

Lake Josephine

Docket No. 060368-WS

Application to Increase Rates and Charges	
For a "Class A" Utility In	CMP
	COM
Florida	CTR
VOLUME 6	ECR
Dools 7	GCL
Book 7	OPC
Set 25 of 57	RCA
Containing	SCR
Additional Engineering Requirements	SGA
	SEC
Monthly Operating Reports	OTH

Aqua Utilities Florida, Inc.

0000MENT NUMBER-DATE 00855 JAN 26 & FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Lake Josephine

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Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Lake Josephine

January - December 2004

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Lake Josephine

January - May 2005

Aqua Utilities Florida, Inc.



Signature and Date

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 for the Month/Year of: June-05 A. Public Water System (PWS) Information PWS Name: 6280162 Lake Josephine Water PWS Identification Number: PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community 1233 Number of Service Connections at End of Month: Total Population Served at End of Month: 536 PWS Owner: Aqua Utilities Florida Contact Person: Carolyn McFalls Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 6960 Professional Parkway E. Suit Zip Code: 34240 City: Sarasota State: FL 941/907-7401 Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: Contact Person's E-Mail Address: cfmcfalls@aguaamerica.com B. Water Treatment Plant Information Plant Name: Plant Telephone Number: 941/907-7400 Lake Josephine Water Plant Address: Zip Code: 33875 Canary Way City: Sebring State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 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 3 Days per week Lead/Chief Operator: CRobert Paver 12040 Other Operators: 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. C12040 Robert Paver

Page 1

Printed or Typed Name

License Number

PWS Ic	entifica	tion Numbe	er:	6280162		Plant Name:	Lake Josej	phine V	Vater					
III. Dai	ly Data i	for the Mon	th Vour of		June-05									
			Log Virus Inacti	wiation/Dom			Erro (Chlorin		Chl r	N::J.		\	Combined Chlorine (Chloramines)
		et Radiation		viauon/Kem			Free (_morm	e	Chlorine I	Jioxide		Ozone	Combined Chlorine (Chloranines)
				<u> </u>	Other (Describe	e):			7 - ~					
Type of	Disinfe	ctant Resid	ual Maintained	ın Distributio					Free Chl				hlorine (Chlor	the state of the s
	10 - U/2 - U			Terris (1)	CT Calculations					ation, if Appl				
	Days	- 13.8 名 4.6 第二章					lations	14 15.7		. F. 138), 984,405	UVI	Oose	1 - 1 - X - 1 - 3 - 1 - 1	
	Plant					Carrier Carrier	Lowest CT						Lowest	
13.5	Staffed		, qu	1	Lowest Residual	Disinfectant	Provided					1140	Residual	Standard Co.
- 144 - 144 - 144	or Visited				Disinfectant	Contact Time	Before or	操纵		1.00		1.5 × 14.5	Disinfectant	
	by by		N. O		Concentration	. ¿(T) at C	at First				Lowest	Minimum	Concentration	Emergency or Abnormal Operating
Dayof	Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water,	Water, if	Required,	mW-	Required, mW	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Out of Operation
1	X	24 hrs	55,600		3.5				Търрженото				1.5	
2	X	24 hrs	0		3.4					"			1.5	
3.3	Х	24 hrs	1,000		3.3								1.4	
4	X	24 hrs	56,500		3.5								1.4	
∴5		24 hrs	0											
6	X	24 hrs	0		3.4			1					1.5	
7	X	24 hrs	22,000		3.4								1.7	
8	X	24 hrs	0		3.1								1.5	
- 9	X	24 hrs	0		3.1								1.2	
10	X	24 hrs	0		3.4								1.3	
11		24 hrs	2,200											
12	X	24 hrs	0		3.2								1.4	
13	X	24 hrs	0		3.5						!		1.3	
14	X	24 hrs	0		3.7								1.3	
15	X	24 hrs	17,500		2.5	<u></u>							1	
16	X	24 hrs	0		2.3						<u> </u>		0.9	
17	X	24 hrs	0		3						ļ	ļ	1.1	
18 19		24 hrs	0		2.4		ļ	<u> </u>	ļ		ļ		10	
20	X	24 hrs	0		3.4				 	 		 	1.9	
21	X	24 hrs 24 hrs	83,300		3 2.9			<u> </u>	 	<u> </u>	 	 	1.8	
22	$\frac{\lambda}{X}$	24 hrs	92,800		3		ļ			····		 	1.1	
23	$\frac{\lambda}{X}$	24 hrs	168,500		2.5							 	1 1	
24 -	$\frac{\Lambda}{X}$	24 hrs	92,900		3		<u> </u>		 	-		 	1.4	
25	$\frac{\lambda}{X}$	24 hrs	108,100		2.8			 	 	 			1.4	
26		24 hrs	108,550		2.0			 	<u> </u>			 	-	
27	Х	24 hrs	108,550		2.1		<u> </u>	 			<u> </u>	-	1.1	
28	X	24 hrs	27,400		3.5	-	<u> </u>	 			 		1.8	
29	X	24 hrs	27,400		3.2			\vdash	<u> </u>				1.4	
30	$\frac{x}{x}$	24 hrs	0		3.3		 	 			t		1.2	
31		24 hrs	-		- 10°				 					
Total		Titi tusa	972,300				l	·	L					
Avaraga			32.410											

