	 			 	 -			 		1.0		
28	X	24 hrs 24 hrs	65,000 28,000	 	 		 		1.0						
30	X	24 hrs 24 hrs	43,000	 				 	 	 	 		0.9	 	
31	X	24 hrs	33,000	 	<u> </u>		 	 	 	 			0.9		
Total	Velorita aus	24 1115	1,394,000	 			1		<u> </u>	<u> </u>	L	1	·	L	
Average			44,968	1											

65,000

Maximum

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



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	Dage	т	101	mount	aona

I. General Information (for the Month Year of:	April-04									
A. Public Water System	(PWS) Information										
PWS Name:	Summit Chase				PWS Identifi	cation Number	r: 3354112				
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transic	ent Non-Commu	nity [Consecutive				
	nections at End of Month:	222		Total Pop	pulation Served a	at End of Mont	th: 777				
PWS Owner:	AquaSource Utility, Inc.										
Contact Person:	Michael Fitzgerald				Person's Title:	Area Manage					
Contact Person's Mailir				City:	Ocala		FL Zip Code				
Contact Person's Telepl				Contact I	Person Person's F	ax Number:	(352) 732	-3213			
Contact Person's E-Mai	l Address: <u>mvfitzgera</u>	ld@aquaamerica.com	<u> </u>								
B. Water Treatment Pla	nt Information										
Plant Name:	Summit Chase				Plant Teleph	one Number:	(352) 369				
Plant Address:	Tavares Ridge Drive			City:	Tavares	State: F	FL Zip Code	: 32778			
Type of Water Treated			urchased Finished Wa	ater							
	Day Operating Capacity of Plant, gallo	ns per day:	77,000								
	bsection 62-699.310(4), F.A.C.):				iss (per subsectio						
Licensed Operators	Name		License Class	Lice	ense Númber						
Lead/Chief Operator:	Mark March		C		8287	6 Days per week					
Other Operators:	Tom Felton		C		2241		6 Days per wee	ek			
						<u> </u>					
			<u></u>								
						1					
	1:01:00										
II. Certification by Lead											
I, the undersigned water	treatment plant operator licensed i	n Florida, am the lead.	chief operator of the	he water ti	reatment plant i	identified in F	Part I of this report.	I certify that the			
information provided in	this report is true and accurate to t	he best of my knowled	lge. I certify that a	ll drinking	water treatmen	nt chemicals i	used at thisplant cor	nform to NSF			
International Standard 6	0 or other applicable standards refe	erenced in subsection (62-555.320(3), F.A	.C. I also	certify that the	following ad	ditional operations	records for this			
plant were prepared each	h day that a licensed operator staffe	ed or visited this plant	during the month i	ndicated a	bove: (1) recor	ds of amount	s of chemicals used	and chemical feed			
rotes, and (2) if anniesh	ole, appropriate treatment process p	orformance records. I	Cuthormora I soree	to provid	e these addition	al operations	s records to the PWS	Sowner so the PWS			
rates; and (2) if applicat	ne, appropriate treatment process p	errormance records. 1	- f of least ten us	to provid	e mese addition	iai operations	s records to the r wi	owner so the 1 w 5			
owner can retain them, t	ogether with copies of this report,	at a convenient location	on for at least ten ye	cars.							
		Mark March				C8827					
Signature and Date		Printed or Typed Nam	ie.			License Num	nber				
Signature and Date		ranked or Typed Nam				Dicense runi	1001				

PWS Id	lentificat	ion Number	r:	3354112		Plant Name:	Summit C	hase						
III. Dai	ly Data i	or the Mon	th Year of:		April-04									
			og Virus Inacti	viation/Rem			Free (Chlorin	e 📗	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
lΠι	Utraviol	et Radiation			Other (Describe	e):								
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations	or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv					Emergency or Abnormal Operating Conditions.
	Days	F4]				CT Calcu	lations	7.00	W.		∵. UV	Dose		
	Plant						Lowest CT	學一個			536		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided :						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First	24			Lowest	Minimum	Concentration	
D	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	A CONTRACT OF THE PARTY OF THE
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of -	pH of #∴ Water, if ‡		UV Dose, mW-	Required, mW	Point in Distribution	Repair of Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	33,700	rano, gpa	Tion, mg D	Innaco	ing marc		i ippiioaoio	1.6	300000	500,0112	l	the composition of the compositi
2	X	24 hrs	60,800			-		 				 	0.9	
3	X	24 hrs	23,200					 					0.8	
4	*	24 hrs	64,000	1				1						
5	Х	24 hrs	63,900				1						0.9	
6	Х	24 hrs	29,100										0.9	
7	X	24 hrs	41,200										0.9	
- 8	X	24 hrs	61,700					Ļ			ļ	ļ	0.9	
9	X	24 hrs	51,300				ļ <u>.</u> .	 					0.8	
10	X	24 hrs	34,900				<u> </u>	 		 _		 	0.9	
11 12	X	24 hrs	61,800	 	 	 	 	├			ļ	ļ	0.8	
13	$\frac{\lambda}{X}$	24 hrs 24 hrs	61,900 27,400	}	 		 	 				 	0.8	
14	X	24 hrs	42,100	 	<u> </u>	·		 				f	0.8	
15	X	24 hrs	46,900					 				 	0.8	
16	X	24 hrs	61,300		 -			 				<u> </u>	0.7	
17	X	24 hrs	41,000			<u> </u>						 	0.8	
18	· · · ·	24 hrs	59,900											
19	X	24 hrs	59,900										0.7	
20	X	24 hrs	29,800									ļ	0.7	
21	X	24 hrs	46,600				<u> </u>	ļ		<u> </u>	ļ	ļ	0.8	
22	Х	24 hrs	46,800				ļ	 			ļ	 	0.6	
23	X	24 hrs	60,600					 -	<u> </u>			l	0.8	
24	X	24 hrs	31,700	 	<u></u>		ļ	 	ļ		 	<u> </u>	1.8	
25 26		24 hrs	63,800	 		 	 	 			ļ	 	1.0	
27	X	24 hrs 24 hrs	63,700 28,100	 		 	 	1	 	 	 	 	1.2	
28	X	24 hrs	44,300	 	 	 	 	 	 	1	 	 	1.1	
29	X	24 hrs	59,900		 	 	 	1			†	†	1.1	
30	$\frac{\lambda}{X}$	24 hrs	57,300	<u> </u>	†	<u> </u>	 	†				1	1.1	
31	<u> </u>	24 hrs		1		 	1	1			1			
Total	75.21, 1164	NS # 4.	1,458,600		·									
Average			48,620]										

^{*} 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: May-04 A. Public Water System (PWS) Information PWS Name: Summit Chase PWS Identification Number: 3354112 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 222 Total Population Served at End of Month: 777 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida 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@aguaamerica.com B. Water Treatment Plant Information Plant Name: Summit Chase (352) 369-4881 Plant Telephone Number: Plant Address: Tavares Ridge Drive City: State: **Tavares** 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: 77,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Mark March 8287 \mathbf{C} 6 Days per week Other Operators: Tom Felton $\overline{\mathbf{C}}$ 2241 6 Days per week 454 654 1.0 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. 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.

Mark March

Printed or Typed Name

C8827

License Number

Signature and Date

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											000,672,1	1, #4.10 2+ 13		Total
	7.0										42,000	24 hrs	X	31
											000,09	24 hrs		30
	⊅.0										000'09	24 hrs	X	67
	p .0										28,000	24 hrs	X	87
	6.0										92,000	24 hrs	X	7.7
	7.0		L		ļ <u>.</u>	<u> </u>					000,82	24 hrs	X	97
	8.0	<u> </u>			l	<u> </u>					000'44	sad 42	X	72
	8.0	<u> </u>		ļ		<u> </u>	ļ				34,000	24 hrs	X	24
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	7.0						L				000'79	24 hrs	X	77
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				ļ							000,22	24 hrs	<u> </u>	7
	l l					<u> </u>					000,22	24 hrs	X	- T
Chlothic Dioxide Chethic Dioxide Conditions, Condition	*Lowest* **Lowest* **Dismicroshing **Concommunity **Concom	Minimum My Dose Required, mW secon2	Lowest, Operating UV Dose, mW-	Muimum CH Required, 'mg-min/L	pH.of	C Mater Of Camb	ations Lowest CT Provided Before or at First Customer During Peak Flow mg-ming	Disinfectant Disinfectant Contact Time Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer During Peak	Wol'H Jeag Pgg, 3Baf	Met Quanity of Finished Water Produced, gal	Hours Plant in Plant in	Days Plant Staffed or Visited by Operator (Place	Day of the
		\$7		ılqq∧ ii ,nom	A JUIZ JUSICITAS	3ort-mo	emonstrate t	01 () V D/086, to D	CT Calculations,					!
nines) Chlorine Dioxide	rlorine (Chlora	n paulgu			Free Chlo	***************************************	Marie Control	G W GIM		onnauisia u	i bənistnisM İst	DISSM HIEL	District	10 29V 1
-F: -Ed - E-FE-FE	1407 - 1	ID F: 1	<u> </u>		110 **-a			•(Other (Describe	ojindinjoj() a				
(commissions) amionis pariemos	ouoze	o □	anivo:	annonia		3111121111	. m	 1		LLI MIONERIO DELL'		r Radiation		
Combined Chloramines)	, L Suozi		- spixoii	Chlorine D		hlorine	J agad				ritosn1 suriV go.			
									40-yeM		To mo C d	mol/Lonfront	îl eneO z	ite(I_III
						Acpi	12 инширо	Plant Name:		7114555		ion Number	manua	DI CAA
						636 1	a. I ficultuilly	Plant Mamor		(111/4))		Journal and	けっついけけれる	$P = \sum_{i} W_i d_i$

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



See page 4 for instructions								
I. General Information f	or the Month Year of: June-04	_						
A. Public Water System	(PWS) Information							
	Summit Chase				PWS Identif	ication Numbe	r: 3354112	
	▼ Community	t Non-Comr	nunity	Transi	ent Non-Commu	nity [Consecutive	
	nections at End of Month: 222			Total Po	pulation Served	at End of Mont	th: 777	
PWS Owner:	AquaSource Utility, Inc.							
Contact Person:	Michael Fitzgerald			Contact	Person's Title:	Area Manage		
Contact Person's Mailin	g Address: 1343 NE 17th Road			City:	Ocala	State: I	FL Zip Code:	
Contact Person's Teleph	ione Number: (352) 369-4881			Contact	Person Person's	Fax Number:	(352) 732-	3213
Contact Person's E-Mai	l Address: mvfitzgerald@aquaam	erica.com						
B. Water Treatment Plan	nt Information							
Plant Name:	Summit Chase				Plant Teleph	one Number:	(352) 369-	
Plant Address:	Tavares Ridge Drive			City:	Tavares	State: I	FL Zip Code:	32778
Type of Water Treated		Pur	rchased Finished Wa	ater				
	ay Operating Capacity of Plant, gallons per day:		77,000					
Plant Category (per sub	osection 62-699.310(4), F.A.C.):				ass (per subsection	on 62-699.310((4), F.A.C.):	who are the second seco
Licensed Operators	Name		License Class	Lice	ense Number		Day(s)/Shift(s) Wo	
Lead/Chief Operator:	Mark March		C		8287		6 Days per wee	
Other Operators:	Tom Felton		C		2241		6 Days per wee	k
				<u> </u>				
								<u> </u>
大连续 医多种性性毒素的								
						<u> </u>		
II. Certification by Lead								
I, the undersigned water	treatment plant operator licensed in Florida, an	n the lead/	chief operator of the	ne water t	reatment plant	identified in l	Part I of this report.	I certify that the
information provided in	this report is true and accurate to the best of m	v knowled:	ge. I certify that a	ll drinkin	g water treatme	nt chemicals	used at thisplant con	form to NSF
International Standard 6	0 or other applicable standards referenced in su	sheection 6	2-555 320(3) F A	C Lalso	certify that the	following ad	lditional operations r	ecords for this
international Standard of	a day that a licensed operator staffed or visited	this alone	2-555.520(5), 1 .7 i	ndicated (bove: (1) reco	rds of amount	ts of chemicals used	and chemical feed
plant were prepared each	day that a licensed operator statled or visited	unis piani c	ding the month	iluicaieu a	above. (1) lecoi	nal anametian	s or enemicals used	owner so the DWS
rates; and (2) if applicab	le, appropriate treatment process performance	records. F	uthermore, I agree	to provid	ie tnese additio	nai operations	s records to the P w S	owner so the r w s
owner can retain them, to	ogether with copies of this report, at a conveni-	ent location	n tor at least ten ye	ears.				
	Mark Marc	h				C8827		
Signature and Date		Typed Name				License Num	nber	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER dion Number: \$3354112 Plant Name: Summit Chase

