

Morningview

Docket No. 060368-WS	CMP
Application to Increase Rates and Charges	COM
For a "Class A" Utility	CTR
ln	ECR _
Florida	GCL
VOLUME 6	OPC
VOLUME 0	RCA
Book 7	SCR
Set 28 of 57	SGA
00.200.07	SEC
Containing	OTH
Additional Engineering Requirements	

Monthly Operating Reports

Aqua Utilities Florida, Inc.

00858 JAN 26 & FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Morningview

Va 2004	Tab Number	Page Number
Year: 2004	1	3
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See Pages 4 for Instr								
I. General Information	for the Month/Y	ear of: January, 20	004					
A. Public Water System	(PWS) Informat	tion						
	Morningview					PWS Identification Numb	er: 3350	852
PWS Type:	✓ Community	Non-Transient Non-Commu	nity	Transient Non-Com	nunity	Consecutive		
Number of Service Connect		34			Total F	Opulation Served at End o	of Month: 119	
PWS Owner:	Florida Water Service	es .						
Contact Person:	Craig Anderson				Contac	t Person's Title:	VP Environmental Se	ervices
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip (Code: 32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			Contac	t Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Morningview					Plant Telephone Number:	352-	787-0980
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip (Code: 32748
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water				
Permitted Maximum Day O	perating Capacity of F	Plant, gallons per day:	,	306,000				
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V			Plant Cl	ass (per subsection 62-699		С
Licensed Operators		Name		License Class	License Number	Da	ay(s) / Shift(s) Wor	rked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			C	5825	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift	<u> </u>	
	Gary Kissick			C	7846	Days 1st Shift		
· · · · · · · · · · · · · · · · · · ·	Mike Ponticelli			C	8450	Days 1st Shift		
1								
I Contification by Lose	I/Chief Omenator							
I Certification by Lead			41 1 1/ 1:	C 4 C4		lant identified in nort	Lofthic report L	partify that the
i, the undersigned water	er treatment plant	operator licensed in Florida,	am the lead/chi	er operator of the	water treatment p	iani identifica in part	noruns report. To	nlant conform to NSF
information provided i	in this report is tru	e and accurate to the best of r	ny knowledge	and belief. I cert	iry mai an drinking	water treatment cher	inicals used at uns	and for this plant
International Standard	60 or other applic	cable standards referenced in	subsection 62-3	555.320(3), F.A.C	2. I also certify tha	it the following additi	ional operations re	cords for this plant
were prepared each da	y that a licensed of	perator staffed or visited this	plant during th	e month indicate	d above: (1) record	ds of amounts of cher	nicals used and ch	emical feed rates; and
		process performance records.			these additional o	perations records to t	he PWS owner so	the PWS owner can
retain them, together w	vith copies of this	report, at a convenient location	on for at least to	en years.				
		2/9/2004 0:00	Will Fontain	ie			C-68	813
Signature and Date			Printed or Ty	yped Name			Lice	nse Number
			•	· •				

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Out of Operation	System, mg/L	. zec/cm.	mW-sec/cm	J/nim	əldsəilqqA li	Water, °C	J\nim	minutes	Peak Flow, mg/L	Rate, gpd	gal	Operation	("X"	Month
Involves Taking Water System Components	noituditizid	-Wm			pH of Water,		-gm ,wol4	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Расе	эц
Conditions, Repair or Maintenance Work that		Required,	Operating	TO muminiM		3	During Peak	gairud miof	Before or at First			Hours plant		Day of
	Concentration at	NA Dose	Lowest				Customer	Measurement	Concentration (C)		bodzini4 to		Visited by	
	- Instructant	PETENTITUTETTAT	200				ızıiT	Ons(T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual		公司	ds and			Before or at	Contact Time	Lowest Residual				Days Plant	
							Provided	Disinfectant						
							Lowest CT							100
		SALE KANGA		Alexander ex	Service Control	L								
<u> </u>)OSG						CT Calcu						
		1. 18 P. 19	*pplicable	Ali "noitsvi	Virus Inact	our-Log	I stateomsC	UV Dose, to I	T Calculations, or	э 📉	15 s			
		Chlorine D	1 (s	Chloramine	ed Chlorine	Combin	anin	☑ Free Chlor	bution System:	ned in Distr	lietnieM leui	stant Resid	opinisiQ i	Type o
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	(seqi		-:IJJ Poui		ال العسو	abixe	Chlorine Dio				vitas Inactiv			
								January, 2004		:10	onth/Year	for the M	aily Data	III D
					···		Morningview	Plant Name:	I	3320852		п Митьет:	OHESHINA	E W 2 IO
						<u> </u>		1 10		3360055				71 3/Wal

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



See Pages 4 for Instr			W-135-0-7-							
l. General Information	for the Month/Y	Year of: February, 2	2004							
A. Public Water System	(PWS) Informa	tion								
	Morningview					PWS Identification Numl	ber:	3350852		
PWS Type:	✓ Community	Non-Transient Non-Commu	ınity Tr	ransient Non-Comr	nunity	Consecutive				
Number of Service Connect						Population Served at End	of Month:	119		
PWS Owner:	Florida Water Service	es				•				
Contact Person:	Craig Anderson				Contac	et Person's Title:	VP Environmer	ntal Services		
Contact Person's Mailing A	ddress:	P.O. Box 609520	7		City: Orlando	State: Florida		Zip Code:	32860-9520	
Contact Person's Telephone	Number:	(407) 598-4199			Contac	et Person's Fax Number:	(407) 598-4217	7		
Contact Person's E-Mail Ad		craiga@florida-water.com								
B. Water Treatment Pla	ant Information									
Plant Name;	Morningview					Plant Telephone Number	:	352-787-0980)	
	01322 English Road				City: Leesburg	State: Florida		Zip Code:	32748	
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O				306,000						
Plant Category (per subsecti	ion 62-699.310(4), F.					ass (per subsection 62-69		C		
Licensed Operators		Name		License Class	License Number		ay(s) / Shift(s)	Worked		
Lead/Chief Operator:				С	6813	Days 1st Shift				
	Brian Heath			С	5825	Days 1st Shift		····		
	John Worrell			С	6597	Days 1st Shift				
	Gary Kissick			С	7846	Days 1st Shift				
	Mike Ponticelli			С	8450	Days 1st Shift				

And Andrew				l		<u> </u>				
I Certification by Lead	I/Chief Operator	r								
		operator licensed in Florida,	am the lead/chie	f operator of the	water treatment p	lant identified in part	I of this repor	t. I certify t	hat the	
information provided i	n this report is tru	ue and accurate to the best of r	my knowledge a	nd belief. I cert	ify that all drinking	water treatment che	micals used at	this plant co	onform to NSF	
International Standard	60 or other appli	cable standards referenced in	subsection 62-5	55.320(3), F.A.(L also certify the	at the following addit	ional operation	ns records fo	or this plant	
were prepared each da	v that a licensed of	operator staffed or visited this	plant during the	month indicates	d above: (1) recor	ds of amounts of che	micals used an	d chemical t	feed rates; and	
(2) if applicable appro	nriate treatment	process performance records.	Furthermore L	agree to provide	these additional o	nerations records to 1	the PWS owne	r so the PW	S owner can	
		report, at a convenient location			these additional o	perations records to	ine i wa a come	. 00 0110 - 11		
retain mem, together w	vitil copies of this	report, at a convenient focation	on for at least ter	i years.						
		3/9/2004 0:00	Will Fontaine					C-6813		
Signature and Date			Printed or Typ					License Num	ber	

Page 1

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

Company Comp
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1'I £I 005'L 0'7Z X 8Z 0'I £I 006'S 0'7Z X LZ 0'I £I 006'S 0'7Z X 9Z
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0°1
11 E1 006'8 0'77 X 77
1.1 p.1 080,0 0.42 X £2
050'9 0'72 77
S'I 00L'8 0'77 X 1Z
TI ST 000°S 07°D X 07°D
E1 91 000'9 0'77 X 61
1.1 S.1 000,8 0.1.2 X 81
E1 S1 000°Z 07°Z X Z1
11 y1 080°9 070 X 91
12 54.0 6,050
SI 006'6 0'72 X 11
13 X 74.00 4,400 1.4 1.0 1.0
1.1 p.1 002,8 0.00 X 21
11 X 24.0 4,900 1.5 1.1
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1.1 p.1 00c, 0 0.42 X 9
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9 X 54.0 6,400 1.6 1.3 1.3
1.1 2.1 00.5 X 2.00 E.1 0.1 X 2.00 E.1 0.1 X 2.00 E.1 X 2.00 X X 2.00 E.1 X 2.00 X X 2.0
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E'1 9'1 000'Z 0''D X E
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0580 0.42
Month "X") Operation gal Rate, gpd Peak Flow, mg/L minutes min/L Water, O if Applicable min/L m/v-sectom? sectom? System mg/L
The (Place in Producted, Peak Flow Customer During Peak Flow, mg. Temp of pH of Water, Required, mg UV Dose, mW. Distribution involves Taking Water System Components
Day of Operator Hours plant Water Before or at First Point During Peak Minimum CT Operating Required, Recording Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions, Repair or Maintenance Work with the Peak Minimum CT Operating Conditions and Minimum CT Operating CONDITION (National Conditions and Minimum CT Operating CONDITION (National CONDITION COND
Visited by Of Finished Concentration (C) Measurement Customer Concentration at Emergency or Abnormal Operating
Staffed or Net Quantity Disinfectant (T) at C First Disinfectant Disinfectant
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Disinfectant Provided
Lowest CT. Disinfeciant Provided
CT Calculations UV Dose Disinfectant Provided
CT Calculations UV Dose.
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations CT Calculations UV Dose Lowest CT
Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorime (Chloramines) Chlorine Dioxide
Toltraviolet Radiation Tother (Describe):
Means of Achieving Four-Log Virus Inactivation/Removal:
III. Daily Data for the Month/Year of: February, 2004
MAIASUMUIONI CAULA TOOOCCC TOOMAN MAINE INOUNING