168,500

^{*} 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 I. General Information for the Month Year of: July-05 A. Public Water System (PWS) Information PWS Name: Lake Josephine Water PWS Identification Number: 6280162 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 1233 536 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Carolyn McFalls Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 6960 Professional Parkway E. Suit Zip Code: 34240 Sarasota State: FL Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: 941/907-7401 Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com B. Water Treatment Plant Information Plant Name: 941/907-7400 Lake Josephine Water Plant Telephone Number: Plant Address: Canary Way Zip Code: 33875 State: FL City: Sebring Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number Lead/Chief Operator: Robert Paver C 12040 3 Days per week Other Operators: FRY WILL SAL 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 1 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.

C12040

License Number

DEP Form 62-555.900(3)Alternate Page 1

Robert Paver

Printed or Typed Name

PWS I	dentifica	tion Numbe	er:	6280162		Plant Name:	Lake Jose	phine V	Vater					
III. Da	ly Data i	for the Mor	ith 'Year of:	_	July-05									
Means	of Achie	eving Four-	Log Virus Inact	iviation/Rem			Free (Chlorin	e	Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e).			~ Ц	Cinorine	JIONIGE	ш,	32011C	Combined Chronic (Chronamiles)
			ual Maintained	in Distributi	on System:			1	Free Chl	larina		mbinad C	hlorine (Chlor	ramines) Chlorine Dioxi
1780		l Resid	l l		CT Calculations	or IN Dog to	Domosotosto 1	Caus I as						ramines) Chlorine Dioxi
4.5	Davis				C1 Calculations	CT Calcu	latione	roui-Log	virus inacuv	auon, 11 App	UV			
	Days Plant			105 64 9	7.67 July 2013	Tart de la		Γ	200 - 200 -	AND THE SECOND	100,5 U V	Tuest		
	Staffed		1		Lowest Residual	Disinfectant	Lowest CT Provided						Lowest	19 · · · · · · · · · · · · · · · · · · ·
	or				Disinfectant	Contact Time	Before or					100	Residual Disinfectant	
7	Visited	ĺ		12	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	Line and the second
1.17646	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished	3.5	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Involves Taking Water System Components
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	Out of Operation
2	X	24 hrs	0	ļ	2.8		ļ	ļ				<u> </u>	1.3	
3	Х	24 hrs 24 hrs	0											
4	$\frac{\lambda}{X}$	24 hrs	0	 	2.2			ļi	<u> </u>	ļ		<u> </u>	0.8	
5	X	24 hrs	49,000		3.5					ļ		 	1	
6	$\frac{x}{x}$	24 hrs	111,000		3.9		ļ	-					1.1	
7	X	24 hrs	82,000	 	2.8		<u> </u>	 	ļ <u> </u>	 		 	2.1 1.1	
8	X	24 hrs	91,000		3.3			 			 	 	1.1	
9		24 hrs	96,000	1	3.3	···········		1			 	 	1.9	
10	Х	24 hrs	96,000		3.7					<u> </u>	*	 	1.8	
11	X	24 hrs	117,000		3.2					T			2	
12	X	24 hrs	113,000		3.5							ļ	2.1	
-13	X	24 hrs	99,000		3.9								2.2	
14	X	24 hrs	104,000		3.5		<u> </u>						1.8	
15	X	24 hrs	196,000		3.1					i			2.1	
16	X	24 hrs	96,000		3.5								2.2	
17		24 hrs	134,000											
18	X	24 hrs	134,000		3.1								1.8	