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											1,421,000			[sto]
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	91										000,49	24 hrs	X	30
	ÞΊ	<u> </u>	<u> </u>	<u> </u>				Ĺ			000,04	24 hrs	X	67
	5.1	L									34,000	24 pts	X	82
										T	48,000	24 hrs		7.7
	1.2										48,000	24 hrs	X	97
	1.1										34,000	24 hrs	X	52
	8.1	L									22,000	24 hrs	X	24
	7.7					T					92,000	24 hrs	X	73
	7.2										000'77	24 hrs	X	77
	1.4									1	34,000	24 hrs	X	17
					T					1	000'69	24 hrs	 ^ 	0Z
	5.1			T	1					·	000'69	24 hrs	X	61
	1.1					1					000'05	24 hrs	X	18
	2.1										000,25	24 hrs	X	21
	LI					T					43,000	24 hrs	$\frac{1}{x}$	91
	0.1						1		1		000,62	24 hrs	X	SI
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Water-System Components Out of Operation	System, mg/L	zuo/oes	zec/cm2	J/nim-8m	Applicable	്രാ	:I/nim-gm	sənnuru	J\gm ,wol∃	Rate, gpd			X	1
Enjo gency or Abnormal Operating Conditions. Repair of Maintenance Work that Involves Taking	Lowest Residual Disinfectant at Remote at Remote at Remote	Minimum UV Dose Required, Wm	Lowest Operating U Dose Wm	Kedmed GT Munmm	ph of Water, if	Jemp Of Water,	Lowest CT Provided Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer First Customer First Customer Elegent and	Peak Flow	7/et Quantity of Finished Water Water Produced, gal	Operation Plant in Hours	Plant Staffed or Visited by Operator (Place	To yed the AnnoM
TO THE RESERVE THE SECOND SECOND		əso(מ אח		1994	de la	snoths	CT Calcul				1	Days	1.2.5
2017016 2017016						Po.I-wo	T stratenoms(or UV Dose, to L	CT Calculations,					
(Chlorine Dioxide	hlorine (Chlor	O bənidm	OD [ərine	Free Chlo				n System:	oitudintsiQ n	ii Maintained is	tant Residu	Disinfec	Type of
Combined Chlorine (Chloramines)	Sone		obixoid	Chlorine D		hlorine	O 5914	:(oval: * Other (Describe	viation/Reme	virus Inactiv	ving Four-L a Radiation	of Achiev	Means (
									\$0-əunc		ho need th	or the Mont	1 ete(L /	in Ci. III
						aser	Summit Cl	Plant Name:		3324112	-	ion Number	cutticati	LWSIG
										0117366		1	,	- i Sitta

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



See page 4 for instructions

I. General Information f	or the Month Year of:	July-04							
A. Public Water System	(PWS) Information								
PWS Name:	Summit Chase				PWS Identifi	ication Numbe	er: 335	54112	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transier	nt Non-Commu	nity	Consec	cutive	
Number of Service Con	nections at End of Month:	222		Total Popi	ulation Served a	at End of Mon	th: 777	'	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact Po	erson's Title:	Area Manage			
Contact Person's Mailin		Suite 4		City:	Leesburg	State:	FL Zip	Code:	34748
Contact Person's Teleph	none Number: 352/787-)980		Contact P	erson Person's F	Fax Number:	352	2/787- <u>6</u> 33	53
Contact Person's E-Mai	l Address: <u>beheathe</u>	@aquaamerica.com				· · · · · · · · · · · · · · · · · · ·			
B. Water Treatment Plan	nt Information		_						
Plant Name:	Summit Chase				Plant Teleph			2) 369-4	
Plant Address:	Tavares Ridge Drive			City:	Tavares	State:	FL Zip	Code:	32778
Type of Water Treated	by Plant: X Raw Ground	Water 🔲 Pu	rchased Finished Wa	ater					
	ay Operating Capacity of Plant, gal	ons per day:	77,000						
	section 62-699.310(4), F.A.C.):	·			s (per subsection				
Licensed Operators	Name		License Class		se Number	17 . 17			ced 🦠 🔆
Lead/Chief Operator:	Will Fontai	ne	С		6813	<u> </u>	6 Days p	er week	
Other Operators:									
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II Constitution by London	LiChi of Organistan								
II. Certification by Lead									
I, the undersigned water	treatment plant operator licensed	l in Florida, am the lead	chief operator of tl	he water tre	eatment plant i	identified in l	Part I of this re	eport. I	certify that the
information provided in	this report is true and accurate to	the best of my knowled	lge. I certify that al	ll drinking	water treatmen	nt chemicals	used at thispla	nt confo	orm to NSF
International Standard 6	0 or other applicable standards re	ferenced in subsection 6	52-555.320(3), F.A	.C. I also o	certify that the	following ad	lditional opera	tions red	cords for this
plant were prepared each	n day that a licensed operator stat	fed or visited this plant	during the month in	ndicated at	oove: (1) recor	ds of amount	ts of chemicals	s used ar	nd chemical feed
rates: and (2) if applicab	le, appropriate treatment process	nerformance records F	Futhermore Lagree	to provide	these addition	nal operations	s records to the	e PWS o	wner so the PWS
	ogether with copies of this report				mose addicio.	iai optiaisii		••	
owner can retain them, t	ogether with copies of this report	, at a convenient locatio	ii ioi at icast teli ye	ars.					
		Will Fontaine				C6813			
Signature and Date		Printed or Typed Nam	e			License Num	nber		
· ·		· .							

PWS Id	lentifica	tion Number	r:	3354112		Plant Name:	Summit Cl	hase						
III. Dai	I. Daily Data for the Month Year of: July-04													
			og Virus Inacti	viation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):			ب					,
			ual Maintained	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
		1241			CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if App	licable*		15 47 12 14	
	Days		e safe				lations	THE COL				Dose - *		
2:3	Plant						Lowest CT						Lowest	
100	Staffed			1	Lowest Residual	Disinfectant	Provided '		i e				Residual	
1	OF				Disinfectant	Contact Time	Before or	4.N.C. A	ACO CARACTER		Lowest		Disinfectant	
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Operating-	Minimum UV Dose	Concentration at Remote	4 4 74 7
Day of	Operator	Hours	of Finished		First Customer	Point During	During 1	of	pH of	CT	UV Dose,	Required,	Point in	*Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
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	Water System Components Out of Operation
1 %	Х	24 hrs	49,700		1.9								1.6	
2	X	24 hrs	42,300		2						ļ		1.6	
3 -	X	24 hrs	45,000		1.8		ļ	 				ļ		
4		24 hrs	45,000						<u></u>			-	1.2	
6	X	24 hrs	47,700		1.7			 				ļ	1.3	
7	X	24 hrs 24 hrs	39,400 51,600	ļ	1.6			 					1.1	
8	X	24 hrs	56,300	 	1.5			-		 		 	1.1	
-9	X	24 hrs	24,000	<u> </u>	1.4			-					1.0	
10	X	24 hrs	55,500	 	1.4			 				 		
11.		24 hrs	55,500					T .						
12	X	24 hrs	25,500		1.7								1.2	
13	X	24 hrs	36,200		1.5								1.1	
~14	X	24 hrs	49,400		1.5			ļ					1.1	
15	X	24 hrs	58,000	1	1.5			ļ			 		1.2	
16 17	X	24 hrs	23,900	ļ	1.3					 		ļ	1.0	
18	Х	24 hrs 24 hrs	61,700 61,700	ļ	1.5			 	 	 	 			
19	X	24 hrs	32,800	 	1.5		 	 					1.1	
20	X	24 hrs	52,400	 	1.3			<u> </u>	<u> </u>			†	1.0	
21	X	24 hrs	32,100	<u> </u>	1.5								1.1	
22	Х	24 hrs	60,500		1.3								1.0	
23	X	24 hrs	30,300		1.7								1.2	
24	X	24 hrs	62,100		1.4		ļ							
25		24 hrs	62,100	ļ	ļ		ļ			ļ	ļ	ļ		
26	X	24 hrs	22,800	ļ	1.5				ļ	-		 	1.1	
27	X	24 hrs	40,200	<u> </u>	1.5			├	 	 	 	}	1.1	
28	X	24 hrs 24 hrs	58,500 57,800	ļ	1.4			-	 -			 	1.0	
30	X	24 hrs 24 hrs	29,700	 	1.3		 					 	1.0	
31	X	24 hrs	29,700	 	1.4		 	 			1	<u> </u>		
Total	Oversall'i	2.103	1,399,400	 	,1		<u></u>			·	1	•	·····	•
A 113 1			45 142	1										

62,100

Maximum

^{*} 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 (PWS) Information PWS Identification Number 3354112 PWS Name: Summit Chase PWS Type: Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: 222 Total Population Served at End of Month: 777 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 (352) 369-4881 Plant Name: Summit Chase Plant Telephone Number: Plant Address: Tayares Ridge Drive Tavares State: FL Zip Code: 32778 City: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77.000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): Dav(s)/Shift(s) Worked Licensed Operators Name License Class License Number Lead/Chief Operator: 6 Days per week Will Fontaine \mathbf{C} 6813 Other Operators: **国际的工作工作的关系和** 算算を担いる。これ 46年11年12日高兴 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. Will Fontaine C6813 License Number Printed or Typed Name Signature and Date

										ļ	000 89	(C)		mireM
											615,219			Average
											1'404'600			faloT
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	L'0								I I		006,12	24 hrs	X	30
- CAMBO											006,12	24 hrs		53
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	6.0								1.2		34,100	24 hrs	X	LT
	60			·					1.1		98,000	S4 hrs	X	97
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	0.1								£.1		38,500	24 hrs	X	74
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									7.1		32,500	24 hrs	X	L
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	0.1								t l		005,62	St pre	X	7
		†									005,65	SJŲ PZ		7
Water System Components Out of Operation	System, mg/L	zec/cm2	zec/cm2	. շ/ս։ա-Ցա	Applicable	. O .	J/mm-9m	səmuru	Flow, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair of Maintenance Work that Involves Taking	nonudiusiQ	Mur	-Wm	, Required,	Water, if	Waler,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эц
Carlos Scircy Of Transpiring Operating Constitution,	Point in	Required,	UV Dose,	. CI.	јо На 📴	jö.	Surma	Point During	First Customer	38.3	- of Finished	smoH	Operator	Day of
	at Remote	UV Dose	Operating			1cmp.	Customer	Measurement	(C) Before or at		Net Quanty	•	ρλ	
And the second s	Concentration	muminiM	Lowest	muminiM			izni4 is	Ols(T)	Сопсепианоп	5 Y	A STATE OF THE STA		botisiV	
	Disinfectant						Before or	Contact Time	Disinfectant	Section A	I fay to be		10	1 1
	Children Control of Control of				1.00		** だいりず 25年 いず	Disinfectant	Lowest Residual				Staffed	
	Kesidual					42.4	Provided	tostostaisi(I	ferrhise I tseuro I				Plant	.
	* Isawo.1	13.34				Manager Service	LOwest CT			rgs/fr	학생님의 항상 경기적		Days	[
		2SO(3 VU									1		
And the second s		1.17.55				god-mo	emonstrate F	or UV Dose, to I			e jako seriera	L		لببا
Chlorine Dioxide														
								:(Other (Describe			t Radiation		
Combined Chlorine (Chloramines)	Means of Achieving Four-Log Virus Inactiviation/Removal: *													
(ш.								40-12uguA			or the Mon		
									707					
						าสรษ	Summit Ch	Plant Name:		3324112		on Mumber	entificat	PI SMA

Page 2

28

Maximum (63,000) 63,000) * Refer to the instructions for this information.