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



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

See Pages 4 for Instr								
I. General Information	for the Month/Y	ear of: March, 2004						
A. Public Water System	(PWS) Informa	tion						
	Morningview					PWS Identification Number	3350852	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity T	ransient Non-Comi	munity	Consecutive		
Number of Service Connect						Population Served at End of	Month: 119	
PWS Owner:	Florida Water Service	······································						
Contact Person:	Craig Anderson				Cont	act Person's Title:	VP Environmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				act Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	dress:	craiga@florida-water.com						
3. Water Treatment Pla	int Information							
Plant Name:	Morningview					Plant Telephone Number:	352-787-098	80
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fini	ished Water			•	
Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		306,000	,			
Plant Category (per subsecti	ion 62-699.310(4), F.A	A.C.): V			Plant (Class (per subsection 62-699.3	310(4), F.A.C.): C	
Licensed Operators	14	Name		License Class	License Number	r Day	(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
	Adam Michaelsen				Trainee	Days 1st Shift		
1								
		·						
I Cautification by I am	VC2: 5 O							-
I Certification by Lead							C.1.1 X	
	•	operator licensed in Florida, an		•			-	
		e and accurate to the best of m						
		cable standards referenced in su						
were prepared each day	y that a licensed o	perator staffed or visited this p	lant during the	month indicated	d above: (1) reco	rds of amounts of chemi	icals used and chemical	feed rates; and
(2) if applicable, appro	priate treatment p	process performance records. F	Furthermore, I:	agree to provide	these additional	operations records to the	PWS owner so the PV	VS owner can
retain them, together w	ith copies of this	report, at a convenient location	n for at least ter	n years.				
		4/8/2004 0:00	Will Fontaine				C-6813	
Signature and Date			Printed or Tyr	ned Name			License Nur	nher

Page 1

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PWS I	dentificaito	n Number:		3350852		Plant Name:	Morningvie	N						
III. D	aily Data	for the N	lonth/Year	of:		March, 2004								1477-402-407-407-407-407-407-407-407-407-407-407
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	/al: Free C	Chlorine -	Chlorine Di							
	traviolet R			er (Describe):		oniornie 1	Chiorine Di	oxide	Uzone	I Comb	oined Chlori	ne (Chloran	nines)	
<u>-</u>					ibution System:				1.011	(011				
Турс	I DISIIIIC	rani Kesi	Tuai Maintai	· · · · · · · · · · · · · · · · · · ·						(Chloramine		Chlorine I	Dioxide	
				<u>C</u>	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable*			
			100			CT Calc	ulations				UV)			
			1				Lowest CT			.		S. W. Co.		
						Disinfectant	Provided				147 W			
	Days Plant				Lowest Residual	Contact Time	Before or at	l de la compa			学艺艺术		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		160			Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the Month	(Place	in Operation	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
1	X	24.0	gal. 4,866	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24.0	7,800		1.3	 							1.0	
3	X	24.0	6,900		1.1								0.8	
4	Х	24.0	7,800		1.3								1.0	
. 5	Х	24.0	7,200		1.3								0.9	
-6	Х	24.0	10,000		1.2									
7		24.0	8,050											
8	Х	24.0	8,050		1.2								0.9	
.9	X	24.0	7,900		1.2								0.9	
10	X	24.0	18,100		1.4								1.1	
11 12	X	24.0 24.0	8,400		1.1					ļ			0.9	
13	X	24.0	6,000 14,300		1.3								0.9	
14		24.0	13,550		1,4									
15	X	24.0	13,550		1.1								0.8	
16	Х	24.0	6,900		1.1								0.9	
17	Х	24.0	7,300		1.1					<u> </u>			0.8	
18	X	24.0	4,700		1.0								0.8	
19	X	24.0	6,600		1.1								0.8	
20	Х	24.0	6,700		1.2									
21		24.0	9,150											
23	X	24.0 24.0	9,150 7,400		1.0 1.0					ļ			0.8	
24	X	24.0	13,400	_	1.0								0.7	
25	X	24.0	9,000		1.1								0.9	
- 26	X	24.0	8,200	-	1.1				-	-			0.8	
27	Х	24.0	9,500		1.0									
28		24.0	8,500											
29	Х	24.0	8,500		1.0								0.7	
30	Х	24.0	8,800		1.0								0.7	
31	Х	24.0	8,600		1.0	L			L				0.8	
Total		91 1 22	274,866											

18,100

Maximum.

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



See Pages 4 for Instr										
I. General Information	for the Month/	Year of: April, 2004	1							
A. Public Water System	(PWS) Informa	ntion								
PWS Name:	Morningview					PWS Identification Number:	3350852			
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Tr	ansient Non-Com	munity	Consecutive	3330032			
Number of Service Connect			<u></u>	ansiene (voir com		Population Served at End of M	Month: 119			
PWS Owner:	Florida Water Service				T Ottal	opulation served at End of it	ional. 117			
Contact Person:	Craig Anderson				Conta	ct Person's Title:	/P Environmental Services			
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520		
Contact Person's Telephone	Number:	(407) 598-4199		,	Conta	ct Person's Fax Number: (4	407) 598-4217			
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.com								
B. Water Treatment Pla										
Plant Name:	Morningview					Plant Telephone Number:	352-787-098	30		
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748		
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis		-	-	,			
Permitted Maximum Day O				306,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant C	lass (per subsection 62-699.31	.0(4), F.A.C.): C			
Licensed Operators		Name		License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		****		
Other Operators:	Brian Heath			С	5825	Days 1st Shift				
	John Worrell			С	6597	6597 Days 1st Shift				
	Gary Kissick			С	7846	Days 1st Shift				
	Adam Michaelsen				Trainee	Days 1st Shift				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
II Certification by Lead	/Chief Operator									
			41 1 4/-1-1-4			1 411 416 11 41.	C41 **	41-441-		
information provided i	n this non out is to	operator licensed in Florida,	am the lead/chief	operator of the	water treatment p	iant identified in part I o	i mis report. I certify	that the		
		ie and accurate to the best of i								
		cable standards referenced in								
		operator staffed or visited this								
		process performance records.			these additional o	perations records to the	PWS owner so the PW	/S owner can		
retain them, together w	rith copies of this	report, at a convenient location	on for at least ten	years.						
		5/7/2004 0:00	Will Fontaine				C-6813			
Signature and Date			Printed or Type	ed Name	, , , , , , , , , , , , , , , , , , ,		License Nun	nber		
			,,							

Page 1

DEP Form 62-555 900(3)Alternate

PWS I	dentificaito	n Number:		3350852		Plant Name:	Morningvie	w						
111.	Daily Data	for the N	lonth/Year	of:		April, 2004								
			g Virus Inacti		val: ▼ Free C		Chlorine Di		– 0	—				- Company Control of C
	traviolet R			er (Describe):	-	inornic 1	Chiorine Di	ioxiae	☐ Ozone	☐ Comb	oined Chlori	ne (Chlorar	nines)	
-					ibution System:	▼ Free Chlo	· -	Combi		(Chloramine		G1		
Type	T	Ctain Resid	duai Maintai									Chlorine I		T
					CT Calculations, or			Four-Log	g Virus Inac	tivation, if A			准独.	
			1		4.00,1042	CT Calc	ulations				UV	Dose		
12.4							Lowest CT						a skitler if	
		1. 1.				Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	•	Net Quantity	ļ	Disinfectant	(T) at C	First					Minimum	Disinfectant *	A SACTOR
	Visited by	4	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	1		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the Month	(Place "X")	in Operation	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water, if Applicable	Required, mg		mW-	Distribution	Involves Taking Water System Components
Mond	X	24.0	gal 8,100	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24.0	6,700		0.9			 	 	-			0.7	
3	X	24.0	14,400		1.1				ļ				0.7	
4	1	24.0	11,050									 		
5	Х	24.0	11,050		1.1			İ	 				0.7	
6	Х	24.0	9,700		1.2	<u> </u>	·						0.9	
7	Х	24.0	9,600		1.1								0.8	
8	Х	24.0	7,800		1.3								1.0	
9	X	24.0	7,800		1.6								1.2	
10	X	24.0 24.0	10,900		1.5							ļ		
12	Х	24.0	10,350 10,350		1.2								0.0	
13	X	24.0	7,700		1.5								0.8	
14	X	24.0	9,900		1.5			1					1.2	
15	Х	24.0	5,600		1.4								1,1	10.00
16	Х	24.0	8,900		1.2								0.8	
17		24.0	10,100											
18	X	24.0	10,100		1.3									
19	Х	24.0	8,600		1.1			 					0.8	
20	X	24.0	12,300		1.2								0.8	
22	X	24.0 24.0	8,700 23,900		1.1		 		ļ				0.8	
23	X	24.0	12,000		1.1		<u> </u>	ļ	 				0.9	
24	X	24.0	9,600		1.1							 	0.8	
25		24.0	9,150						·				1	
26	Х	24.0	9,150		1.0								0.7	
27	Х	24.0	9,800		1.4				<u> </u>				1.0	
28	Х	24.0	9,600		1.1								0.9	
29	Х	24.0	7,400		1.2								0.9	
30		24.0	9,100		1.1				ļ				0.8	
Tatal	Sacra na monto		200.400					<u> </u>				<u>l</u>		
Total Avgerag		- 1 Kin	299,400 9,980											
wascige	C	11 1 No. 12	9,980											