19	_ X	24 hrs	100,000		3.9	****							2.3	
20	_X	24 hrs	95,000	_	3.1	 				L			1.5	
21 22	X	24 hrs	151,000		2.1		ļ					ļ	0.8	
23	X	24 hrs 24 hrs	276,000 278,000		2.2							ļ	0.9	
24	^	24 hrs	179,000		3.5							-	1.5	
25	X	24 hrs	179,000		1.9		<u> </u>	 		 	 	 	0.3	<u> </u>
26	$\frac{x}{x}$	24 hrs	91,000		1.8					-			0.3	
27	X	24 hrs	115,000		2.5			-			l	 	0.5	
28	X	24 hrs	48,000		4.2					 -		-	2.9	<u> </u>
29	Х	24 hrs	51,000		4.2	-,,,		<u> </u>					2.1	
30	X	24 hrs	162,000		7.7	-							2.3	
31	X	24 hrs	277,000		4.9	_							2.4	
Total :-	1000	3 4 35 50	3,520,000					•			•			
Average	10 10 10	1, 1,	113,548											
Maximu	n		278,000											

^{*} 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 t	for the Month Year of: August-05				
A. Public Water System	(PWS) Information				
PWS Name:	Lake Josephine Water		PWS Ident	ification Number:	6280162
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-Commi	unity	Consecutive
Number of Service Con	mections at End of Month: 536		Total Population Served	d at End of Month	: 1233
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Carolyn McFalls		Contact Person's Title:	Area Manager	- Florida
Contact Person's Mailin	ng Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph	none Number: 941/907-7400		Contact Person Person's	s Fax Number:	941/907-7401
Contact Person's E-Mai	l Address: cfmcfalls@aquaamerica.com				
B. Water Treatment Pla	ant Information				
Plant Name:	Lake Josephine Water		Plant Teler	hone Number:	941/907-7400
Plant Address:	Canary Way		City: Sebring	State: FI	Zip Code: 33875
Type of Water Treated	by Plant: X Raw Ground Water Pur	rchased Finished Wa	iter		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per sub	osection 62-699.310(4), F.A.C.):		Plant Class (per subsect	ion 62-699.310(4)), F.A.C.): V
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	С	12040		3 Days per week
Other Operators:					
e da Tarin sarenga					
The state of the second of					
A STATE OF THE STA					
	L				
	L'OLL CO				
II. Certification by Lead		<u> </u>	<u>.</u>	<u> </u>	
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of t	the water treatment plan	nt identified in P	art I of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	dge. I certify that a	all drinking water treatn	nent chemicals u	sed at thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection	62-555 320(3) F A	A.C. Lalso certify that t	the following ad-	ditional operations records for this
nlant were prepared each	h day that a licensed operator staffed or visited this plant	during the month i	indicated above: (1) rec	ords of amounts	s of chemicals used and chemical feed
plant were prepared each	ble, appropriate treatment process performance records. I	Euthormore Logra	a ta pravida thasa addit	ional aparations	records to the PWS owner so the
				ionai operations	records to the r wis owner so the
rw5 owner can retain th	nem, together with copies of this report, at a convenient learning	ocation for at least	ten years.		
	Robert Paver			C12040	The state of the s
Signature and Date	Printed or Typed Name	e		License Numb	eer