See page 4 for instructions

I. General Information t	or the Month/Year of:	September-04				
A. Public Water System						
	Summit Chase	***************************************		PWS Identi	fication Number:	3354112
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transient Non-Comm	unity	Consecutive
Number of Service Con	nections at End of Month:	222		Total Population Served	at End of Month:	777
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailin	g Address: 2315 Griffin Road,	Suite 4		City: Leesburg	State: FL	Zip Code: 34748
Contact Person's Teleph		0980		Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Mai	I Address: beheath	@aquaamerica.com				
B. Water Treatment Pla	nt Information					
Plant Name:	Summit Chase			Plant Telep	hone Number:	(352) 369-4881
	Tavares Ridge Drive			City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated			urchased Finished Wa	nter		
Permitted Maximum D	ay Operating Capacity of Plant, gal	lons per day:	77,000			
	section 62-699.310(4), F.A.C.):	V		Plant Class (per subsect		
Licensed Operators	Name	<u> All mays Milyan, a ch</u>	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fonta	ine	C	6813		6 Days per week
Other Operators:	Jim Milic	ic	С	8195		6 Days per week
	-					
to the terms						
Activities the second second						
1000年的高兴的						
				<u> </u>	<u> </u>	
II. Certification by Lead	Chief Operator					
		11 71 11 11 1	/1:6 / 6/		(11 - 41C - 11 - D. 4 I	California de l'acontification
I, the undersigned water	treatment plant operator license	d in Florida, am the lead	/chief operator of the	ne water treatment plan	i identified in Part I	of this report. I certify that the
	this report is true and accurate to					
International Standard 6	0 or other applicable standards re	eferenced in subsection	62-555.320(3), F.A	.C. I also certify that the	e following additior	nal operations records for this
plant were prepared each	n day that a licensed operator sta	ffed or visited this plant	during the month in	ndicated above: (1) reco	ords of amounts of c	hemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process	s performance records. I	Futhermore, I agree	to provide these addition	onal operations reco	rds to the PWS owner so the PWS
	ogether with copies of this repor					
	i say		j			
		Will Fontaine			C6813	
Signature and Date		Printed or Typed Nam	ie		License Number	

PWS Id	lentificat	tion Numbe	r:	3354112		Plant Name:	Summit C	hase						
111 I)ai	Daily Data for the Month Year of: September-04													
			og Virus Inacti	viation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:)·			ــا					
			ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	Chlorine (Chlor	ramines) Chlorine Dioxide
1.5 pc o	Dismic	l l		l Bistioutic	CT Calculations,	or UV Dose to	Demonstrate l	Four-Log				19-14 S	ESCHOOLS.	
	Days	1,1				CT Calcu		100	. /	1977	L. WUVI	Dose :		
	Plant		1.				Lowest CT			1 July 2	100		Lowest	
	Staffed			7.	Lowest Residual	Disinfectant	Provided						Residual	
1.6	OL				Disinfectant	Contact Time	Before or				1. 1. 1.		Disinfectant	
	Visited				Concentration	(T) at C	at First	12				Minimum	Concentration:	
	by		Net Quanity		(C) Before or at	Measurement	Customer During	Temp.	TT 6	Minimum CT	Operating UV Dose,	UV.Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	Peak Flow,	of Water,	pH of Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
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	Water System Components Out of Operation
1.	X	24 hrs	43,100	, ,	1.2			1				Sel	0.9	
2	X	24 hrs	36,700		1.1			1					0.8	
-3	X	24 hrs	37,900		1,2								0.9	
4	X	24 hrs	35,800		1,1									
5		24 hrs	38,950						ļ					
6	X	24 hrs	38,950		1.1		L	<u> </u>	ļ	<u> </u>	ļ		0.9	
7	X	24 hrs	57,800		1.3			<u> </u>	ļ			 -	1.0	
8	X	24 hrs	34,000		1.3		ļ	 	<u> </u>				0.9	
10	X	24 hrs 24 hrs	54,500 38,200		1.2		 	 		 		 	0.9	
11	X	24 hrs	30,700		1.2		 	 					, <u>,,,</u>	
12		24 hrs	54,750	 	1.2			 						
13	Х	24 hrs	54,750	<u> </u>	1.2		 	1					0.9	
14	X	24 hrs	30,000		1.1			1					0.7	
15	Х	24 hrs	36,000		1.2								0.8	
16	X	24 hrs	53,300		1.1			<u> </u>					0.6	
17	X	24 hrs	39,600		1.1			ļ				Ĺ	1.0	
18	X	24 hrs	35,300		1.1		ļ	ļ						
19		24 hrs	46,300				-	 		 		 	0.8	
20	X	24 hrs	46,300	 	 		 	 	 		 	 	0.8	
21 22	X	24 hrs 24 hrs	41,600 32,600		0.9					ļ		 	0.7	
23	X	24 hrs	59,500	 	1		 	 	 	 	 	 	1.0	
24	X	24 hrs	36,400	 	0.9		 	†	 	 	 		0.7	
25	X	24 hrs	34,200	 	1		1	† · · · ·					1	
26		24 hrs	54,400					1		<u> </u>				
27	Х	24 hrs	54,400		0.8								0.7	
28	X	24 hrs	38,000		ī								0.7	
29	X	24 hrs	40,600		1			<u> </u>		ļ	ļ	<u> </u>	0.8	
30	Х	24 hrs	56,500		1.1		ļ	<u> </u>	<u> </u>	 	 	<u> </u>	0.9	
31	<u></u>	24 hrs	1 201 100	<u> </u>	L	L	<u> </u>	<u></u>	L	L	<u> </u>	I	<u> </u>	<u> </u>
Total			1,291,100	-										
Average	<u> </u>	200 (200 - 1) 100 100 (200 - 1) 100 - 100	43,037	-										

20

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



See page 4 for instructions

I. General Information t	for the Month Year of: October-04												
A. Public Water System	(PWS) Information		<u> </u>										
PWS Name:	Summit Chase		PWS Identifi	cation Number:	3354112								
PWS Type:	☐ Non-Transient Non-Com	munity	Transient Non-Commu	nity	Consecutive								
Number of Service Con	nnections at End of Month: 222		Total Population Served a	at End of Month:	777								
PWS Owner:	Aqua Utilities Florida												
	Brian Heath		Contact Person's Title:	Area Manager - Fl									
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34748								
Contact Person's Teleph	none Number: 352/787-0980		Contact Person Person's I	ax Number:	352/787-6333								
Contact Person's E-Mai	I Address: <u>beheath@aquaamerica.com</u>												
B. Water Treatment Pla	nt Information												
Plant Name:	Summit Chase		Plant Teleph	one Number:	(352) 369-4881								
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778								
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	iter										
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	77,000											
Plant Category (per sul													
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked													
Lead/Chief Operator:	Will Fontaine	С	6813		6 Days per week								
Other Operators:	Jim Milicic	С	8195		6 Days per week								
[[경기 경시 : 원호경기 하는 F + 5] 및													
													
			<u> </u>										
II CandiCandian bar	I CL' CO												
II. Certification by Leac													
	treatment plant operator licensed in Florida, am the lead												
information provided in	this report is true and accurate to the best of my knowled	lge. I certify that al	l drinking water treatmen	nt chemicals used	at thisplant conform to NSF								
	0 or other applicable standards referenced in subsection 6												
	h day that a licensed operator staffed or visited this plant												
	ele, appropriate treatment process performance records. F												
				iai operations rece	ords to the 1 w3 owner so the 1 w3								
owner can retain them, t	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.										
	Will Fontains			C6813									
Signature and Data	Will Fontaine Printed or Tuned Nam		 	License Number									
Signature and Date	Printed or Typed Name	C		Piccuse Mannoel									

PWS Id	lentificat	ion Numbe	r:	3354112		Plant Name:	Summit C	hase							
III Dai	ly Data f	or the Mon	th Year of:		October-04										
Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem			Free (Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Ultraviole	et Radiation	1		Other (Describe	e):									
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
			**		CT Calculations	or UV Dose, to I	Demonstrate I	Four-Log	Virus Inactiv	ation, if App	licable.	1,57			
	Days			*13.4°55	Contraction of the Contraction o	CT Calcu	lations			ではちた臓	UV	Dose 🎓 🛧			
	Plant	**	ু ্বে		Lowest Residual	控制 定功	Lowest CT				1.2	多菜类	≟ Lowest		
	Staffed					Disinfectant	Provided				40.5		; Residual	를 보위한 경우 전환 시간 되었다. 그 사고 있다면 함께 있는 것이 되었다. 	
	or				Disinfectant	Contact Time	Before or				14 to 10	4.5	Disinfectant		
-	Visited				(C) Before or at	(T) at C	at First				Lowest	Minimum UV Dose	Concentration		
Day of	by Operator	Hours	Net Quanity of Finished	1	First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose	Required,	at Remote Point in	Emergency or Ahnorma	Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW.	Distribution	Repair or Maintenance W	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		ents Out of Operation
1 59	X	24 hrs	49,500		1								0.8		
2-4	X	24 hrs	32,000		1.1										
		24 hrs	53,400										<u></u>		
4	X	24 hrs	53,400		1,1			ļ			<u> </u>		1.0		
5	X	24 hrs	26,900		1.1			<u> </u>	ļ				0.9		
6	X	24 hrs	42,600		1.1			<u> </u>		<u> </u>		 	1.0		
7.*	X	24 hrs	50,500		1.1		<u> </u>	∤			 	 	0.9		
8**-	X	24 hrs	39,600		1.1			 	ļ	<u> </u>	<u> </u>	 -	0.9		
10	_ <u> </u>	24 hrs 24 hrs	38,200 48,700		1.2			-				 			
11	X	24 hrs	48,700	 	1.2	···-	 	 	<u> </u>		 	 	1.0		
12	X	24 hrs	33,500	 	1.2		ļ	 			 		1.0		
13	X	24 hrs	37,900		1.1	<u> </u>				l			1.0		
14-	X	24 hrs	62,100		1.3								1.0		
15	X	24 hrs	39,800		1.1								1.1		
16	X	24 hrs	28,900		1.1							<u> </u>			
17		24 hrs	56,250				ļ	ļ		<u> </u>					· · · · · · · · · · · · · · · · · · ·
18	X	24 hrs	56,250		1.2		<u> </u>	<u> </u>			<u> </u>	 	1.0		
19	X	24 hrs	37,800		1.1	 					 	 	0.9	-	
20	X	24 hrs	37,800		1.2	 	 	 	 		 	 	0.8	 	
21	X	24 hrs 24 hrs	31,700 45,500		1.2	 -	 	 	 	 	 -	 	1.0		
23	X	24 hrs	33,000	 	1.2	 		 	<u> </u>		<u> </u>	 			
24		24 hrs	51,500	 	1.2		 	t			 	 			
25	Х	24 hrs	51,500		1.2		<u> </u>					<u> </u>	1.0		
26	X	24 hrs	37,800		1.2								0.8		
27	Х	24 hrs	46,400		1.2								1.0		
28	X	24 hrs	50,200		1.1								0.9		
29	X	24 hrs	51,100		1.2	<u> </u>	<u> </u>	<u> </u>	<u> </u>		ļ ——	1	0.8	ļ	
30	X	24 hrs	39,700	ļ	1.2		 	 	 		 	 			
31	L	24 hrs	44,000	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	l	1	<u> — —</u>	J	1	
Total	<u> </u>		1,356,200	1											
Average	75		43,748												