23,900

Maximum

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



DEP Form 62-555 900(3)Alternate

See Pages 4 for Instr	ructions.							
I. General Information	for the Month/Y	'ear of: May, 200	04					
A. Public Water Systen	n (PWS) Informa	tion						
PWS Name:	Morningview	- Laboratoria de la companya de la c			*	PWS Identification Number	335085	52
PWS Type:	✓ Community	Non-Transient Non-Com	munity T	ransient Non-Com	munity	Consecutive	i	
Number of Service Connec						l Population Served at End of I	Month: I19	
PWS Owner:	Florida Water Service	es		, ., ., ., ., ., ., ., ., ., ., ., .,				
Contact Person:	Craig Anderson				Con	tact Person's Title:	VP Environmental Serv	/ices
Contact Person's Mailing A	Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip Co	de: 32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				tact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail A	ddress:	craiga@florida-water.cor	n				· /	
3. Water Treatment Pl	ant Information		J					
Plant Name:	Morningview					Plant Telephone Number:	352-78	7-0980
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Co	de: 32748
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day (Operating Capacity of I	Plant, gallons per day:		306,000				
Plant Category (per subsect	tion 62-699.310(4), F.A	A.C.): V	, <u> </u>		Plant	Class (per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operators	10 A A A	Name		License Class	License Number	r Day	(s) / Shift(s) Work	ed 🏄 🛴 🔒
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
	John Worrell			C	6597	Days 1st Shift		
	Gary Kissick			C	7846	Days 1st Shift		
Section 1985	Adam Michaelsen				Trainee	Days 1st Shift		
			_					
	<u> </u>			<u>L</u>				
Certification by Lead	d/Chief Operator							
			.1 1 1/1:	C		1	Cali	ic d d
		operator licensed in Florida						
		e and accurate to the best o						
		cable standards referenced i						
		perator staffed or visited th						
(2) if applicable, appro	opriate treatment p	process performance record	s. Furthermore, I	agree to provide	these additional	operations records to the	PWS owner so the	e PWS owner can
retain them, together v	vith copies of this	report, at a convenient loca	tion for at least ter	n years.				
		6/8/2004 0:00	Will Fontaine				C-6813	3
Signature and Date		0.0.2001 0.00	Printed or Tyr					e Number
o.b			Times of Ty	pou rume			Dicense	

Page 1

PWS I	dentificaito	n Number:		3350852	T	Plant Name:	Morningvie	w	·····					
III. D	aily Data	for the N	lonth/Year	of:		May, 2004	,							
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	•		Chlorine Di	oxide	┌ Ozone	☐ Comb	oined Chlori	ne (Chloran	nines)	
⊢	traviolet R			er (Describe)										
Туре	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ribution System:	▼ Free Chle	orine [Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
		1.4		(CT Calculations, or	r UV Dose, to	Demostate	Four-Log	Virus Inac	tivation if				
				1,745,7, Tyd		CT Calc	ulations		72.1		UV			
1	1						all the layers		2002		Service Con	5030	17 E	
							Lowest CT						3.4	
- :	Days Plant	1				Disinfectant	Provided			tori de				
	Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time	Before or at	V (1.94.1)			re Si	Minimum	Lowest Residual	
	Visited by		of Finished		Concentration (C)	(T) at C	First		10000000		Lowest	UV Dose	Disinfectant	
Day of	Operator	Hours plant	1		Before or at First	Measurement Point During	Customer During Peak			Minimum CT	A Commence of the commence of	Required,	Concentration at	Emergency or Abnormal Operating
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	1 "	Temp of	pU of Wotor	Required, mg		mW-	Remote Point in	Conditions, Repair or Maintenance Work that
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	Flow, mg- min/L	Water Of	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components. Out of Operation
1	X	24.0	9,100	такс, дра.	1.2	illiades	mivL	water, C	ii Applicable	Trinibra &	inw-sec/cm	Sec/cm	System, mg/L	Sout of Operation
2		24.0	6,700		1.2			 						
3	Х	24.0	6,700		1.2		ļ ———	 		 			0,9	
4	Х	24.0	6,000		1.1					 			0.9	
5	Х	24.0	6,600		1.0					 			0.7	
6	Х	24.0	6,400		1.0								0.8	
7	Х	24.0	8,700		1.0				†				0.7	
8	Х	24.0	9,400		1.0				l	1				
9		24.0	9,300											
10	X	24.0	9,300		1.1		-	1					0.9	
11	Х	24.0	12,600		1.0								0.8	
12	Х	24.0	12,600		1.0								0.7	
13	Х	24.0	5,200		0.9								0.7	
14	X	24.0	8,500		0.9								0.7	
15	Х	24.0	8,000		1.1	***								
16		24.0	11,100											
17	X	24.0	11,100		1.1				ļ		****		0.8	
18 19	X	24.0	7,700		1.1								0.8	
20	X	24.0	13,200		1.0								0.8	
21	X	24.0 24.0	10,700 13,700		1.0								0.7	
22	$\frac{\lambda}{X}$	24.0	9,700		1.0				<u> </u>	 			0.7	
23		24.0	15,250		1.0		 							
24	х	24.0	15,250		1.1			 					0.9	
25	x	24.0	11,600		1.0								0.7	
26	X	24.0	12,900		0.9								0.7	
27	X	24.0	27,800		1.0			 		—			0.6	
28	X	24.0	13,600		0.9			 		-			0.7	
29	X	24.0	11,400		1.0							· · · · · · · · · · · · · · · · · · ·	0.7	
30		24.0	13,100							1				
31	X	24.0	13,100		0.9								0,6	
Total	\$1 H.B		336,300				•	•	•			•		
Avgerag	è		10,848											

27,800

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



See Pages 4 for Instr									
I. General Information	for the Month/Y	'ear of: June, 2004							
A. Public Water System	(PWS) Informat	tion							
PWS Name:	Morningview					PWS Identification Numb	per: 33:	50852	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Tr	ransient Non-Com	munity	Consecutive			
Number of Service Connect		34	,		Total F	Population Served at End o	f Month: 119	9	
PWS Owner:	Florida Water Service	es				······	W 1,2 pm		
Contact Person:	Craig Anderson				Contac	et Person's Title:	VP Environmental	Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip	Code:	32860-9520
Contact Person's Telephone		(407) 598-4199			Contac	t Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ac	idress:	craiga@florida-water.com							
B. Water Treatment Pla	ant Information				-				
Plant Name:	Morningview					Plant Telephone Number:	352	2-787-098	0
Plant Address:	01322 English Road		"		City: Leesburg	State: Florida	Zip	Code:	32748
Type of Water Treatment by	<u>/</u>	Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day O				306,000					
Plant Category (per subsect	ion 62-699.310(4), F.A					ass (per subsection 62-699		С	
Licensed Operators		Name		License Class	License Number		ay(s) / Shift(s) W	orked	da, s
Lead/Chief Operator:				С	6813	Days 1st Shift			
Other Operators:	Brian Heath			С	5825	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
	Gary Kissick			С	7846	Days 1st Shift			
							<u>.</u>		
1									
			···						
l Certification by Lead	/Chief Operator								
		operator licensed in Florida, a	am the lead/chie	f aparator of the	water treatment n	lant identified in part	Lof this report	certify t	that the
_	-	e and accurate to the best of n		•		•	-	-	
-	•				•			-	
		cable standards referenced in s							
		perator staffed or visited this							
		process performance records.		•	these additional o	perations records to the	he PWS owner so	the PW	S owner can
retain them, together w	vith copies of this	report, at a convenient locatio	on for at least ter	ı years.					
			31700 m 1				-	6813	
Cignoture and D		 	Will Fontaine						
Signature and Date			Printed or Typ	bed Name			Lic	cense Num	ber