PWS I	lentifica	tion Numbe	r:	6280162		Plant Name:	Lake Josep	hine W	/ater					
III. Da	I. Daily Data for the Month Year of: August-05													
			og Virus Inacti	viation/Rem			Free C	Chlorine	e \Box	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):						· ب	· · · · ·	,
			ual Maintained i	in Distribution	on System	7-		Т	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxic
- 5 [CT Calculations,	or UV Dose, to I	Demonstrate F	OUT-LOS						7
	Days			· 1				<u> </u>	() () () () () () () () () ()	(2.00.5%)		Dose		
	Plant				30 0 34-3550	1. S. Tarrel 8.19	Lowest CT			1		- T-94	-Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or	5.0				4:40	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution >	Involves Taking Water System Components
Month 1	"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	Out of Operation
2	X	24 hrs	89,100		2.5								1	
3	X	24 hrs 24 hrs	238,000 143,600		3.7 3.7								1.5	
4	X	24 hrs	117,900		3.7								1.7 1.5	
5	X	24 hrs	115,700		3.8								1.7	
6	^_	24 hrs	155,850		3.8								1.7	
7	Х	24 hrs	155,850		2.1								0.4	
8	X	24 hrs	85,300		2.9								1.7	
9	X	24 hrs	94,600		3.1								1.9	
10	X	24 hrs	96,200		2.9								1.6	
11	X	24 hrs	114,000		2.8								1.6	
12	X	24 hrs	81,100		3								1.5	
13	X	24 hrs	132,200		3.3								2	
14		24 hrs	114,400		7.2									
.15	Х	24 hrs	115,400		2								1.1	
16	Х	24 hrs	90,100		2.1								0.7	
17	X	24 hrs	145,800		3								1	
18	X	24 hrs	110,400		3								1.2	
19	X	24 hrs	95,600		2.2								0.9	
20	X	24 hrs	158,300		3								1.2	
21		24 hrs	118,800											
22	X	24 hrs	118,800		3								1.7	
23	X	24 hrs	29,400		2								0.6	
. 24	X	24 hrs	8,200		2								0.7	
25	X	24 hrs	0		1.6								0.5	
26	X	24 hrs	1,400		4								2.1	
27	X	24 hrs	0		3.4								1.3	
28		24 hrs	900											
29	X	24 hrs	900		2.9								1.5	
30	X	24 hrs	0		2								2.1	
31 Total	X	24 hrs	3,200		4.2		l	L	L	l	L	L	<u> </u>	
Total Average	1 to 4 1 to 3		2,731,000 88,097											
riverage	500000000000000000000000000000000000000	1.3	66,077											

238,000

Maximum

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



Signature and Date

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 for the Month Year of: September-05 A. Public Water System (PWS) Information PWS Name: Lake Josephine Water 6280162 PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 536 Total Population Served at End of Month: 1233 PWS Owner: Aqua Utilities Florida Contact Person: Carolyn McFalls Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 6960 Professional Parkway E. Suit Zip Code: 34240 City: Sarasota State: FL Contact Person's Telephone Number: 941/907-7400 Contact Person Person's Fax Number: 941/907-7401 Contact Person's E-Mail Address: cfmcfalls@aguaamerica.com B. Water Treatment Plant Information Plant Name: 941/907-7400 Lake Josephine Water Plant Telephone Number: Plant Address: Canary Way State: FL Zip Code: 33875 City: Sebring X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 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 Name License Class License Number Lead/Chief Operator: 3 Days per week Robert Paver C 12040 Other Operators: 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. C12040