62,100

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



See page 4 for instructions	,					
I. General Information t	for the Month Year of: November-04					
A. Public Water System	1 (PWS) Information					
PWS Name:	Summit Chase		P	WS Identification	on Number:	3354112
PWS Type:	X Community Non-Transient Non-Com	munity	Transient No	on-Community		Consecutive
Number of Service Cor	nnections at End of Month: 222		Total Population	on Served at En	d of Month:	777
PWS Owner:	Aqua Utilities Florida					
	Brian Heath		Contact Person		ea Manager - I	
Contact Person's Mailir				eesburg Sta		Zip Code: 34748
Contact Person's Telepl			Contact Persor	n Person's Fax 1	Number:	352/787-6333
Contact Person's E-Mai	il Address: <u>beheath@aquaamerica.com</u>					
B. Water Treatment Pla	int Information					
Plant Name:	Summit Chase		Pl	ant Telephone	Number:	(352) 369-4881
Plant Address:	Tavares Ridge Drive		City: Ta	avares Sta	te: FL	Zip Code: 32778
Type of Water Treated	7	rchased Finished W	ater			
	Day Operating Capacity of Plant, gallons per day:	77,000				
Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V			er subsection 62	2-699.310(4),	F.A.C.) C
Licensed Operators	Name	License Class	License N	lumber *	%5.LV. [1]	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	681	3		6 Days per week
Other Operators:	Jim Milicic	С	819	5		6 Days per week
1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4						
					<u> </u>	
		<u> </u>	<u> </u>			
II C 4'1" 4' 1 1	1.61: 60					
II. Certification by Lead						
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of	the water treatm	ient plant iden	tified in Part	I of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that a	all drinking wate	er treatment cl	nemicals used	d at thisplant conform to NSF
International Standard 6	60 or other applicable standards referenced in subsection 6	52-555.320(3), F.A	A.C. I also certi	fy that the foll	lowing additi	onal operations records for this
plant were prepared each	h day that a licensed operator staffed or visited this plant of	during the month	indicated above	: (1) records o	f amounts of	chemicals used and chemical feed
rates: and (2) if annlical	ole, appropriate treatment process performance records. F	Suthermore, I agree	e to provide the	se additional o	perations rec	cords to the PWS owner so the PWS
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owner can retain ment, t	egenier with copies of this report, at a convenient location	101 at least tell y	· · · · · · · · · · · · · · · · · · ·			
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The Part of the Control of the Contr	at Remote	UV Dose	Operating	muminiM		Temp.	Customer	Меаѕитет	(C) Before or at		Met Quanity		ÁQ	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

A. Public Water System (PWS) Information PWS Name: Summit Chase PWS Type: Community	I. General Information 1	For the Month Year of: December-04				
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Nomber of Service Connections at End of Month: 777 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Contact Person's Title: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Title: Area Manager - Florida Contact Person's Title: Area Manager - Florida Contact Person's Telephone Number: 352787-0980 Contact Person's Telephone Number: 352787-0980 Contact Person's Fax Number: 352787-0333 Deheath@aquasamerica.com Plant Telephone Number: 352787-0333 Deheath@aquasamerica.com Plant Telephone Number: 352787-0333 Deheath@aquasamerica.com Plant Telephone Number: 35278-0333 Deheath@aqu	A. Public Water System	(PWS) Information				
Number of Service Connections at End of Month; 222 Total Population Served at End of Month; 777		Summit Chase		PWS Identif	ication Number:	3354112
PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Telephone Number: 352787-0980 Contact Person's Telephone Number: 352787-0333 Contact Person's E-Mail Address: beheath@aquamerica.com B. Water Treatment Plant Information Plant Name: Summit Chase Plant Telephone Number: (352) 369-4881 Plant Address: Tavares Ridge Drive Purchased Finished Water Permitted Maximum Duy Operating Capacity of Plant, gallons per day: 77,000 Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.) Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.) Plant Class (per subsection 62-699-310(4), F.A.C.) C Plant Pla			munity	Transient Non-Commu	nity	Consecutive
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 Contact Person's Telephone Number: 352787-0980 Contact Person's Elephone Number: 352787-6333 Contact Person's E-Mail Address: beneath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Summit Chase Plant Name: Summit Chase Plant Name: Summit Chase Plant Address: Tavares Ridge Drive City: Tavares Type of Water Treated by Plant: IX Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, pallons per day: 77,000 Plant Class(per subsection 62-699.10(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name: License Class License Number: 3529/SFift(S) Worked License Class License Number: 3529/SFift(S) Worked License Class License Number: 4529-4529-4529-4529-4529-4529-4529-4529-	Number of Service Con	nections at End of Month: 222		Total Population Served	at End of Month:	777
Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 City: Lesburg State: Ft. Zip Code: 34748 Contact Person's Telephone Number: 352/787-0980 Contact Person's Fax Number: 352/787-6333 B. Water Treatment Plant Information Plant Name: Summit Chase Plant Road: Treatment Plant Information Plant Name: Summit Chase Plant Address: Tavares Ridge Drive City: Tavares State: Ft. Zip Code: 32778 Type of Water Treated by Plant: IX. Raw Ground Water Permitted Maximum Day operating Capacity of Plant, gallons per day: 77,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) 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 License Class License Class License Number: Discussion of Days per week Other Operators: Jim Milicia C 81955 6 Days per week Other Operators: Jim Milicia C 81955 6 Days per week Marry Neal C 10027 6 Days per week Marry Neal C 10027 6 Days per week Marry Neal C 110027 6 Days per week Intermation 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 Intermational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I Lais overtify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, a convenient location for at least ten years.		Aqua Utilities Florida				
Contact Person's Telephone Number: 352/787-0980 Contact Person's Fax Number: 352/787-0333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Summit Chase Plant Telephone Number: (352) 369-4881 Plant Name: Summit Chase Plant Address: Tavares Ridge Drive City: Tavares State: PL Zip Code: 32778 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Name License Class License Number Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Name License Class License Number Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Jim Millicit C 6813 6 Days per week Licensed Operators Jim Millicit C 8195 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 6 Days per week Licensed Operators Jim Millicit C 10027 7 10027 10027 Licensed Operators Jim Millicit Jim Millici				Contact Person's Title:	Area Manager - Flor	ida
B. Water Treatment Plant Information Plant Name: Summit Chase Plant Telephone Number: (352) 369-4881 Plant Address: Tavares Ridge Drive City: Tavares State: FL Zip Code: 32778 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77,000 Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators Name License Class License Number Pays(a)/Shift(3) Worked Licensel Charles Days per week Deterois						
B. Water Treatment Plant Information Plant Name: Summit Chase Plant Address: Tavares Ridge Drive Permitted Maximum Day Operating Capacity of Plant. SL Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Clase (per subsection 62-699.310(4), F.A.C.): V Plant Clase (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number: License Number: Described Operators License Number: Described Operators Name License Class License Number: Described Operators Described Operator Described Operators Described Operator Describe				Contact Person Person's	Fax Number:	352/787-6333
Plant Name: Summit Chase Plant Address: Tavares Ridge Drive City: Tavares State: FL Zip Code: 32778 Type of Water Treated by Plant: Zi Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Name License Class License Number: Disy(syShift(6) Worked Lead/Chief Operator: Jim Milicie C 6813 6 Days per week Other Operators: Jim Milicie C 10027 6 Days per week Marry Neal C 10027 6 Days per week H. Certification by Lead Chief Operator L, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the 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. 1 also certify that the following additional operations records for this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed 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 so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine City: Tavares State: FL Zip Code: 32778 Tavares Tavare	Contact Person's E-Mai	l Address: <u>beheath@aquaamerica.com</u>				
Plant Address: Tavares Ridge Drive	B. Water Treatment Pla	nt Information				
Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77,000 Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Will Fontaine C 6813 6 Days per week Other Operators: Jim Milicic C 8195 6 Days per week Marty Neal C 10027 6 Days per week Marty Neal C 10027 6 Days per week II. Certification by Lead Chief Operator II., 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. Will Fontaine C6813	Plant Name:	Summit Chase		Plant Teleph	one Number:	(352) 369-4881
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) C License Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Will Fontaine C 6813 6 Days per week Other Operators: Jim Milicic C 8195 6 Days per week Marty Neal C 10027 6 Days per week	Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Class License Mumber Day(s)/Shift(s) Worked Lead/Chief Operator: Jim Milicic C 8195 6 Days per week Marty Neal C 10027 6 Days per week Marty Neal C 10027 6 Days per week License Class License Class License Number C 8195 6 Days per week License Class License License Class License Lice	Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	ter		
License Operators License Class License Number Day(syShift(6) Worked Lead/Chief Operator: Will Fontaine C 6813 6 Days per week			77,000			_
Lead/Chief Operator: Will Fontaine C 6813 6 Days per week Other Operators: Jim Milicic C 8195 6 Days per week Marty Neal C 10027 6 Days per week Marty Neal 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. Will Fontaine C 6813						
Other Operators: Jim Milicic C 8195 6 Days per week	Licensed Operators	Name	License Class	License Number	San Day	(s)/Shift(s) Worked
Marty Neal C 10027 6 Days per week II. Certification by Lead Chief Operator I, the undersigned water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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. Will Fontaine C6813	Lead/Chief Operator:	Will Fontaine	C	6813		Days per week
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International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records 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. Will Fontaine C6813						
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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. Will Fontaine C6813		· ·		-		-
owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C6813						
Will Fontaine C6813				•	nai operations record	is to the r w s owner so the r w s
	owner can retain them, to	ogether with copies of this report, at a convenient location	i for at least ten ye	ars.		
		Will Fontaine			C6813	
	Signature and Date		<u> </u>			

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Emergency or Abnormal Operating Conditions; Regat or Maniconance Work that Involves Taking Water System Components Out of Operation	Yestoual Distribectant Concentration at Remote Sat Remote	Minimum VU Dose Required, Win Sectom?	Lowest Operating UV Dose, mW- sec/cm2	Minimum CT Required,	pH of Water, if Applicable	C Mater:	Towest CT Powest CT Possic How Before of At First Customer Before of Towns Tow	Dismicetant Contact Time (71) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer During Peak	Ьсак Ном	Net Quanty of Finished Water Produced, gal	Hours Plant in Operation	Days Plant Staffed or Visited by Operator (Place (Table)	Day of the Month
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Combined Chlorine (Chloramines)	euoz.	0 🗍	əbixoi	Chlorine D		hlorine	O sərf	:(December-04 oval: * Other (Describe		th Year of: og Virus Inactiv		zəidəA To	Means
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						ıgzç	Summit Ch	Plant Name:		3334112	:1	ou Mumber	cntificati	PI SMd

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



See page 4 for instructions 1. General Information for the Month Year of: January-05 A. Public Water System (PWS) Information 3354112 PWS Name: Summit Chase PWS Identification Number: Transient Non-Community PWS Type: X Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: 222 Total Population Served at End of Month: 777 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg 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@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Summit Chase Plant Telephone Number: Plant Address: Tavares Ridge Drive City: State: FL Zip Code: 32778 Tavares Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): **Licensed Operators** Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: 6813 6 Days per week Will Fontaine \mathbf{C} 8195 6 Days per week Other Operators: Jim Milicic C $\overline{\mathbf{c}}$ 10027 6 Days per week Marty Neal 接收 对对。 Andrew Control of the II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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

C6813

License Number

Will Fontaine

Printed or Typed Name

Signature and Date

PWS Id	lentificat	tion Numbe	r:	3354112		Plant Name:	Summit C	hase								
111.15.	II. Daily Data for the Month Year of: January-05															
				:			Emac 4	Thloria		Chloring	Novida .)zona	Combined Ch	nlorine (C	hloramines)
			og Virus Inacti				rree (Chlorin	e []	Chlorine I	Jioxide		Dzone	Combined Ci	norme (C	moranines
		et Radiation			Other (Describe	s):			Tr cu		F1 6		L1 (C1.1			Chlorine Dioxide
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio			genty landing magning	4 75 39, 519	Free Chl			ombined C	hlorine (Chlor	amines)		Jihorine Dioxide
7.7	354		lafateko (h		CI Calculations.	or UV Dose, to I	Jemonstrate l lations	our-Log	Virus Inactiv	ation, if App	UV	Dana 8	100			
1	Days			 	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CI Calcu	Lowest CT	1.4 水本		4.5.	*07	Dose	Lowest		1	
	Plant Staffed				Lowest Residual	Disinfectant	Provided	19.54					Residual			
	or				Disinfectant	Contact Time	Before or						Disinfectant #			
	Visited				Concentration	(T) at C	at First		1. 1. A		Lowest	Minimum	Concentration		44.4	The second second second second second second second second second second second second second second second se
12-44	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	《李文 》。第		·运荡。
Day of	Operator	Hours	of Finished		First Customer	Point During	During .	of)	pH of	CT	UV Dose,	Required,	10000	I warmer Konto A con	A POSITION C	Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution 2			rk that involves Takin ants Out of Operation
Month 1	"X") X	Operation 24 hrs	Produced, gal 43,300	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/l2	water System	n Componer	nas Out of Operation
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54,500