											17,000			umixeM
											0†9'6			Avgerage
		,						r			002,682	S		IstoT
									0.7		001501	0.1.2	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	L 0								0.1		16,400	24.0	X	30
	L'0								0.1		001,41	0.42	X	67
	8.0		ļ						П		13,800	24.0	X	87
					***				7.7		008,51	0.4.0	ļ	77
									II		12,900	74.0	X	97
	L'0								0.1	ļ	14,700	0.4.0	X	52
	8.0								0.1		12,600	0,42	X	74
	L'0								1.1		17,000	0.12	X	23
	L.0								0.1		000,8	0.12	X	77
	L.0								0.1		028,7	24.0	X	17
											028,7	24.0	ļ <u></u>	.50
									0.1		008'6	24.0	X	61
	9.0								1.1		008,2	24.0	X	81
	9.0		ļ <u>-</u>						8.0		009'9	0.42	X	<u></u>
	8.0		ļ					 	0.1		007'9	0.42	X	- 91
	7.0								0.1	<u> </u>	006,0	0.42	X	ŞI
	L'0		<u> </u>						0.1		004,0	0.42	X	ÞΙ
	ļ							· · · · · · · · · · · · · · · · · · ·	0.1		008,8	0.42		£1
			_	ļ					0.1		008'9	24.0	X	71
	7.0					-			0.1	ļ	006'7	0.42	X	11
	8.0			ļ	<u> </u>			ļ	11		006,6	0.4.0	X	01
	L'0		ļ						1.1			0.4.0	X	6
	2.0		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>	8.0		004,7	0.42	X	8
	9.0					<u> </u>			8.0		004,7	0.42	X	<u>L</u>
	ļ		 			<u> </u>	 		0.0		004,7	0.47	7/	9
	0.0		ļ	 			<u> </u>		8.0		009'6	0.42	X	ς
	9.0					<u> </u>			8.0		006'9	74.0	X	7
	7.0		 						6'0		006,41	24.0	X	ε
	7.0		-				 				005.61	 	X	7
	90	V THO DOCK	mo ooc u III		oronaudda i vi	o tomu	7,7000	səmuim	6.0	terre, Eper		24.0	X	I
Out of Operation	System, mg/L	zmɔ/ɔəs	² mɔ/ɔəɛ-Wm		if Applicable		-gm ,woli J\nim	Peak Flow,	Customer During Peak Flow, mg/L	Peak Flow Rate, gpd	Producted,	ni Operation	("X"	nnoM
Conditions, Repair or Maintenance, Work that Involves Taking Water System Components,	Remote Point in Distribution	-Wm	Sect VII	Minimum CT Required, mg		Te amsT	During Peak	Point During	Before or at First	11013 100a	Water	malq swoH	Operator (Place	Day of
Emergency or Abnormal Operating	Concentration at	Required,	運動制を変わる エーコー	11.7			Customer Deals	Measurement	Concentration (C)		of Finished	tucka mioH	Visited by	Jo well
3 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disinfectant	muminiM, 920G VU	* teswo.I				First	Ois(T)	Disinfectant		Net Quantity	·	Staffed or	
	Lowest Residual	anianiny Ar	1				Before or at	Contact Time	Lowest Residual		Again Jok		Days Plant	1
	1,200						Provided	Disinfectant		4			neld ared	
		14.16					Lowest CT			100		<u> </u>		
			and the second	Application of the			10,000							
		əso(· OAD	\$# Y (31.37			znoitslu	CT Calcu		Y 44 5	ĺ			
				A Ii ,noitsvi	Virus Inact	go.I-mo	Jemostate F	UV Dose, to I	T Calculations, or	<u> </u>				
	əbixoi	Chlorine D	(;	(Chloramines	d Chlorine	Combine	☐ suin	✓ Free Chlor	bution System:	inteid ni bər	ristnisM lsu	tant Resid	oginisid 1	Туре с
										. (Descupe):			Raviolet R	
	(səur	е (Срјогат	nined Chlorin	L Comb	əuozO _	əpixo	Chlorine Dic	hlorine			Virus Inactiv			
												_		t t
					-			June, 2004		:30	onth/Year o	M ant rol	aily Data	a III
					-		MOUNTER	Plant Name.		7000000		Livanibei	ionis arron	OL CAA I

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



See Pages 4 for Instr		<u> </u>										
I. General Information	for the Month/	Year of: July, 2004										
A. Public Water System	(PWS) Informa	ition		-								
PWS Name:	Morningview					PWS Identification Number:	3350852					
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com		Consecutive						
Number of Service Connec	tions at End of Month					Population Served at End of N	Month: 119					
PWS Owner:	Aqua Utilities Florid	la					· · · · · · · · · · · · · · · · · · ·					
Contact Person:	Brian Heath				Contac	ct Person's Title:	Area Manager					
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code:	34748				
Contact Person's Telephone	: Number:	(352) 787-0980			Contac	et Person's Fax Number: (352) 787-6333					
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>									
B. Water Treatment Pla	ant Information											
Plant Name:	Morningview					Plant Telephone Number:	352-787-098	30				
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748				
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water								
Permitted Maximum Day C				306,000								
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant Cl	ass (per subsection 62-699.3	10(4), F.A.C.): C					
Licensed Operators	Name License Class License Number Day(s) / Shift(s) Worked											
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift						
Other Operators:	Brian Heath			С	5825	Days 1st Shift						
	John Worrell			С	6597	Days 1st Shift						
	-											
				<u> </u>								
I Certification by Lead	L/Chief Operate											
			the lead/abia	formanatan aftha	tan tuaatuu ant m	lant identified in nort L	of this report. Leartify	that the				
		operator licensed in Florida,										
		ue and accurate to the best of i										
		cable standards referenced in										
		operator staffed or visited this										
(2) if applicable, appro	opriate treatment	process performance records.	Furthermore, I	agree to provide	these additional o	perations records to the	PWS owner so the PW	/S owner can				
retain them, together w	vith copies of this	report, at a convenient location	on for at least te	n years.								
			Will Fontaine	:			C-6813					
Signature and Date			Printed or Ty	ped Name			License Nun	nber				
•			,									

Page 1

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

											005'61			Maximu
											172,51			Avgerag
											004,114	- age - mode		[btol]
	ľ			Γ	ľ				ξ'Ι		005'91	24.0	X	18
	9.0								6.0		006'6	24.0	Х	30
	9.0								8.0	i	12,600	0.42	Х	67
	L'0								0.1		16,500	24.0	Х	87
	7.0								0.1		12,600	0.42	X	LZ
	L'0					· · · · · · · · · · · · · · · · · · ·			TI	···	12,250	0.42	Х	97
	20				<u> </u>						12,250	0.42		52
							·		2.1		005'91	0.42	Х	74
	0.1			ļ					2.1		12,200	0.42	X	23
	0.1			 					£.1	 	005'61	0.42	X	77
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	6.0		ļ					ļ	2.1		12,700	0.4.0	X	91
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	L'0	 				ļ	ļ	<u> </u>	6.0		006,11	24.0	X	13
	9.0	ļ	ļ			ļ	<u> </u>		6.0	ļ	12,450	24.0	X	15
											12,450	24.0		H
									6.0	i	006'6	24.0	X	01
	9.0	<u> </u>				ļ	ļ <u>.</u>	ļ	0.1		007,11	24.0	X	6
	9.0		ļ						6.0		10,500	24.0	X	8
	8.0				L				0.1		14,100	24.0	X	L
	9.0		l						6.0		12,600	24.0	X	9
	9.0		L						6.0		14,600	24.0	X	ς
									6'0		12,950	24.0	X	. 17
]				12,950	24.0		ε
	L'0								0.1		008,71	24.0	Х	7
	L'0								0.1		008,01	24.0	X	I.
nousingO to inO	System, mg/L	2m3/398	mW-sec/cm	J/nim	əldsəilqqA li	Water, 'C	J\nim	səmunu	Peak Flow, mg/L	Rate, gpd.	gaj	Operation	("X"	фиоМ
Involves Taking Water System Components	nonudrusid	-Wm	UV Dose,	Required, mg			-9т , моГЧ	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	əqt
CONCIDENTS, INCHAIR OF PRIMING MAINCE WOLK UNK	Remote Point in	Reduired,		TO muminiM		J	During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Apnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)	•	of Finished		Visited by	Ž
	Disinfectant	mummiM.		1 400 - 3 1000 20 1 - 1000 A.			isii	Ois(T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual		1 44 55			金色学	Before or at	Contact Time	Lowest Residual				Days Plant	
							Provided	Disinfectant	100			***	# 3	
							LOWest CT						100	
		14 500	Line and	· · · · · · · · · · · · · · · · · · ·										
		950($=$ $\Omega\Lambda$ D		ar outlier		znoitsli	CT Calcu						
Emergency or Admorting Operating			pplicable*	A Ti-, noits vi	Virus Inact	go.J-nuo	7 sistemostate F	UV Dose, to I	T Calculations, or)				
Carla Control of the	iovide	Chlorine D				· · · · · · · · · · · · · · · · · · ·		✓ Free Chlor	bution System:		HEJHIRIAI IRD	DISON HIPT	Daniel CL	o adk i
	ebivoi	G POLITICAL D	<u> </u>	Chloramines	, outable b	Combine		-170 a <u>M</u>						_
	L Ultraviolet Radiation													
	Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine Chlorine Dioxide 🧧 Ozone 🦵 Combined Chlorine (Chloramines)													
							_	մանչ, 200 4		310	onth/Year	101 THE 141	RIEGT VITE	и ли
I .							манувишном	Plant Name:	I B	700000		DAUTHORI	ETHERTONIES	LWJIU

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



See Pages 4 for Instructions.							
I. General Information for the Mo	nth/Year of: August, 200	004					
A. Public Water System (PWS) Info	ormation		,				
PWS Name: Morningview					PWS Identification Number:	3350852	
PWS Type:	ity Non-Transient Non-Commu	unity Tr	ansient Non-Comi	nunity	Consecutive		
Number of Service Connections at End of I			ansiene Horr Comm		Population Served at End of Me	fonth: 119	
PWS Owner: Florida Water				1.00	opania or control or control		
Contact Person: Craig Anderso	n	- <u>, , , , , , , , , , , , , , , , , , ,</u>		Contac	et Person's Title: V	P Environmental Services	
Contact Person's Mailing Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone Number:	(407) 598-4199			<u> </u>	·	107) 598-4217	
Contact Person's E-Mail Address:	craiga@florida-water.com			 	······································		
B. Water Treatment Plant Informa	tion				- · · · · · · · · · · · · · · · · · · ·		
Plant Name: Morningview					Plant Telephone Number:	352-787-0980)
Plant Address: 01322 English	Road			City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day Operating Capac	ty of Plant, gallons per day:		306,000				
Plant Category (per subsection 62-699.310	4), F.A.C.): V	_		Plant C	lass (per subsection 62-699.310	0(4), F.A.C.): C	
Licensed Operators	Name		License Class	License Number	Day(s	s) / Shift(s) Worked	
Lead/Chief Operator: Will Fontaine			C	6813	Days 1st Shift		
Other Operators: Brian Heath			С	5825	Days 1st Shift		
John Worrell			С	6597	Days 1st Shift		
A STATE OF THE STA							
						 	