Page 1

Robert Paver

Printed or Typed Name

License Number

											£9£ Z8		and the state	SustavA
									_		006,026,2	2.2		Total
							I					24 hrs		18
	3.2								Lt		005,101	24 hrs	X	30
	ε						1		9.4		009,56	24 hrs	X	67
	1.5			<u> </u>	i				S.4	1	006'68	54 pts	X	87
	1.5	i		 					S.p.	†····	111,600	24 hrs	X	7.7
	2.8			 		 			S	 	125,150	SH ÞZ	X	97
				} -		 	ļ —— - -	 	 	 	051,251	24 hrs	A	57
	 		 	 		 			ε	 	007,811	24 hrs	X	74
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	7			 	 	 			2.5	 	009,801	24 hrs	$\frac{\hat{x}}{x}$	77
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Involves Taking Water System Components	nonudrusid	Wm	-Wm	Redured,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	Place	эųз
Conditions, Repair or Maintenance Work that	Point in	Required,	UV Dose,	LD .	jo Hq	Jo	SurinG	Point During	First Customer		bədzini4 lo	smoH	Operator	
Emergency of Abnormal Operating	* at Remote	UV Dose	Operating	muminiM		Temp	Customer	Measurement	(C) Before or at		Met Quanty		ρλ	
		muminiM	Lowest				भ्यान्य १४	O16(T)	Concentration		, The state of the	#### No. 1	Visited	
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	Lowest ↔	15.74					Lowest CT						Plant	
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								:(Other (Describe			noitsibsA t		
Combined Chlorine (Chloramines)	Sone	0 🗍	əbixoi	Chlorine D		hlorine:	O sora		* :lsvo	viation/Remo	ritasını suriV go.	J-nuoH gniv	of Achie	Means
									September-05			or the Mont		
<u> </u>														
					ater	W anin	rske Joseb	Plant Name:	1	7910879	:.	ion Number	entificat	PI SMa
									<u> </u>		 			5/110

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



See page 4 for instructions I. General Information for the Month/Year of: October-05 A. Public Water System (PWS) Information 6280162 PWS Name: Lake Josephine Water PWS Identification Number: PWS Type: Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: 1233 536 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Carolyn McFalls Contact Person's Title: Area Manager - Florida Zip Code: 34240 Contact Person's Mailing Address: 6960 Professional Parkway E. Suit City: Sarasota State: FL Contact Person's Telephone Number: 941/907-7400 941/907-7401 Contact Person Person's Fax Number: Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com B. Water Treatment Plant Information 941/907-7400 Plant Name: Lake Josephine Water Plant Telephone Number: Plant Address: Zip Code: 33875 Canary Way Sebring State: FL City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000 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** Name License Class License Number Lead/Chief Operator: \mathbf{C} 12040 3 Days per week Robert Paver Other Operators: The fact that 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. C12040 Robert Paver License Number Signature and Date Printed or Typed Name

Page 1

PWS I	WS Identification Number: 6280162 Plant Name: Lake Josephine Water													
III. Dai	II. Daily Data for the Month/Year of: October-05													
			Log Virus Inacti	viation/Rem			Free (Chlorin	еП	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	5).			- U	JIIIOIIII L		Ц,		Company (Company)
			ual Maintained i	n Distributio		- J.			Free Chl	orine	Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxic
7 C		The resid		Distribution		or UV Dose, to I	Jemonetrate I	iour-Les				indined C	TOTHIC (CHIO)	Water Care Control of the Control
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	or				Disinfectant	Contact Time	Before or				つの変素		Disinfectant	찾 았다. 하는 사람들이 보고 보고 있다면서
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement_	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the Month	(Place	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW.	Distribution	Involves Taking Water System Components Out of Operation
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2		24 hrs	117,000		J. I			<u> </u>						
3 ::).	X	24 hrs	117,000		3.7								2.1	
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Maximum