Maximum

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



See page 4 for instructions

I. General Information f	or the Month Year of:	February-05							
A. Public Water System	(PWS) Information								
PWS Name:	Summit Chase				PWS Identifi	ication Number:	3354112		
PWS Type:	X Community	Non-Transient Non-Comm	nunity	Transie	nt Non-Communi	ity	Consecutive		
Number of Service Con	nections at End of Month:	218		Total Po	pulation Served a	at End of Month:	763		
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact	Person's Title:	Area Manager -			
Contact Person's Mailin				City:	Leesburg	State: FL	Zip Code: 34749		
Contact Person's Teleph	none Number: 352/787-0	980		Contact	Person Person's I	Fax Number:	352/787-6333		
Contact Person's E-Mai	Address: beheath@	aquaamerica.com							
B. Water Treatment Pla	nt Information								
Plant Name:	Summit Chase				Plant Teleph	one Number:	(352) 787-0980		
Plant Address:	Tavares Ridge Drive	State: FL	Zip Code: 32778						
Type of Water Treated			chased Finished W	ater					
	ay Operating Capacity of Plant, gallo	ns per day:	77,000						
	section 62-699.310(4), F.A.C.):	V				on 62-699.310(4),	F.A.C.): C		
Licensed Operators	Name		License Class	Lic	ense Number		Day(s)/Shift(s) Worked		
Lead/Chief Operator:	Will Fontain	e	С		6813		6 Days per week		
Other Operators:	Jim Milicic		C		8195		6 Days per week		
A company of the first	Marty Neal		С		10027		6 Days per week		
II. Certification by Lead	Chief Operator								
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/o	chief operator of	the water ti	reatment plant is	dentified in Part	I of this report. I certify that the		
information provided in	this report is true and accurate to t	he best of my knowledg	ge. I certify that a	ıll drinking	water treatmen	it chemicals used	at thisplant conform to NSF		
International Standard 60	0 or other applicable standards ref	erenced in subsection 6	2-555.320(3), F.A	A.C. I also	certify that the	following additi	onal operations records for this plant		
were prepared each day	that a licensed operator staffed or	visited this plant during	the month indica	ited above:	(1) records of a	amounts of chem	nicals used and chemical feed rates;		
and (2) if applicable, app	propriate treatment process perform	nance records. Futhern	nore, I agree to p	rovide thes	e additional ope	erations records t	to the PWS owner so the PWS owner		
	with copies of this report, at a co				•				
tan retain them, together	with copies of this report, as a sec		,						
		Will Fontaine				C6813			
Signature and Date		Printed or Typed Name	e			License Number			
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Page 1

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



See page 4 for instructions					
1. General Information fo	r the Month Year of: March-05				
A. Public Water System (
	Summit Chase		PWS Ident	ification Number:	3354112
	Community Non-Transient Non-Com	munity	Transient Non-Commu	nity	Consecutive
Number of Service Conn			Total Population Served	at End of Month:	763
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Arca Manager - Flo	
Contact Person's Mailing	Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telepho	ne 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 Plan	t Information				
Plant Name: S	Summit Chase		Plant Telep	ohone Number:	(352) 787-0980
Plant Address: 7	Cavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778
Type of Water Treated b		rchased Finished Wa	ter		
	y Operating Capacity of Plant, gallons per day:	77,000			
	ection 62-699.310(4), F.A.C.): V		Plant Class (per subsect		
Licensed Operators	Name	License Class	License Number	- D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813		6 Days per week
Other Operators:	Jim Milicic	C	8195		6 Days per week
	Marty Neal	C	10027		6 Days per week
- Paris Syramica [
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II Cartification bull and	Chiaf Oparatar				
II. Certification by Lead					
I, the undersigned water to	reatment plant operator licensed in Florida, am the lead	/chief operator of the	ne water treatment plant	identified in Part I o	of this report. I certify that the
information provided in tl	nis report is true and accurate to the best of my knowled	lge. I certify that al	I drinking water treatme	ent chemicals used a	t 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 th	e following addition	nal operations records for this plant
were prepared each day th	nat a licensed operator staffed or visited this plant durin	g the month indicat	ed above: (1) records of	f amounts of chemic	als used and chemical feed rates;
and (2) if applicable appl	ropriate treatment process performance records. Futher	more. I agree to pro	ovide these additional o	perations records to	the PWS owner so the PWS owner
can retain them together	with copies of this report, at a convenient location for a	t least ten vears.		•	
can reasin mem, together	The copies of this report, at a convenient location for a				
	Will Fontaine			C6813	
Signature and Date	Printed or Typed Nan	ne		License Number	

									March-05		По звя СЛ	or the Mont	l siaCl (l	III. Dai
Combined Chlorine (Chloramines))Sone) [obixoid	Chlorine D	:	hlorine	O sor4			viation/Remo	itasını Inacti			
								:(:	Other (Describe			r Radiation	Mraviole	1
mines) Chlorine Dioxide	nlorine (Chlora	D bənidm	юЭ 🗌	ənine	Free Chl				n System:	oituditiziQ n	i bənistnisM lsı	ctant Residu	Disinfe	Type o
	And the i			lqqA 11 ,noite	Virus Inactiv	god-mo	emonstrate F	or UV Dose, to L					3. <u></u> 3. %	
		್ಷ					suone						Days	
46 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	Lowest		- 100 M		(8)		TO Nest CT						hasiq	
Encourse Maintenance Work that Involves Taking	Kesidual						Provided	Disinfectant	Lowest Residual				Staffed	
	inmoolnizid	144					Defore or	Contact Time	Disinfectant				10	11.00 10.00
	Concentration	muminiM	Lowest			3 12 m	izjiT is	Dm(T)	Concentration				bonsiy	
	at Remote	UV Dose	Operating	muminiM	3. ケツ湾 1. カンギ	Temp	Customer	Measurement	(C) Before or at		Net Quanty		£qĩ	
Emergency of Abnormal Operating Conditions;	Four in F	Required,	UV Dose,	CL.	Jo Hq 🏃	Jo	ganud.	Point During	First Customer		bədzini T10	SmoH	Operator	
	notitudinaid	Wm	-Wm	Required,	Vater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	əyı
* Water System Components Out of Operation	System, mg/L2-	sec/cm2	Sec/cm2	J\nim-3m	Applicable	* o	J/mm-gm	səşnuim	Flow, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
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	01		 		 				C 1		42,300	24 hrs	_^_	20
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	7.1					 		 	£1		006,72	24 hrs	X	73
	1.0	 			 	+			£1 13		000 92	24 hrs	X	32 74
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											604,62			OSBIDVA UmixeM

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



See page 4 for instructions

I. General Information f	or the Month Year of: April-05												
A. Public Water System	(PWS) Information												
PWS Name:	Summit Chase		PWS Identify	ication Number: 3354112									
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commun	ity Consecutive									
Number of Service Con	nections at End of Month: 218		Total Population Served a	at End of Month: 763									
PWS Owner:	Aqua Utilities Florida												
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida									
Contact Person's Mailin			City: Leesburg	State: FL Zip Code: 34749									
Contact Person's Teleph			Contact Person Person's I	Fax Number: 352/787-6333									
Contact Person's E-Mai	Address: <u>beheath@aquaamerica.com</u>	····											
B. Water Treatment Pla	nt Information												
Plant Name: Summit Chase Plant Telephone Number: (352) 787-0980													
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL Zip Code: 32778									
Type of Water Treated		irchased Finished Wa	ter										
	ay Operating Capacity of Plant, gallons per day:	77,000											
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C													
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked									
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week									
Other Operators:	Jim Milicic	C	8195	6 Days per week									
	Marty Neal	C	10027	6 Days per week									
- A-4													
		1											
II Cardification by Land													
II. Certification by Lead													
	treatment plant operator licensed in Florida, am the lead												
information provided in	this report is true and accurate to the best of my knowled	lge. I certify that al	I drinking water treatmen	t chemicals used at thisplant conform to NSF									
	O or other applicable standards referenced in subsection												
were prepared each day	that a licensed operator staffed or visited this plant during	g the month indicat	ed above: (1) records of a	amounts of chemicals used and chemical feed rates;									
and (2) if applicable app	propriate treatment process performance records. Futher	more. I agree to pro	ovide these additional one	erations records to the PWS owner so the PWS owner									
	with copies of this report, at a convenient location for a		, riae alla alla alla alla alla alla alla a	•••••••••••••••••••••••••••••••••••••••									
can retain them, together	with copies of this report, at a convenient location for a	it least ten years.											
	Will Fontaine			C6813									
Signature and Date	Printed or Typed Nam	ne		License Number									
>	21												

Page 1

PWS Identification Number: 3354112 Plant Name: Summit Chase															
111 15.5	· Data-i	or the Mon	th Your of		April-05	<u></u> _		 -							
			og Virus Inacti				X Free C	bloring		Chlorine I	Diovide		Ozone	Combined Chlorin	e (Chloramines)
IVICALIS I	Itraviole	et Radiation	og virus macu	Viation/Kein	Other (Describe		M Tite	JIIOIII	ـــا	Chiornic	Noxide	' لـــا	52011C	Comonica Cinorn	ic (Cinoramines)
				n Dietributie	Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxi									Chlorine Diovide	
Type of	Disilite	Ctant Resid	uai Maintaineu i	II DISTIBUTE		or UV Dose, to I	Nama a matemata I						Mornie (Cino		Ciliornic Dioxide
	12.4 TH				C1 Calculations,		2.000								
	Days					CT Calcu	1			- A	Section 2	Dose	Lowest		
A 电	Plant Staffed			中央主義的景	Lowest Residual	Disinfectant	Lowest CT Provided					1	Residual		
- 19	or	į.		Korti saish	Disinfectant	Contact Time	Before or			1 A 4 7 1 2		1.24	Disinfectant		
	Visited	· ·			- Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
17.1	by		Net Quanity	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of	CT CT	UV Dose	Required, mW	Point in		mal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	sec/cm2	Distribution System, mg/L		e Work that Involves Taking ponents Out of Operation
Month 1	"X") X	Operation 24 hrs	Produced, gal 30,500	Rate, gpd	Flow, mg/L 1.4	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	Sec/cm2	System, mg/L=	water System Con	ponents Out of Operation
2	X	24 hrs	22,500	 	1.4							 	1.1		
3		24 hrs	33,150	-	1,1							 			
4	X	24 hrs	33,150		1.3							† · · · · · · · ·	1.0		
5.0	X	24 hrs	28,000		1.2								1.0		
6	X	24 hrs	25,000		1.2								0.9		
7	X	24 hrs	42,500		1.3								0.9		
8.	X	24 hrs	36,700		1.3								0.9		
9.		24 hrs	27,500			L						ļ	<u> </u>	.	
10	X	24 hrs	27,500		1.3						ļ	 _			
_11	X	24 hrs	47,100		1.2			ļ				 	0.8		
12 ·	X	24 hrs 24 hrs	35,100 31,700	·	1.2							 	0.9	·	
14 %	X	24 hrs	47,400		1.2							 	1.0		
15	$\frac{X}{X}$	24 hrs	72,400	 	1.2					 		 	0.8		
16	X	24 hrs	20,800		1.3				-		 				
17		24 hrs	24,400									 			
18	X	24 hrs	24,500		1.2								0.9		
19	X	24 hrs	20,000		1.2								1.0		
20	X	24 hrs	31,000		l						ļ	<u> </u>	0.8		
21	X	24 hrs	12,500	<u> </u>	1.3							ļ	1.0	ļ	
22 🔻	X	24 hrs	25,800		1.3						ļ	<u> </u>	0.8		
23	X	24 hrs	21,900		1.3							<u> </u>	<u> </u>	 	
24		24 hrs	23,800	ļ ———	1.2		 	 _				 	1.0		
25 26	X	24 hrs 24 hrs	23,800 33,800	 	1.2			-		 		 	1.0	 	
27	$\frac{X}{X}$	24 nrs 24 hrs	35,300	 	1.3	 	 	<u> </u>			 	 	0.8	 	
28	$\frac{\lambda}{X}$	24 hrs	43,700		1.3			 		 		 	1.1	<u> </u>	
29	- <u>X</u>	24 hrs	47,600	 	1.2					<u> </u>	1	1	1.0		
30	X	24 hrs	38,300		1.3										
31		24 hrs													
Total	100		967,400									-			
A 35000	. Inches		22.247	I .											