[[전 2일 : 10] [1]							
그는 경기에 가지 되는 경기							
II Certification by Lead/Chief Oper	*ator						
I, the undersigned water treatment		om the lead/abiet	famamatam af tha	viotan traatmant n	lant identified in next Lat	f this report I partify t	hat the
information provided in this report							
International Standard 60 or other a							
were prepared each day that a licen							
(2) if applicable, appropriate treatn	-			these additional o	perations records to the I	PWS owner so the PW	S owner can
retain them, together with copies of	this report, at a convenient location	on for at least ten	years.				
	6/8/2004 0:00	Will Fontaine				C-6813	
Signature and Date		Printed or Type	ed Name	***************************************		License Num	ber

Page 1

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PWS b	lentificaito	n Number:		3350852	····	Plant Name:	Morningvie	N						
III. D	aily Data	for the N	lonth/Year	of:		August, 2004								
			g Virus Inacti		val: ▼ Free C		Chlorine Di	· .					<u>-</u> -	
	traviolet R			r (Describe):		Mornic	Chlorine Di	oxide	☐ Ozone	Comb	oined Chloria	ne (Chloran	nines)	
-					ribution System:	▽ Free Chlo		Combi	1.011	(Chloramine	, _			
Type	I Disiliic	T Resid	iuai iviaintai		<u> </u>							Chlorine I	Dioxide	<u> </u>
	3		1		CT Calculations, or				Virus Inac					
			1			CT Calc	ulations	Marie V		ALEX.	's UV	Dose		
							Lowest CT							
			1			Disinfectant	Provided				200			
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				4.4	Minimum	Disinfectant	
D	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	Water Producted,	Deel Ele	Before or at First	Point During	During Peak	Town of		Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
Month	"X")	Operation	gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water Oc	pH of Water, if Applicable	Required, mg min/L		mW-	Distribution	Involves Taking Water System Components
1	,	24.0	15,450	raic, gpr.	Teak Flow, Hig/L	minutes	minut	water, C	п Аррисаон	IIIIIVI	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	Х	24.0	15,450	<u> </u>	0.8								0.6	
3	Х	24.0	12,200		1.5					 			0.8	
4	Х	24.0	12,000		1.1								0.8	
5	Х	24.0	16,600		1.1								0.8	
- 6	Х	24.0	11,600		1.2								0.9	
7	Х	24.0	18,300		1.1									
8:		24.0	14,000											
9	X	24.0 24.0	14,000		1.1								0.7	
11	X	24.0	13,600 14,600		1.3			<u> </u>	 				10.0	
12	X	24.0	11,400		1.1					 		 _	0.8	
13	X	24.0	15,100		1.1				<u></u>	 			0.7	
14	Х	24.0	12,400		1.2								0.0	
15		24.0	12,900											
16	X	24.0	12,900		1.0								0.7	
17	X	24.0	17,200		1.0								0.7	
18	X	24.0	11,100		1.5								1.0	
19	X	24.0 24.0	14,500		1.6					-			1.3	
21	X	24.0	12,600 11,100		1.6						<u> </u>		1.2	
22		24.0	12,600		1.0		 -						1.2	
23	Х	24.0	12,600		1.6			<u> </u>					1.3	
24	Х	24.0	13,700		1.6			<u> </u>		1	 	<u> </u>	1.2	
25	Х	24.0	12,200		1.4				l				1.1	
26	X	24.0	13,600		1.6								1.2	
27	X	24.0	23,100		1.1								0,8	
28	X	24.0	11,000		1.4									
29	- ,,	24.0	13,100								<u> </u>			
30 31	X	24.0 24.0	13,100		1.0				ļ	ļ			0.7	
Total ,	X		15,400 429,400		1.2		l	L	l	<u> </u>	<u> </u>	<u> </u>	0.8	
Avgeroo			12 952											

23,100

Maximum

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



I. General Information	for the Month/Year of:	September, 2004						
A. Public Water System	(PWS) Information							
PWS Name:	Morningview			111 x 111 x 1	PWS Identification Numb	er:	3350852	
PWS Type:		Non-Community T	ransient Non-Com	munity	Consecutive			
Number of Service Connec		34	Tanaran train contra		Population Served at End o	f Month:	119	
PWS Owner:	Florida Water Services							
Contact Person:	Craig Anderson	· · · · · · · · · · · · · · · · · · ·		Conta	ct Person's Title;	VP Environmen	tal Services	
Contact Person's Mailing A	ddress: P.O. Box 609520			City: Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number: (407) 598-4199			Conta	ct Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ac	ldress: craiga@florida-w	ater.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Morningview				Plant Telephone Number:		352-787-098	30
Plant Address:	01322 English Road			City: Leesburg	State: Florida		Zip Code:	32748
Type of Water Treatment by		ater Purchased Fin	ished Water					
	perating Capacity of Plant, gallons per day:		306,000					
Plant Category (per subsect		V			lass (per subsection 62-699		С	
Licensed Operators	Name		License Class	License Number	· · · · · · · · · · · · · · · · · · ·	y(s) / Shift(s)	Worked	
Lead/Chief Operator:			С	6813	Days 1st Shift			
Other Operators:	Brian Heath		С	5825	Days 1st Shift			
3	John Worrell		С	6597	Days 1st Shift			
								4470
		· <u> </u>		· , ••••				
			<u> </u>					
								
			l		<u> 1</u>			
II Certification by Lead	/Chief Operator							
	er treatment plant operator licensed	n Florida, am the lead/chie	f operator of the	water treatment n	lant identified in part	L of this report	Lcertify	that the
	n this report is true and accurate to t		-			_		
	60 or other applicable standards ref							
	y that a licensed operator staffed or							
	opriate treatment process performance			these additional o	perations records to tr	ne PWS owner	so the Pw	S owner can
retain them, together w	vith copies of this report, at a conven	nent location for at least ter	n years.					
	6/8/2004 0:00	Will Fontaine					C-6813	
Signature and Date		Printed or Typ			· · · · · · · · · · · · · · · · · · ·		License Nun	nber
<i>5</i>								

Page 1

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	LI				1				£.1	1	29,200	24.0	X	30
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	6.0								1.1		001'9	24.0	Х	- 87
	9.0								6.0		050,8	24.0	X	LZ
											050,8	24.0		97
									I'I		006'\$	24.0	X	52
	L'0								0'1		4,800	0.42	X	74
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	0.1								£,I		008,21	0.42	Х	. 2
	0.1								2.1		005'8	24.0	Х	L
Out of Operation	System, mg/L:	wo/oos	mW-sec/cm	J/mm -	oldsoilggA li	Water, C	J/uim	səmuru	Peak Flow, mg/L	Rate, gpd.	દિશ	Operation	("X"	Month
Involves Taking Water System Components	Distribution	-Wm	OA Dose	Required, mg	pH of Water,	10 dwa 1	-gm ,woFf	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	əyn
Conditions, Repair or Maintenance Work that	Remote Point in	Required,	Operating	Minimum CT			During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	garanteerin (d) af inte Nyste Charlot London			Customer	Measurement	Concentration (C)		bedsini To		Visited by	
■新聞の記録 (小学:) (2)	Disinfectant	muminiM		5,12	Fact 1		J2TiT	Ots (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual	anaidiy.		《 参加工作》	200 - 1 se	Eller egil i	Before or at	Contact Time		1:	I			1977
	In this d trauto I		2.0	为 秦东 (1) [1]					Lowest Residual	1.		l	Days Plant	
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in the second se		A PARTIE AND A		482			1920 90,400	40.000		Anni Lini		I	l inter	
				* \			a fine Manager and the fire	CT Calor	And the second of the second o		<u>.</u>		115.6	
			*əldsəilqq	A li≒,noitsvi	Virus Inact	go.I-no	Jemostate F	UV Dose, to I	T Calculations, or	၁	1			
	<u> </u>			•				V Free Chlor			nai Maintair	tant Kesid	oətnisivi i	ı ype o
	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chloramines) Chloramines Chloramin													
	(som	е (сповап	nined Chlorin	t como	əuozo _) aniv	NA SILIONA							
	/seni				eu02U	- ebive	Chlorine Dio	aninoln	D 2014 V	ation/Remova	Virus Inactiv	goJ-ruo4 gi	rivəidəA Yo	Means o
							t	September, 200		:10	onth/Year o	M satt vol	aily Data	III D
			· · · · · · · · · · · · · · · · · · ·				мэгудштогу	Plant Name:	1					

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



	ee Pages 4 for Instr									
I. G	General Information	for the Month/Y	'ear of: October, 2	004						
A . <u>P</u>	ublic Water System	(PWS) Informat	tion							· · · · · · · · · · · · · · · · · · ·
	WS Name:	Morningview					PWS Identification Number	r: 335	50852	
P	WS Type:	✓ Community	Non-Transient Non-Commu	unity Ti	ransient Non-Com	munity	Consecutive			
N	umber of Service Connec	tions at End of Month:					Population Served at End of	Month: 119)	
P	WS Owner:	Aqua Utilities Florida	3		·		Y			
C	ontact Person:	Brian Heath			***************************************	Conta	ct Person's Title:	VP Environmental	Services	
C	ontact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida			34748
C	ontact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333		
	ontact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>		······································				
B. W	Vater Treatment Pla	ant Information								
Pl	ant Name:	Morningview				***************************************	Plant Telephone Number:	352	2-787-0980)
Pl.	ant Address:	01322 English Road				City: Leesburg	State: Florida	Zip	Code:	32748
	ype of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water					
	ermitted Maximum Day O	·			306,000					
	ant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V			Plant C	lass (per subsection 62-699.3		С	
	Licensed Operators		Name		License Class	License Number	Day	(s) / Shift(s) Wo	orked	$\langle $
	ead/Chief Operator:				С	6813	Days 1st Shift			
Ю	ther Operators:	Marty Neal			С	10027	Days 1st Shift			
		John Worrell			С	6597	Days 1st Shift			
-										
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-										
						<u> </u>				
ᆫ					L		ļ			
ПC	ertification by Lead	/Chief Operator								
			operator licensed in Florida,	om the lead/ship	f anarotar of the	wotor trootmant n	lant identified in part I	of this report I	cortifu t	hat the
			e and accurate to the best of							
			able standards referenced in							
			perator staffed or visited this							
			rocess performance records.			these additional of	perations records to the	PWS owner so	the PW	S owner can
re	tain them, together w	ith copies of this	report, at a convenient location	on for at least ter	years.					
				Will Fontaine				C	6813	
Sic	gnature and Date			Printed or Typ					ense Numb	
318	mature and Date			rimed of Typ	eu name			Lic	ense mumi	CI