^{*} 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: November-05			
A. Public Water System	n (PWS) Information			
PWS Name:	Lake Josephine Water		PWS Identifie	cation Number: 6280162
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-Communi	
Number of Service Con	nections at End of Month: 536		Total Population Served a	
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Carolyn McFalls		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir			City: Sarasota	State: FL Zip Code: 34240
Contact Person's Teleph	none Number: 941/907-7400		Contact Person Person's F	
Contact Person's E-Mai				
B. Water Treatment Pla	int Information			
Plant Name:	Lake Josephine Water		Plant Telepho	one Number: 941/907-7400
Plant Address:	Canary Way		City: Sebring	State: FL Zip Code: 33875
Type of Water Treated		rchased Finished Wa	ter	
Permitted Maximum D		300,000		·
	psection 62-699.310(4), F.A.C.): 1		Plant Class (per subsection	n 62-699.310(4), F.A.C.): V
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	С	12040	3 Days per week
Other Operators:				
II. Certification by Lead	Chief Operator			
	· · · · · · · · · · · · · · · · · · ·	/ 1 · C · · · · · · · · · ·		The Control of the Co
	treatment plant operator licensed in Florida, am the lead/			
	this report is true and accurate to the best of my knowled			
	0 or other applicable standards referenced in subsection ϵ			
	n day that a licensed operator staffed or visited this plant			
rates; and (2) if applicab	le, appropriate treatment process performance records. F	Futhermore, I agree	to provide these addition	nal operations records to the PWS owner so the
PWS owner can retain th	nem, together with copies of this report, at a convenient lo	ocation for at least	ten years.	
	• •		÷	
	Robert Paver			C12040
Signature and Date	Printed or Typed Name	2		License Number
DEP Form 62-555.900(3)Alternale		Page 1		

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions	i				
I. General Information	for the Month Year of: December-0	5			
A. Public Water Systen	n (PWS) Information				
PWS Name:	Lake Josephine Water		PWS Identif	ication Number:	6280162
PWS Type:	X Community Non-Transient Non	n-Community	Transient Non-Commun	nity	Consecutive
Number of Service Con	nnections at End of Month: 536		Total Population Served	at End of Month:	1233
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Carolyn McFalls		Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailir			City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Telepl			Contact Person Person's	Fax Number:	941/907-7401
Contact Person's E-Mai		<u>om</u>			
B. Water Treatment Pla	int Information				
Plant Name:	Lake Josephine Water			ione Number:	941/907-7400
Plant Address:	Canary Way		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated		Purchased Finished Wa	ter		
	Day Operating Capacity of Plant, gallons per day:	300,000			
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number		v(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040		3 Days per week
Other Operators:					
				<u> </u>	
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				<u></u>	
			<u> </u>		
II. Certification by Lead	Chief Operator				
				:1 .:C 1: D .I	California de la California de la
	treatment plant operator licensed in Florida, am th				
information provided in	this report is true and accurate to the best of my ki	nowledge. I certify that a	all drinking water treatme	ent chemicals used a	t thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subse	ection 62-555.320(3), F.A	A.C. I also certify that th	e following additior	nal operations records for this
	h day that a licensed operator staffed or visited this				
rates; and (2) if applicab	ole, appropriate treatment process performance reco	ords. Futhermore, I agre	e to provide these addition	onal operations reco	rds to the PWS owner so the
PWS owner can retain th	hem, together with copies of this report, at a conve	nient location for at least	ten years.		
	1 /		•		
	Robert Paver			C12040	
Signature and Date	Printed or Type	d Name		License Number	

Page 1

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Conditions, Repair or Maintenance Work that		Required,	UV Dose,	TO ?	lo Hq	lo	Dunng	Point During	First Customer		bodsini I to	smoH	Орстатог	Day of
Emergency or Abnormal Operating	A Sioms Fig.	JV Dose	gnusnaqO	muminiM		Temp.	Customer	Measurement	(C) Before or at		Net Quanity	1	Уd	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.