72,400

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions					
I. General Information f	or the Month Year of: May-05				
A. Public Water System	(PWS) Information				
	Summit Chase		PWS Identific	cation Number: 3354112	
	X Community Non-Transient Non-Com	munity	Transient Non-Communi	ty Consecutive	
	nections at End of Month: 218		Total Population Served a		
	Aqua Utilities Florida		<u> </u>		
	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailin	ng Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 3474)
Contact Person's Teleph	none Number: 352/787-0980		Contact Person Person's F	ax Number: 352/787-6333	
Contact Person's E-Mai	I Address: <u>beheath@aquaamerica.com</u>				
B. Water Treatment Plan	nt Information				
Plant Name:	Summit Chase		Plant Telepho		
	Tavares Ridge Drive		City: Tavares	State: FL Zip Code: 3277	8
Type of Water Treated		rchased Finished Wa	ter	<u> </u>	<u> </u>
	ay Operating Capacity of Plant, gallons per day:	77,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsectio		
Licensed Operators	Name	License Class	License Number	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4.5
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week	
Other Operators:	Jim Milicic	C	8195	6 Days per week	
	Marty Neal	С	10027	6 Days per week	
and in Life to be the first of the least					
					· · · · · · · · · · · · · · · · · · ·
II. Certification by Lead	Chief Operator				
I. the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator of th	ne water treatment plant ic	lentified in Part I of this report. I certify	that the
	this report is true and accurate to the best of my knowled				
	0 or other applicable standards referenced in subsection 6				
	that a licensed operator staffed or visited this plant during				
were prepared each day i	mat a neensed operator started or visited this plant during	g the month mulcat	ed above. (1) records or a	mounts of chemicals used and chemical	DWC arman
	propriate treatment process performance records. Futher		ovide these additional ope	rations records to the PWS owner so the	Pws owner
can retain them, together	r with copies of this report, at a convenient location for at	t least ten years.			
	ngu o			0/813	
0:	Will Fontaine			C6813	
Signature and Date	Printed or Typed Nam	ne		License Number	

Page 1

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	€.0								ħ.I		009'44	24 hrs	X	30
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	€.1								9.1		004,04	24 hrs	X	97
	1.1								⊅`I		28,100	24 hrs	X	57
	0.1								S.1		78,900	24 hrs	X	74
	8.0								<u> </u>		009'0₺	24 hrs	X	23
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Emergency on Abnormal Operating Conditions. Repair or Mannignance Work that Involves Taking Water System Components Out of Operation	Lowest Residual, Districtant, Concentration at Remote Point in Point in Statibution System, mg/L	Minimum UV Dose Required, MM sec/cm2	Lowest Operating UV Dose, mW- sec/cm2	Medmed, Kedured, CT	pH of Water, If Applicable	Temp of Water	Lowest CT Provided- Before or at First Customer During* Peak Flow, mg-min/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak How, mg/L	Peak Flow Rate, gpd	Met Quanty of Finished Water Produced, gal	Hours Plant in Operation	Plant Staffed or Visited by Operator (Place (Thace)	Day of the Month
	4.	i in		ilqqA ii ,nobi	Control of the Contro		snons	or UV Dose, to D CT Calcul					Days	
Chlorine Dioxide	nlorine (Chlora	D banidm	Col	orine	Free Chl	X					ii bənistnisM İsi			
Combined Chlorine (Chloramines)	Sone	о 🗌	əbixoi	Chlorine D		hlorine	O əərif 🛛 X		May-05 oval: * Other (Describe	vistion/Remo	vitani Inactiv	thold off to J-ruo Fgur-L Radiation	rəidəA 10	Means
				· · · · · · · · · · · · · · · · · · ·		asei	auminit Ch	Plant Name:	I	3324112		ion Number	neomno	PLSMA
						0000	و	IX 123IQ		0111366		1 14 30		

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



See page 4 for instructions

I. General Information f	or the Month Year of: June-05							
A. Public Water System	(PWS) Information							
PWS Name:	Summit Chase		PWS Identi	ification Number:	3354112			
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commu	nity 🔲 (Consecutive			
Number of Service Con	nections at End of Month: 218		Total Population Served	l at End of Month:	763			
PWS Owner:	Aqua Utilities Florida							
	Brian Heath		Contact Person's Title:	Area Manager - Flor	ida			
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749			
Contact Person's Teleph	one Number: 352/787-0980		Contact Person Person's	Fax Number:	352/787-6333			
Contact Person's E-Mail								
B. Water Treatment Plan	nt Information							
Plant Name:	Summit Chase		Plant Telep	hone Number:	(352) 787-0980			
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778			
Type of Water Treated		rchased Finished Wat	er					
Permitted Maximum Da	ay Operating Capacity of Plant, gallons per day:	77,000						
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsect	ion 62-699.310(4), F.A	.C.): C			
Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked			
Lead/Chief Operator:	Will Fontaine	C	6813		6 Days per week			
Other Operators:	Jim Milicic	С	8195		6 Days per week			
	Marty Neal	С	10027 6 Days per week					
	61:16							
II. Certification by Lead								
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	e 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 knowled	ge. I certify that all	drinking water treatme	ent chemicals used at	thisplant conform to NSF			
	or other applicable standards referenced in subsection 6							
	hat a licensed operator staffed or visited this plant during							
	propriate treatment process performance records. Futher							
	with copies of this report, at a convenient location for at		vide these additional of	scrations records to a	ie i wa owner so me i wa owner			
can retain them, together	with copies of this report, at a convenient location for at	least tell years.						
	Will Fantair -			C6813				
Signature and Date	Will Fontaine Printed or Typed Name			License Number				
Signature and Date	ranted or Typed Name			Piccuse manner				

Page 1

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									1.3		30,000	24 hrs	X	81
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						L					31,000	St pre		71
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	8.0								I		39,800	24 hrs	X	10
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	1.1								1.2		33,000	24 hrs	X	9
											33,000	24 hrs		ς
									£.1		72,100	24 hrs	X	7
	6.0								7.1		37,100	24 hrs	X	3
	1.1								£.1		26,500	24 hrs	X	7
	I								€1		28,200	24 hrs	X	F.
Water System Components Out of Operation	System, mg/L	Sec/cm2	Sec/cm2	J\nim-gm	Applicable)	ी/ताता-डुता	səlunim	J\gm ,wol4	Rate, gpd	Produced; gal	Орегацоп	("X"	Month
Repair or Mannenance Work that Involves Taleing.	noituditasiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	эф
Emergency or Approximal Operating Conditions.	ni mio4	Required,	UV Dose,	TO	lo Hq 🛴	To	Buring	gaint Daio9	First Customer		bedzini To	smoH	Operator	Day of
	at Remote	Scot VU	gnus aqO.	muminiM		Temp	Customer	Measurement	ts to stoled (2)		Net Quanty		ρλ	
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The No.	254 1.023	9000	IVU		1000	1.00	ations	CI Calcul		Deposit			Days	
		1000000		ation, if Appl	Virus Inactiv	god-wo		or UV Dose, to I	CT Calculations,	A				
amines) Chlorine Dioxide	hlorine (Chlor	moined C				X				onnguisia u	i bənistnisM ler	DISƏN 1021	SIMISIU I	ı ype o
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(samumionia) annonia pamanaa	Sone	\sim	anivor	Chlorine I	\Box ,	MILLOUIS	X Free C	.(
Combined Chlorine (Chloramines)	J 3002(<i>,</i>	ehivoi(Chloring T	ш.	Chlorine	X Free C			ana Wanitaiy	ritosnI euriV go.			
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						2071	10 MM	'OHIDA' MET		7111666		2011101111111		
						9266	Chmmit I	Plant Name:	ı	7114555	:	ou Mumbe	KUHHUƏL	エトかんじ

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



See page 4 for instructions July-05 I. General Information for the Month Year of: A. Public Water System (PWS) Information 3354112 PWS Name: Summit Chase PWS Identification Number: PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community 763 Number of Service Connections at End of Month: 218 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL 352/787-0980 352/787-6333 Contact Person's Telephone Number: Contact Person Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 787-0980 Plant Name: Summit Chase Plant Telephone Number: State: FL Zip Code: 32778 Plant Address: Tavares Ridge Drive City: **Tavares** Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 77,000 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 License Class License Number Name 6 Days per week Lead/Chief Operator: Will Fontaine C 6813 $\overline{\mathbf{C}}$ 8195 6 Days per week Other Operators: Jim Milicic 6 Days per week Marty Neal \mathbf{C} 10027 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

C6813 License Number

Will Fontaine

Printed or Typed Name

Signature and Date

PWS Io		tion Numbe	r:	3354112		Plant Name:	Summit C	hase						
III. Dai	ly Data	for the Mon	th Year of:		July-05									
			.og Virus Inacti	viation/Rem			X Free (Chlorin	e	Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
lΠι	Ultraviole	et Radiation	I		Other (Describe	:):			_					
Type o	f Disinfe	ctant Resid	ual Maintained i	in Distributio	on System:	-		X				mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if App	licable*			
	Days		A+ -			CT Calcu	lations	1547 215		New York	.VU.	Dose		
	Plant			74			Lowest CT		7	177.			Lowest	
	Staffed			1	Lowest Residual	Disinfectant	Provided			\$1.00			Residual	West Francisco
	or	1. 2. 4.6 s. 2.1			Disinfectant	Contact Time	Before or	121.			4.200		Disinfectant	
	Visited				Concentration	(T) at C	at First_	<u>_</u>			Lowest	Minimum UV Dose	Concentration at Remote	Emergency of Abnormal Operating Conditions:
Day of	by		Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required,	Point in	Finergency or Abnormal Operating Conditions:
the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.0	X	24 hrs	28,100		1		-	1					0.8	
2		24 hrs	31,000											
:3	X	24 hrs	31,000		1.9									
4	X	24 hrs	20,000		1.1			<u> </u>					0.9	
5	X	24 hrs	34,000		1.2		ļ		_		ļ		0.9	
6	X	24 hrs	29,000	<u> </u>	11			<u> </u>					0.8	
7	X	24 hrs	25,700	<u> </u>	1.1		 	├			ļ	ļ	0.9	
8	X	24 hrs	24,600	<u> </u>	1		ļ	 	ļ		 -	ļ	0.9	
9	X	24 hrs	28,500	<u> </u>	1.3		 			 	 			
10	Х	24 hrs 24 hrs	28,900 29,000	 	1.1		 	 		 	 	 	0.8	
12	X	24 hrs	23,300	 	1.3		 	<u> </u>	 	 	 		1.0	
13	X	24 hrs	27,400	 	1.1		 	 	 		 		1.0	
14	X	24 hrs	25,200	 	1.3		 					1	1.0	
15	Х	24 hrs	23,400		1.4								1.1	
16	Х	24 hrs	30,000		1.3									
176		24 hrs	29,000					1				<u> </u>	L	
18-	X	24 hrs	29,000		1.2		<u> </u>		<u> </u>	ļ		 	1.0	
19	X	24 hrs	30,300	ļ	1.3			<u> </u>		ļ	<u> </u>	 	1.1	
- 20	X	24 hrs	34,300	<u> </u>	1.3		 	<u> </u>	<u> </u>	<u> </u>	 	 	1.2	
21	X	24 hrs	30,900	<u> </u>	1.3		 	<u> </u>	 	 	 	 	1.0	
.22	X	24 hrs	23,500	 	1.1		 	 			 	 	1.0	
23	X	24 hrs 24 hrs	32,200 31,250	 	1		+	-	 	 	 	 	- ···	
25	X	24 hrs 24 hrs	31,250	 	1.2	_	 	 	1.0					
26	X	24 hrs	22,900	 	1.3		 	 		 	1	†~~~~	0.9	
27	$\frac{\lambda}{X}$	24 hrs	29,100	 	1.2		†		 	1	1	1	1.0	
28	X	24 hrs	37,800	† — —	1.3		1						1.1	
29	X	24 hrs	42,200	 	1.2								0.9	
30.	Х	24 hrs	32,800		1.5									
31		24 hrs	34,900				<u> </u>	<u> </u>	L	<u></u>	<u> </u>	<u>L</u>	L	
Total		at at author	910,500]										
Average	2 7. 37.		29,371	4										
Maxim	ım *	: 44 - 40 A	42,200	1										