											001,11			mmixsM
											186,7	1. 11.41		Avgerage
											228,800	* * * *	ALMERICA	IstoT
											001,7	0.42		31
									S'I	_	006'L	0.42	X	30
	0.1								S'I	-	7,200	0.42	X	67
	0.1								t'I		007,7	0.42	Х	87
	6.0								71		001,11	0.42	X	LZ
	0.1		<u> </u>			<u> </u>			€'1		008,8	24.0	X	97
	0.1								ÞΊ		001'8	24.0	X	. 25
		<u> </u>	 		 					1	001'8	0.42	 	74
		·	<u> </u>					<u> </u>	£.1		002'9	24.0	X	23
	0.1								1.3		004,8	24.0	X	77
	0.1								£.1	<u> </u>	005,8	24.0	X	17
	0.1				 		ł		Þ.I	 	007,7	24.0	X	oz
	0.1	···							£.1	 	005.2	24.0	X	61
	0.1	 		 	 	 		<u> </u>	S.I	 	050'6	0.42	X	81
14	-	 	 		<u> </u>	 	 		I	· · · · · · · · · · · · · · · · · · ·	050'6	24.0		81 ZI
		<u> </u>		 	 	 	 		S.I		006,8	24.0	V	
	6.0	<u> </u>		 	 	 			E.I		008'9	24.0	X	91
· · · · · · · · · · · · · · · · · · ·	0.1		 	 	<u> </u>	 			2.1		006'9	24.0	X	51
	0.1			-					b.I	 	006,7	+	X	ÞΙ
			 							-		0.4.0	X	13
	6.0		 					<u> </u>	2.1	ļ	004,0	0.4.0	X	15
	6.0		ļ			<u> </u>	 		£.1		058,6	74.0	Х	11
		<u> </u>	 	ļ		ļ <u> </u>			7.1	-	028,6	0.4.0	ļ <u></u> -	01
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	6.0										009'9	24.0	X	9
	8.0					 	·		7.1		007,8	24.0	X	ς
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· · · · · · · · · · · · · · · · · · ·	4.0	ļ				 -			£.I		008,2	74.0		7
Honordo to mo	6.0	. Itio poe	1112 2005-14 111	Crainin	oronoriddy i vi	o Granti	G amus	CONTINUE	7.1	nd9 towns	006'9	24.0	X	I
Out of Operation	J\gm,mstst	² mɔ/ɔəɛ	mW-sec/cm ²	J/nim	əldsəilqqA li	Do 1918W	J/mm	Sanuitu	Peak Flow, mg/L	Rate, gpd.	हिन्न	Operation	("X"	rbnoM
Involves Taking Water System Components	nonudrusid	-War		Required, mg		Temp of	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	ա	(Place	ətt
Conditions; Repair or Maintenance Work that	Remote Point in	Required,	gnusraqO	TD muminiM			During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	:UV Dose	Lowest				Customer	Measurement	Concentration (C)		bədzini To	1 1	Visited by	
# 2015년 1일 : 10 : 10 : 10 : 10 : 10 : 10 : 10 :	Disinfectant	muminiM	學是多語	de une con	Para Control		First	O is (T)	Disinfectant		Net Quantity		Staffed or	
불발활성이 여름이 하려고 그렇다.	Lowest Residual		2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Before or at	Contact Time	Lowest Residual				Days Plant	
김성은 시청도 이 중에 되어 그 어떻게 다			350 S V (100				bobivor	Disinfectant				[
하는 동생생들이 맛있어요? 그는 아이들의					D.		TO Issumod					[
		2000	IΛΩ	Shake 1			Suonen	CT Calcı		<u> </u>				
				t III filoma I	MANUT COUL	9oct mo			ro forrormmana r					
기교(19月1일) 실시하면 아이 아이 시간에 하고 (吳麗)				•					T Calculations, or		ļ	L		
	əbixoi	Chlorine D	(s	(Chloramine:	ed Chlorine	Combine		▶ Free Chlo	bution System:	itteiG ni bər	ristnisM leul	stant Resid	of Disinfe	Type o
										(Descripe):	L Otpe	noitaiba	Haviolet R	ار م
	(sənin	е (Срюгап	nined Chlorin	L Comb	orone ¬	əbixo	Chlorine Dio	T ənirold			vitasını zuriV g			
														
				****				October, 2004		:30	onth/Year	// adt not	ets([vlis	T IIII
							A OLA STELLIOTAL	CHIPAL MIRE I		7000000		1001110111		

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



See Pages 4 for Instr									
. General Information	for the Month/Y	Year of: November,	, 2004						
A. Public Water System	ı (PWS) Informa	tion							
PWS Name:	Morningview					PWS Identification Numl	her:	3350852	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity	Fransient Non-Com	munity	Consecutive		3300032	
Number of Service Connec	tions at End of Month					Population Served at End of	of Month:	119	
PWS Owner:	Aqua Utilities Florid	a				***************************************			
Contact Person:	Brian Heath				Conta	act Person's Title:	VP Environmen	tal Services	
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980			Conta	nct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>						
Water Treatment Pla	ant Information								
Plant Name:	Morningview					Plant Telephone Number	:	352-787-098	0
Plant Address:	01322 English Road				City: Leesburg	State: Florida		Zip Code:	32748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fir	nished Water					
Permitted Maximum Day C				306,000					
Plant Category (per subsect	ion 62-699.310(4), F.					Class (per subsection 62-699		С	
Licensed Operators	119	Name		License Class	License Number	D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:				С	6813	Days 1st Shift			
Other Operators:	Marty Neal			С	10027	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
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Take the second of the second									
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A Committee of the Comm				ļ					
e de la companya de									
						<u> </u>			
Certification by Lead	I/Chief Operator						-		
		operator licensed in Florida,	am the lead/chi	ef operator of the	water treatment r	lant identified in part	Lof this report	Leertify	that the
		ue and accurate to the best of r							
		cable standards referenced in							
		operator staffed or visited this							
		process performance records.			these additional of	perations records to t	ne PWS owner	so the PW	5 owner can
retain them, together v	with copies of this	report, at a convenient location	on for at least te	en years.					
			Will Fontaine	e				C-6813	
Signature and Date			Printed or Ty	ped Name			-	License Num	ıber
			•						

Page 1

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

											004,81		u	numixaM
											010,6	2.5	31 2 3 7 1	Avgerage
											279,300			Total
												0.4.0		31
	60				<u> </u>				2.1		001'9	0.42	X	30
	8.0								2.1		007,8	24.0	X	67
											007,8	0.42		87
	I.I							İ	11		005'81	0.42	X	LZ
	6.0								٤٠١		009'6	24.0	X	97
	0.1								£.1	<u> </u>	10,800	0.42	X	52
	2.1			ļ					1 71		10,500	0.42	X	74
	ri	l	* ***						5.1		10,600	0.42	X	53
	11				<u> </u>				⊅"l		082,01	24.0	X	77
											10,250	24.0	<u> </u>	17
				<u> </u>					\$.I		006,8	0.42	X	OZ.
	1.1	 	i						£1		006,8	0.42	X	61
	0.1	<u> </u>							† I		004,8	0.42	X	18
	0.1								£.1		006,01	0.42	X	41
	11	<u> </u>			 		!		£.1	<u> </u>	006'11	0.42	X	91
	0.1		-		 				£.1		004'9	24.0	X	SI
	01						· · · · · ·	<u> </u>	-		007,8	0.42	<u> </u>	þl.
				 					£.1		005,11	0.42	х	ΕI
	8.0								7.1	 	001,8	0.42	X	21
	0.1				 				£.1		001'9	24.0	X	11
	0.1	ļ						 	2.1		008'6	0.42	X	10
	1.2				1				101		002,7	24.0	X	6
	2.1								SI		05L'6	24.0	X	8
	C 1						 		1 3 1		05L'6	24.0	 ^	L
				-	ļ — — —		 		£.1		000,2	24.0	х	9
	0.1								£.1		000'5	24.0	X	5
	2.1	1		 	<u> </u>				S.I		000'9	24.0	X	7
	€.1	 					1		51	-	000,01	24.0	X	ξ.
	£.1	 					ļ	····	2.1	+	006'6	24.0	X	7
	7.1		-	1					9.1	1	004,81	24.0	$\frac{\hat{x}}{x}$	ī
nonnindo to mo	System, mg/L	1112/228	mW-sec/cm ²	77.499777	oropouddy n	'INPA	J/mm	səmuim	Peak Flow, mg/L	Rate, gpd	Leg.	Operation	+	
M. Out of Operation	and the second s	zuio/oəs		J'nim	if Applicable	Do TateW	Flow, mg-	Peak Flow,	Customer During	1	4		("X"	Month
Involves Taking Water System Components	notindirusid	-Wm		Required, mg		To qmoT	Water Street Company	and the same of th		Peak Flow	Producted,	ui	(Place	orti
Conditions, Repair of Maintenance Work that				TO muminiM			During Peak		Before or at First		Water	Insiq zwoH		Day of
Finergency of Abnormal Operating	Concentration at		Lowest				Customer	Measurement	(O) nonsunsonoO		bəhzini To		Visited by	1
	Pisinfectant	muminiM		1 1 11 11 11 11	1000		triiT	Ons (T)	Disinfectant	1.54	Net Quantity		Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			to the test (size		Margaret,	Provided	Disinfectant						1
	1944 - A					144.435	Lowest CT	laren ji dili s		100				1
	\$1.50 Year A.		1	Tay yaari yaa					a standard	10.10		1.05		
		əso	7.40	Land was broke		3分と分かれまする	, snousi	CI Calcu	<u> </u>	-				
													1.5	
F. Emergency of Abrominal Operating			*plicable*	A Ti', noits vi	Joenl suriy	go.I-mo	T state F	UV Dose, to D	T Calculations, or	<u>. C.</u>				
		Chlorine D	1 (9	Chloramines) enitolidD ba	Combine	j aui	V Free Chlor	bution System:	insid ni bər	ristnisM lsu	tant Resid	Disinfec	ı Abe oı
					,,,,,,,									_
	(com	misioniani e (emorani	инонга раш	ioiiioa I	2007.0) apre-	വവ ബാവധാ	nlorine 🦵 ((Descripe):			raviolet Ra	
)	(seui		-:0145 bear		- Juozo	- abix					virus Inactiv			
								Моvетрег, 2004		:10	onth/Year o	[/ sdf tof	illy Data	III. Da
							Morningview							
							imaimol/	Il .canelA inelo	<u>'l</u>	3320822		Уптиры.	nonsoring	<u>איז 2Wq</u>