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



See page 4 for instructions

gee page 1 for monderions										
I. General Information f	For the Month Year of: August-05									
A. Public Water System	(PWS) Information									
	Summit Chase		PWS Ide	entification Number:	3354112					
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Com	nunity	Consecutive					
Number of Service Con	nections at End of Month: 218		Total Population Ser	ved at End of Month:	763					
PWS Owner:	Aqua Utilities Florida									
	Brian Heath		Contact Person's Titl	e: Area Manager						
Contact Person's Mailin			City: Leesburg	g State: FL	Zip Code: 34749					
Contact Person's Teleph			Contact Person Perso	n's Fax Number:	352/787-6333					
Contact Person's E-Mai	I Address: beheath@aquaamerica.com									
B. Water Treatment Plan	nt Information									
Plant Name:	Summit Chase	72000	Plant Te	lephone Number:	(352) 787-0980					
Plant Address:	Tavares Ridge Drive		City: Tavares	State: FL	Zip Code: 32778					
Type of Water Treated	by Plant: X Raw Ground Water Pur	rchased Finished Wa	ter							
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	77,000								
Plant Category (per sub	osection 62-699.310(4), F.A.C.): V		Plant Class (per subs	ection 62-699.310(4), I						
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked					
Lead/Chief Operator:	Will Fontaine	С	6813		6 Days per week					
Other Operators:	Jim Milicic	C	8195		6 Days per week					
	Marty Neal	С	10027		6 Days per week					
○ 各 時 3.5% (2) 整体										
in a seguing dan lang										
II. Certification by Lead	Chief Operator									
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	e water treatment pla	nt identified in Part I	of this report. I certify that the					
	this report is true and accurate to the best of my knowledge									
	0 or other applicable standards referenced in subsection 6									
were prepared each day	that a licensed operator staffed or visited this plant during	g the month indicate	ed above: (1) records	or amounts of chemi	icals used and chemical feed fates,					
	propriate treatment process performance records. Futhern		vide these additional	operations records to	o the PWS owner so the PWS owner					
can retain them, together	r with copies of this report, at a convenient location for at	least ten years.								
	Will Fontaine			C6813	, ,					
Signature and Date Printed or Typed Name License Number										

Page 1

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	1.1								1.3		005,72	24 hrs	X	97
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	0.1								1.3		71,400	24 hrs	X	73
	8.0					İ			7.1		32,950	24 hrs	X	77
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	I								2.1		001,95	24 hrs	X	7
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Water System Components Out of Operation	System, mg/L	sec/cm2	sec/cm2	J\nim-gm	Applicable	Э	J\nim-gm	səmum	J\gm ,wol4	Rate, gpd	Produced, gal	Ореганоп	("X"	Month
Repair or Maintenance Work that Involves Taking	notandinisid	Wan	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow.	Water	ni inslq	(Place	əq)
Emergency or Apnormal Operating Conditions;	Point in	Required,	UV Dose,	L)	lo Hq	Jo	During	Point During	First Customer		of Finished	smoH	Орегатог	Day of
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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	or the Month Year of: September-05										
A. Public Water System	(PWS) Information										
PWS Name:	Summit Chase		PWS Identific	cation Number:	3354112						
	X Community □ Non-Transient Non-Comm	nunity	Transient Non-Communit	ty C	onsecutive						
Number of Service Con	nections at End of Month: 218		Total Population Served a	t End of Month:	763						
	Aqua Utilities Florida										
	Brian Heath		Contact Person's Title:	Area Manager							
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749						
Contact Person's Teleph			Contact Person Person's F	ax Number:	352/787-6333						
Contact Person's E-Mail Address: beheath@aquaamerica.com											
B. Water Treatment Plan	nt Information										
	Summit Chase		Plant Telepho	one Number:	(352) 787-0980						
	Tavares Ridge Drive		<u> </u>	State: FL	Zip Code: 32778						
Type of Water Treated		chased Finished Wat	er								
	ay Operating Capacity of Plant, gallons per day:	77,000									
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection								
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	Will Fontaine	C	6813		Days per week						
Other Operators:	Jim Milicic	С	8195	6	Days per week						
	Marty Neal	C	10027	6	Days per week						
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17 · 李·安徽74 · 宋三											
II. Certification by Lead	Chief Operator										
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/o	chief operator of th	e water treatment plant id	lentified in Part I of	this report. I certify that the						
information provided in	this report is true and accurate to the best of my knowledg	e. I certify that all	drinking water treatment	chemicals used at the	hisplant conform to NSF						
	or other applicable standards referenced in subsection 6										
were prepared each day t	that a licensed operator staffed or visited this plant during	the month indicate	ed above: (1) records of a	mounts of chemicals	used and chemical feed rates:						
	propriate treatment process performance records. Futhern		vide these additional oper	rations records to the	e PWS owner so the PWS owner						
can retain them, together	with copies of this report, at a convenient location for at	least ten years.									
	Will Fontaine			C6813							
Signature and Date	Printed or Typed Name			License Number							
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Water System Components Out of Operation	System, mg/L	zec/cm2	Sec/cm2	J/nim-gm	Applicable	5	J\nim-3m	sənnuru	J\gm ,woFl	Rate, gpd	Produced, gal	Орегацоп	("X"	Month
Repair or Maintenance Work that Involves Taking	noundinsiQ.	Wm≔	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ar tasl9	(Place	əqn
Ennergency or Abnormal Operating Conditions;	Point in	Required,	UV Dose,	்ப	lo Hq	Jo.	During	Point During	Furst Customer		bədzini To	smoH	Орегатог	
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						อระบ	12 HMMING	Plant Name:		7114000		iou ianimpet	(cutticgt	PLSMa

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



See page 4 for instructions

I. General Information f	or the Month Year of: Octo	ber-05				
A. Public Water System	(PWS) Information					
PWS Name:	Summit Chase		.'	PWS Identifi	cation Number: 33	354112
PWS Type:	X Community Non-Tra	nsient Non-Comm	nunity	Transient Non-Communi	ty Consec	cutive
Number of Service Con	nections at End of Month: 218			Total Population Served a	t End of Month: 70	63
	Aqua Utilities Florida					
	Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailin				City: Leesburg		ip Code: 34749
Contact Person's Teleph				Contact Person Person's F	ax Number: 3:	52/787-6333
Contact Person's E-Mai		merica.com				
B. Water Treatment Pla	nt Information					
Plant Name:	Summit Chase			Plant Telepho		352) 787-0980
	Tavares Ridge Drive			City: Tavares	State: FL Z	ip Code: 32778
Type of Water Treated			chased Finished Wa	ter		
	ay Operating Capacity of Plant, gallons per da		77,000	· ·		
	section 62-699.310(4), F.A.C.): V			Plant Class (per subsectio		C
Licensed Operators	Name	49	License Class	License Number		ift(s) Worked
Lead/Chief Operator:	Will Fontaine		С	6813		s per week
Other Operators:	Jim Milicic		С	8195	<u> </u>	s per week
	Marty Neal		С	10027	6 Days	s per week
				:		
经工程的基础的						
The same of the sa				<u></u>		
				<u> </u>		
II. Certification by Lead	Chief Operator					
I, the undersigned water	treatment plant operator licensed in Floric this report is true and accurate to the best					
	O or other applicable standards referenced					
were prepared each day t	that a licensed operator staffed or visited t	his plant during	the month indicate	ed above: (1) records of a	mounts of chemicals used	and chemical feed rates;
	propriate treatment process performance re			vide these additional ope	rations records to the PW	'S owner so the PWS owner
can retain them, together	with copies of this report, at a convenien	t location for at	least ten years.			
	11/:11 1	ontaine -			C6813	
Signature and Date		ed or Typed Name	•		License Number	
Signature and Date	rime	а от турса гчани	<u>-</u>		License Ivamoer	

PWS Ic	entificat	ion Numbe	г:	3354112		Plant Name:	Summit C	hase						
III. Dai	y Data 1	or the Mon	th Year of:		October-05									
			og Virus Inacti	viation/Rem			X Free (Chlorin		Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
1 🗀		et Radiation			Other (Describe	e):								
Type of	Disinfe	ctant Residu	ual Maintained i	in Distributio			<u> </u>		Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxide
14.						or UV Dose, to I				ation, if App				
	Days					CT Calcu	t and the second	1.001.00			UV:	Dose		
7	Plant		tij tital		3.3	4.1	Lowest CT	\$4.00 C				图5次章	Lowest	
	Staffed			1	Lowest Residual	Disinfectant	Provided						Residual	
	or Visited			•	Disinfectant Concentration	Contact Time (T) at C	Before or at First	事。			Lowest	Minimum	Disinfectant Concentration	
100	by		Net Quanity	}	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	LEmergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of .	pH of	CT	UV Dose,	Required,	Point in 📜	LEmergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution.	Repair or Maintenance Work that Involves Taking
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	Water System Components Out of Operation
1	X	24 hrs	31,400	ļ	1.5					<u> </u>		 		
3 -	X	24 hrs 24 hrs	40,000 40,000		1.3		 	 				<u> </u>	1.0	
-4	X	24 hrs	26,700		1.4			 			 	 	1.0	
5.	X	24 hrs	28,400	 -	1.5		 	 					1.4	
6	X	24 hrs	34,100		1.3								1.0	
7	X	24 hrs	30,100		1.1								1.0	
- 8	X	24 hrs	22,000		1.2			[<u></u>		ļ		<u> </u>	1.0	
9		24 hrs	31,550											
10-	X	24 hrs	31,550		1.3			1		İ	ļ <u> </u>	<u> </u>	0.8	
11	X	24 hrs	17,700	ļ	1.5	<u>-</u>		<u> </u>		<u> </u>		ļ <u>-</u> -	1.3	
12	X	24 hrs 24 hrs	21,800 31,000		1.4 1.5	<u> </u>	 			 	-		1.2	
114	X	24 hrs	27,300	 	1.4		<u> </u>					 	1.2	
15	X	24 hrs	21,600		1.4			†						
16		24 hrs	32,200											
17	X	24 hrs	32,200		1.3								0.7	
18	Х	24 hrs	1,700		1.4								0.9	
19	X	24 hrs	17,900		1.5							<u> </u>	1.2	
20	X	24 hrs	34,100	<u> </u>	1.4			 				 	1.2	
21	X	24 hrs 24 hrs	27,100	 	1.3			├				 	1.0	
23		24 hrs	24,100 24,350		1.3		 	 			 			
24	X	24 hrs	24,350	}	1.3	ļ	 	 		 	 	 	1.1	
25	X	24 hrs	20,900	1	1.3			 					1.0	
26	X	24 hrs	23,000	†	1.4		i						1.2	
27	X	24 hrs	27,600		1.3								1.1	
28	X	24 hrs	32,500		1.4							ļ	1.1	
29	X	24 hrs	20,100		1.3		ļ			_		ļ	ļ	
30:		24 hrs	32,050	ļ	ļ		_	 	ļ	ļ	 	 -		
31	X	24 hrs	32,050	ļ	1.4	L	L	<u></u>	L		L	1	0.9	
Total	2000		841,400	1										
Average		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27,142	1										