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



Polymer Page 3 Due in December

See Pages 4 for Instr	uctions.							
I. General Information	for the Month/Y	ear of: December,	2004					_
A. Public Water System	(PWS) Informat	tion						
PWS Name:	Momingview					PWS Identification Number	: 3350852	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity 🔲 T	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month:	34				Population Served at End of N	Month: 119	
PWS Owner:	Aqua Utilities Florida	L	-			*		
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager	
Contact Person's Mailing A	ddress: 2	2315 Griffin Rd			City: Leesburg	State: Florida	Zip Code:	34748
Contact Person's Telephone		(352) 787-0980			Conta	act Person's Fax Number: ((352) 787-6333	
Contact Person's E-Mail Ad		beheath@aquaamerica.co	<u>m</u>					
B. Water Treatment Pla	ant Information						······································	
Plant Name:	Morningview					Plant Telephone Number:	352-787-09	980
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by		Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O				306,000				
Plant Category (per subsect	ion 62-699.310(4), F.A					Class (per subsection 62-699.3		
Licensed Operators		Name	<u> </u>	License Class	License Number	Day	(s) / Shift(s) Worked	***
Lead/Chief Operator:			***************************************	С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
to we get a suit of the first of the	John Worrell			С	6597	Days 1st Shift		
							<u></u>	
				ļ				
			· · · · · · · · · · · · · · · · · · ·					
]
II. Certification by Lead	/Chief Operator						*** ***	
		operator licensed in Florida, a	m the lead/chie	f operator of the	water treatment	alant identified in part L	of this report. I certify	v that the
		e and accurate to the best of n						
		able standards referenced in s						
		perator staffed or visited this						
		rocess performance records.			these additional	operations records to the	PWS owner so the P	WS owner can
retain them, together w	ith copies of this i	report, at a convenient location	n for at least ter	n years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ				License Nu	ımber
			rimed or ryp	,ou nume			Electise No	

PWS I	dentificaito	n Number:		3350852		Plant Name:	Morningvie	N				· · · · · · · · · · · · · · · · · · ·		
III. I	aily Data	for the N	Ionth/Year	of:		December, 200	4							
			g Virus Inacti											
	traviolet R			er (Describe):		лютие	Chlorine Di	oxide	Ozone	Comb	oined Chlorii	ne (Chloran	nines)	
-														
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	CT Calculations, or	UV Dose, to	Demostate l	our-Log	Virus Inac	tivation, if A				\$P\$\$P\$\$P\$ (1)
						CT Calc	ulations	二世科特		***	UVI	Oose		
							11.	7.thleggi	gar kundaga - A Garasasan				TENT TAR	
		7.5		ł		Disinfectant	Lowest CT							
	Days Plant	1		1	Lowest Residual	Contact Time	Before or at	65				- 35	100 mm	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Х	24.0	12,000		1.2								1.1	
2	Х	24.0	9,300		1.2								1.0	
3	X	24.0	7,400		1.1								1.0	
4		24.0	8,150											
5	X	24.0	8,150		1.3									
7	- x	24.0 24.0	9,700		1.4								1.0	
8	X	24.0	5,700 10,900		1.4								1.1	
9	X	24.0	9,600		1.5		-						1.3	
10	X	24.0	8,500		1.4								1.1	
11	X	24.0	10,500		1.3								1.0	
12		24.0	8,950	.	1.2									
13	Х	24.0	8,950		1.2								0.9	
14	Х	24.0	11,300		1.3								0.9	
15	Х	24.0	9,400		1.0								0.8	
16	Х	24.0	10,500		1.4								1.0	
17	Х	24.0	8,200		1.2								1.0	
18	X	24.0	7,400		1.3									
19		24.0	10,500											
20	X	24.0	10,500		1.2								0.9	
21	X	24.0	8,700		1.3								1.1	
23	X X	24.0 24.0	12,900		1.7								1.3	***
24	X	24.0	10,700 5,100		1.5 1.6								1.3	
25	^	24.0	11,950		1.0								1.3	
26	Х	24.0	11,950		1.5									
27	X	24.0	8,900		1.2								1.0	
28	X	24.0	6,800		1.3					· · · · · · · · · · · · · · · · · · ·			1.1	
29	X	24.0	12,100		1.4		•						1.1	
30	X	24.0	9,900	<u> </u>	1.4								1.2	
31	Х	24.0	7,100		1.4		· · · · · · · · · · · · · · · · · · ·						1.1	
Total	vin kažani	1 4 7 5 4	291,700							·				
Avgerage	10 m	au glavanie	9.410	!										

12,900

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



See Pages 4 for Instru						
I. General Information	for the Month/Y	Year of: January, 2005				
A. Public Water System	(PWS) Informa	tion				
PWS Name:	Morningview				PWS Identification Number:	3350852
PWS Type:	✓ Community	Non-Transient Non-Community	ransient Non-Comi	munity	Consecutive	
Number of Service Connect	ions at End of Month	34		Tota	l Population Served at End of Month:	119
PWS Owner:	Aqua Utilities Florid	a				
Contact Person:	Brian Heath			Con	tact Person's Title: Area Manage	er
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980		Con	tact Person's Fax Number: (352) 787-63	33
Contact Person's E-Mail Ad		beheath@aquaamerica.com				
B. Water Treatment Pla	int Information					
	Morningview				Plant Telephone Number:	352-787-0980
	01322 English Road			City: Leesburg	State: Florida	Zip Code: 32748
Type of Water Treatment by		Raw Ground Water Purchased Fini	ished Water			
Permitted Maximum Day O			306,000			
Plant Category (per subsecti	on 62-699.310(4), F.				Class (per subsection 62-699.310(4), F.A.C	
Licensed Operators		Name	License Class	License Numbe		s) Worked
Lead/Chief Operator:			С	6813	Days 1st Shift	
1 1	Marty Neal		С	10027	Days 1st Shift	
'	John Worrell		С	6597	Days 1st Shift	
•		and the state of t				
	<u></u> .					
				<u> </u>		
II Certification by Lead	/Chief Operator					
		operator licensed in Florida, am the lead/chie	f operator of the	water treatment	plant identified in part I of this rep	ort. I certify that the
information provided i	n this report is tri	ue and accurate to the best of my knowledge and	nd helief I cert	ify that all drinki	ng water treatment chemicals used	at this plant conform to NSF
International Standard	60 or other appli	cable standards referenced in subsection 62-55	55 320(3) F Δ (Lalso certify t	hat the following additional operati	ons records for this plant
ware prepared each de	u that a licensed	operator staffed or visited this plant during the	month indicate	d above: (1) reco	ords of amounts of chemicals used	and chemical feed rates: and
(2) if applicable approx	y iliai a liceliseu (process performance records. Furthermore, I:	acres to provide	those additional	operations records to the PWS own	per so the PWS owner can
				these additional	operations records to the FW3 owi	iei so the i w 3 owner can
retain them, together w	ith copies of this	report, at a convenient location for at least ter	n years.			
		Will Fontaine				C-6813
Signature and Date		Printed or Typ	oed Name			License Number