40,000

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



See page 4 for instructions

I. General Information for	or the Month Year of: November-05									
A. Public Water System	(PWS) Information									
PWS Name:	Summit Chase		PWS Identific	cation Number: 3354112						
PWS Type:	X Community Non-Transient Non-Comm	nunity 🔲	Transient Non-Communit	y Consecutive						
Number of Service Con	nections at End of Month: 218		Total Population Served at	End of Month: 763						
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager						
Contact Person's Mailin			City: Leesburg	State: FL Zip Code: 34749						
Contact Person's Teleph	one Number: 352/787-0980		Contact Person Person's F	ax Number: 352/787-6333						
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>										
B. Water Treatment Plant Information										
Plant Name: Summit Chase Plant Telephone Number: (352) 787-0980										
Plant Address: Tavares Ridge Drive City: Tavares State: FL Zip Code: 32778										
Type of Water Treated		chased Finished Wa	ter							
	ay Operating Capacity of Plant, gallons per day:	77,000								
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection							
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	Will Fontaine	С	6813	6 Days per week						
Other Operators:	Jim Milicic	С	8195	6 Days per week						
1.4	Marty Neal	C	10027	6 Days per week						
the following:										
Marine Allen										
The second of										
	(01: 60									
II. Certification by Lead										
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatment plant id	entified 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	ge. I certify that al	I drinking water treatment	chemicals used at thisplant conform to NSF						
International Standard 60	or other applicable standards referenced in subsection 6	2-555 320(3) FA	C. I also certify that the f	following additional operations records for this plant						
were prepared each day t	that a licensed operator staffed or visited this plant during	the month indicat	ed above: (1) records of a	mounts of chemicals used and chemical feed rates:						
were prepared each day i	mai a neensed operator started or visited this plant during	the monur marcar	en above. (1) records of a	retions records to the DWC owner so the DWC owner						
	propriate treatment process performance records. Futhern		ovide these additional oper	rations records to the F w 3 owner so the F w 3 owner						
can retain them, together	with copies of this report, at a convenient location for at	least ten years.								
	WEU DOOR			C6813						
C' ID.	Will Fontaine									
Signature and Date	gnature and Date Printed or Typed Name License Number									

										ļ	26,943		1 (F) 34	Average
										ľ	808,300		7 16 4	IntoT
												24 hrs		16
	I.I								ε'1		22,400	24 hrs	X	30
	1:1								€1		20,300	24 hrs	X	56
	7.1								S.1		34,100	24 hrs	X	87
······································			 								34,000	24 hrs		LZ
									p.I		001,82	S.H P.Z	Х	97
	7.1								\$.I		309,05	S4 pts	Х	- SZ
	£.1								S.I		000'67	24 hrs	Х	- 74
	£.1								S.I		24,900	24 hrs	X	23
	€1								S'1		00S'L1	24 hrs	X	77
	1.3		-						č.I		35,000	24 hrs	Х	31
											32,000	24 hrs		- 20
									S.I		18,200	24 hrs	Х	61
	1.3								S.I		30,300	24 hrs	X	18
	£.1								9.1		34,600	S4 pts	X	7.1
	1.1								p.1		24,000	24 hrs	X	91
	11								S.I		009'91	24 hrs	Х	-12.
	1.1								\$.I		33,450	Srl 42	X	tl.
											33,450	24 hrs	<u> </u>	13
									þ'l		27,300	24 hrs	Х	ाऽः
	1.1								\$.I		24,200	24 hrs	X	H
	0.1	,		-					€.1		27,000	24 hrs	X	01
	6.0								7.1		22,700	24 hrs	X	- 6
	1.0								£.1		17,500	24 hrs	Х	8
	0.1								٤٠١		37,000	24 hrs	X	įL.
			-			l					37,000	24 hrs		9
									2.1		18,200	24 hrs	X	ç
	2.1								S.I		31,600	24 hrs	X	Þ
	9.0				_				8.0		31,000	24 hrs	X	. ε
	2.1								9.1		18,700	24 hrs	X	√ 7
	6.0								7.1		009'91	S4 pts	X	· I
Water System Components Out of Operation	System, mg/L	sec/cm2	Sectom2	J\nim-gm	Applicable	· O	J\nim-gm \	minutes	J\gm ,wo∏	Rate, gpd	Produced, gal	поцязэдО	("X"	Month
Repair or Maniferance Work that Involves Taking	nonudmaid.	· Mm	-Wm	Required,	Yater, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ar Jas14	(Place	भ्रा
Emergency or Appropriate Conditions.	Pointin,	Required,	UV Dose,	TO .	to Hq	Jo	garma	gaing Jaio4	First Customer		of Finished	smoH -	Operator	Day of
	at Remote	UV Dose	gningingO	muminiM		Temp	Customer	Measurement	(C) Before or at		Met Quanity	10.00 mm	λq	5.32
	nous unacco.	muminiM	Lowest				izn'i is	Om (T)	Concentration				Visited	
	Pisinfectant	*		4.5			Before or	Scontact Time	Disinfectant			4.13	10	
	Residual	Fig.	h 4.00		의 수 및 시민(1972년 1972년 - 1972년	A.	Provided	Disinfectant	Lowest Residual				Staffed	
	Lowest			17.0		100	Lowest CT						Plant	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		əsor	I AN			3, 5 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Suome	CI Calcul	ranger and the second of the s				Days	A Sec.
		takin.	2.00.77	ation, if Appl	AILUS INACUA	307-mo		or UV Dose, to D						
	nlorine (Chlora					X	- 14. 61 kg _ 11			onnginsia u	i bənisinisM lsı	Tant Kesidi	Disinie	1 ype of
	1107							.(:	Other (Describe			r Radiation		
Compined Chrominal (Chromannica)	Sone Sone	, [antyou	Chlorine I		2011/01/10	X Free C			L MIONARONDIA	og Virus Inacti			
Combined Chlorine (Chloramines)	0302(,		Chloring		hlorine	Journ X							
									November-05		th Year of:	or the Mon	terre(L.z	ie(1 111
				***********		aspi	I Milling	riant ivante.		7115000	-1	IOII MAINDEI	cumican	L WS IG

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

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37,000



See page 4 for instructions

I. General Information f	or the Month Year of: December-05									
A. Public Water System	(PWS) Information									
PWS Name:	Summit Chase		PWS Identific	cation Number: 3354112						
PWS Type:	X Community Non-Transient Non-Comm	unity	Transient Non-Communit	ty Consecutive						
Number of Service Com	nections at End of Month: 218		Total Population Served at End of Month: 763							
PWS Owner:	Aqua Utilities Florida									
	Brian Heath		Contact Person's Title:	Area Manager						
Contact Person's Mailin			City: Leesburg	State: FL Zip Code: 34749						
Contact Person's Teleph			Contact Person Person's F	ax Number: 352/787-6333						
Contact Person's E-Mail										
B. Water Treatment Plan	nt Information									
Plant Name: Summit Chase Plant Telephone Number: (352) 787-0980										
	Tavares Ridge Drive		1 2	State: FL Zip Code: 32778						
Type of Water Treated		chased Finished Wat	er							
	ay Operating Capacity of Plant, gallons per day:	77,000	.,							
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection	n 62-699.310(4), F.A.C.): C						
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week						
Other Operators:	Jim Milicic	C	8195	6 Days per week						
	Marty Neal	<u>C</u>	10027	6 Days per week						
ACLAS OF THE THE OWN										
the first is the same that										
II. Certification by Lead	Chief Operator									
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/c	hief operator of th	e water treatment plant id	lentified in Part I of this report. I certify that the						
	this report is true and accurate to the best of my knowledg									
International Standard 66	O or other applicable standards referenced in subsection 62	2-555 320(3) Ε Δ	C. Lalso certify that the	following additional operations records for this plant						
international Standard of	d of other applicable standards referenced in subsection of	2-333.320(3), 1 .A.	d above (1) records of a	mounts of chamicals used and chamical food rates:						
were prepared each day t	that a licensed operator staffed or visited this plant during	the month indicate	above: (1) records of a	mounts of chemicals used and chemical feed fales,						
	propriate treatment process performance records. Futherm		vide these additional ope	rations 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.								
				0/013						
	Will Fontaine			C6813						
Signature and Date	Printed or Typed Name	:		License Number						

PWS Identification Number:			3354112		Plant Name: Summit Chase									
III. Daily Data for the Month Year of: December-05														
Means of Achieving Four-Log Virus Inactiviation/Removal: * X Free Chlorine														Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								
														ramines) Chlorine Dioxide
Days CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose														
	Days	*		CT Calculations UV Dose										
	Plant				1 4 1 90s A		Lowest CT	in the second	AV VIII				Lowest	
	Staffed		* :		Lowest Residual	Disinfectant	Provided						Residual -	
	or		1		Disinfectant	Contact Time	Before or						Disinfectant 4	
	Visited			į	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.	1.00 g	Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	(Place	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C .	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	
1	X	24 hrs	30,400	ruic, gpu	1.3	THE STATE OF THE S	1116 111110		уприсани	Ing nate D	Joe Cinz	Jearthia	l	San San San San San San San San San San
2	Х	24 hrs	26,600	† · · · · · · · · · · · · · · · · · · ·	1.3		 	1		†			1	
3.	X	24 hrs	19,000		1.3									
4		24 hrs	35,000											
5	X	24 hrs	35,000		1.4								1.1_	
6	X	24 hrs	18,000		1.4								1.1	
7	X	24 hrs	23,700		1.3		ļ	ļ					1.1	
8	X	24 hrs	22,400	<u> </u>	1.5		 	 		ļ			1.3	
9	X	24 hrs	28,600	ļ	1.5		ļ	<u> </u>	 	ļ	ļ	_	1.3	
10	X	24 hrs	15,100	<u> </u>	1.5	<u> </u>	 	 				 -	ļ	
11	X	24 hrs 24 hrs	30,000	 	1.5	 -	 	 		ļ	 		1.1	
13	X	24 hrs	19,100	 	1.5		 	 	 	 	 	 -	1.1	
14	$\frac{\hat{x}}{x}$	24 hrs	22,000	 	1.5		 	1		ļ		-	1.1	
15	X	24 hrs	33,100		1.3		 					 	0.9	
16	X	24 hrs	24,000	 	1.3			1					1.1	
17	X	24 hrs	26,300		1.3		 	1						
18		24 hrs	25,000											
19	Х	24 hrs	25,000		1.5								1.3	
20	X	24 hrs	18,360		1.5		ļ						1.1	
21	X	24 hrs	24,120		1.5		<u> </u>	ļ	ļ	<u> </u>	ļ	ļ	1.1	
22	X	24 hrs	35,640		1.7					ļ			1.3	
23	X	24 hrs	28,800	ļ	1.5		<u> </u>	-	 	ļ	 	}	1.3	
24	X	24 hrs	21,240		1.5	<u> </u>	ļ	├	 				ļ 	
25	- 37	24 hrs	34,380		1.5	 	 	 	 	 	 	-	1.1	
26 27	X	24 hrs 24 hrs	34,380 54,000	├ ──	1.5	 	 		 	 	 	 	1.1	
28=	X	24 hrs 24 hrs	23,040		1.7	 	+	\vdash	 	 	 	 	1.3	
29	X	24 hrs	29,520	 	1.7	 		 	 	 			1.3	
30	X	24 hrs	24,480	 	1.7		 	 	†	 	 	1	1.3	
31	X	24 hrs	23,760		1.5	 					<u> </u>		1.2	
		# 12 P	840,020			-								
A CONTRACT	Acres Constitution	5.175 m -6.497 - 52-6	27,007	7										

54,000

Maximum

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