PWS I	dentificaito	n Number:		3350852	-	Plant Name:	Morningviev	N						
III. D	aily Data	for the N	lonth/Year	of:		January, 2005								
			g Virus Inactiv		val: ▼ Free C	hlorine	Chlorine Di	ovide	C Ozone	Comb	ined Chlorii	na (Chlaran	nings)	
1	traviolet R		┌ Othe			,	Chorac Di	OAIGC	Ozone	1 Come	med Chorn	е (Спога	nines)	
Type (of Disinfed				ribution System:	▼ Free Chlo	rina F	Combin	ed Chlorine	(Chloramine	(c) [Chlorine I	Navida	
1900	i Distinct	I Con	luai iviaintai								_			
1				·	CT Calculations, or	UV Dose, to	Demostate I	rour-Log	Virus Inac	tivation, it i	Applicable*	ary.	Y	A DASSELLE CONTRACTOR
						CT Calc	ulations		2 2/6 2 2/6		· ····································	Dóse		
				346.43			Lowest CT						一人人名英格兰	
					[하고 말았다] 그 1일 [14] - 고급화, 그 1일	Disinfectant	Provided	83.2					Programme Complete	
	Days Plant				Lowest Residual	Contact Time	Before or at				154 12 27 27 1	野など、存む 資金・デモモ	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First			\$444.Ez		Minimum	Disinfectant	A Company of the Comp
	Visited by		of Finished		Concentration (C)	Measurement	Customer		없는 그녀면		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	es est	6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	10,600											
2	Х	24.0	10,600		1.3									
3	X	24.0	10,400		1.3			ļ					1.1	
4	X	24.0	8,800	ļ	1.2								1,1	
5	X	24.0	9,200		1.2								1.0	
7	X	24.0 24.0	9,600 8,600		1.3	<u> </u>		ļ					1.0	
8	X	24.0	8,900		1,4			ļ <u> </u>		 			1.1	
9	 ^-	24.0	8,100	ļ	1.4					ļ	<u> </u>	<u> </u>		
10	х	24.0	8,100		1.3			 		-			1.0	
11	X	24.0	7,700	-	1.0					-			0.9	
12	X	24.0	5,900		1.4					<u> </u>	1		1.0	
13	Х	24.0	5,300		1.3			 					1,1	
14	Х	24.0	9,000		1.7			-		<u> </u>			1.4	
15	Х	24.0	4,700		1.5					<u> </u>				
16		24.0	7,050		• • • • • • • • • • • • • • • • • • • •									
17	X	24.0	7,050		1.4								1.2	
18	Х	24.0	4,800		1.5								1.1	
19	X	24.0	7,400		1.5								1.2	
20	X	24.0	6,900		1.5								1.2	
- 21	Х	24.0	6,100		1.4		ļ	ļ					1.2	
22		24.0	6,350							.				
23	X	24.0	6,350		1.3		ļ	ļ	<u> </u>	ļ				
24 25	X	24.0	8,500		1.5								1.1	
26	X	24.0	10,700		1.2					<u> </u>			1.0	
27	X	24.0 24.0	8,200 12,800		1.4		<u> </u>		 	ļ			1.0	
28	X	24.0	9,100		1.4			-		-			1.2	
29	x	24.0	10,100		1.5					-	-		1.4	·
30	^	24.0	7,600		1.3		 	 	<u> </u>		 		 	
31	x	24.0	7,600		1.4					 			1.0	· · · · · · · · · · · · · · · · · · ·
Total	i Artin da ya		252,100		1.4		·	.	·		L	L	1.0	<u> </u>
Avgerag			8,132											

12,800

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



See Pages 4 for Instru						
l. General Information	for the Month/Y	ear of: February, 2005				
A. Public Water System	(PWS) Informat	ion				
	Morningview				PWS Identification Number:	3350852
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comr	munity []	Consecutive	
Number of Service Connect	ions at End of Month:	35		Total F	Opulation Served at End of Mont	h: 123
PWS Owner:	Aqua Utilities Florida		· · · · · · · · · · · · · · · · · · ·			
Contact Person:	Brian Heath			Contac	et Person's Title: Area	Manager
Contact Person's Mailing A	ddress: F	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number: (352) 787-0980		Contac	et Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ad	dress:	peheath@aquaamerica.com				
B. Water Treatment Pla	int Information					
Plant Name:	Morningview				Plant Telephone Number:	352-787-0980
	01322 English Road			City: Leesburg	State: Florida	Zip Code: 32748
Type of Water Treatment by			Finished Water			
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:	306,000			
Plant Category (per subsecti	on 62-699.310(4), F.A	ı.C.): V	· · · · · · · · · · · · · · · · · · ·		ass (per subsection 62-699.310(4)	
Licensed Operators		Name	License Class	License Number		Shift(s) Worked
Lead/Chief Operator:			С	6813	Days 1st Shift	
Other Operators:	Marty Neal		C	10027	Days 1st Shift	
	John Worrell		С	6597	Days 1st Shift	
9						
II Certification by Lead	/Chief Operator					
		operator licensed in Florida, am the lead/cl	hief operator of the	water treatment n	lant identified in part I of th	is report. I certify that the
information provided i	n this noment is tou	e and accurate to the best of my knowledge	and balled. Leart	ify that all drinking	water treatment chemicals	used at this plant conform to NSF
information provided t	n uns report is tru	e and accurate to the best of my knowledge		ny matan umiking	the following additional	proportions records for this plant
international Standard	ou or other applic	able standards referenced in subsection 62	-555.520(5), F.A.C	. Taiso certify uia	the following additional of	wood and chamical food rates: and
were prepared each da	y that a licensed o	perator staffed or visited this plant during	the month indicated	above: (1) recor	as of amounts of chemicals	used and chemical feed rates, and
		rocess performance records. Furthermore		these additional o	perations records to the PW	75 owner so the PWS owner can
retain them, together w	vith copies of this	report, at a convenient location for at least	ten years.			
		Will Fonta	ine			C-6813
Signature and Date			Typed Name	·		License Number
orginature and Date		rinted or	1 Jpod Hanne			

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	EI					<u> </u>			S'I	in dQ taxan	006'9	74.0	X	I
Out of Operation.	System, mg/L	zwo/ses	mW-sec/cm ²		sidesilqqA ii		J/aim	səmuru	Peak Flow, mg/L	Rate, gpd.	gal.	Operation	("X"	rhnoM
Involves Taking Water System Components	notudingia			Required, mg		To qmaT	-3т, моГТ	Peak Flow,	Customer During	Peak Flow	Producted,	ui	eplace)	əų;
Conditions, Repair or Maintenance Work that		Required,	the established the first first	TO muminiM			During Peak	gnimG mio9	Before or at First		1	Hours plant	Operator	To ys of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		bedsini To	}	Visited by	
	Disinfectant	mmmiM					briiT	D 18 (I)	Disinfectant		Net Quantity		Staffed or	
Sulfishin) lemond in visioning	Lowest Residual	1.46	Adaption of the control of the contr				Before or at	Contact Time	Lowest Residual			·	Days Plant	
		49-54 C				100	Provided	Disinfectant						
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	TO ME	2500	TAO	88 1 2 2 2 2 2		t a sa sa	Snonsii	CT Calcu		<u> </u>	1			
				rat Sponnar	IOPUL CD II A	9oct ino	7 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and a common first transfer and a section	to (chommono) T					2.5
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	(səni	е (Срјогаш	ined Chlorin	L Combi	orone	əpixo	Chlorine Dic	hlorine 🦵			Virus Inactiv			
					· · · · · · ·			February, 2005		:}(onth/Year o	Z adi vol	ete(I vlig	
						1	Morningview	Plant Name:		3350852		: Митрег:	lentification	PI SMd

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



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

See Pages 4 for Instr									
I. General Information	for the Month/	Year of: March, 20	005						
A. Public Water System	n (PWS) Informa	tion							
PWS Name:	Morningview					PWS Identification Number	r: 33	350852	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity T	ransient Non-Com	munity	Consecutive	. 33	75 0 0 0 5 2	
Number of Service Connec	tions at End of Month					al Population Served at End of	Month: 12	73	
PWS Owner:	Aqua Utilities Florid	a			1.00	an reputation out the at End of	THOMAS. II	-	
Contact Person:	Brian Heath				Cor	ntact Person's Title:	Area Manager	· · · · · · · ·	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida		p Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			1	ntact Person's Fax Number:	(352) 787-6333	<u> </u>	
Contact Person's E-Mail Ac		beheath@aquaamerica.co	om		- <u>- </u>		<u> </u>		
B. Water Treatment Pla	ant Information							· · · · · · · · · · · · · · · · · · ·	
Plant Name:	Momingview					Plant Telephone Number:	35	52-787-0980	j .
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zi	p Code:	32748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		306,000					
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant	Class (per subsection 62-699.	310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Numb	er Day	y(s) // Shift(s) W	orked	
Lead/Chief Operator:				С	6813	Days 1st Shift			
Other Operators:	Marty Neal			С	10027	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
								<u> </u>	
							ation V		
					l				
I Certification by Lead	/Chief Operator	•							
		operator licensed in Florida,	om the lead/ship	f am amatam af the		mlant identified in new I	of this non out	Loomtifict	hat the
	-	•		•			•	•	
		ne and accurate to the best of							
		cable standards referenced in			•	_	•		-
		pperator staffed or visited this							
		process performance records.			these additional	operations records to the	e PWS owner s	o the PW	S owner can
retain them, together w	vith copies of this	report, at a convenient locati	ion for at least ter	n years.					
			Will Fontaine				<u>C</u> -	-6813	
Signature and Date			Printed or Typ	oed Name			Li	cense Numl	ber

Page 1

PWS I	lentificaito	n Number:		3350852		Plant Name:	Morningviev	N						
ПП. В	aily Data	for the N	lonth/Year	of:		March, 2005								
			g Virus Inactiv		val: ▼ Free C									
	traviolet R					niorine	Chlorine Di	oxide	Ozone	☐ Comb	oined Chlorir	ne (Chloran	nines)	·
Ε .				r (Describe):										
Type	of Disinte	ctant Resid	dual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
77.0					T Calculations, or	UV Dose, to	Demostate l	our-Log	Virus Inac	tivation, if	Applicable ⁴			A CONTRACTOR OF THE PROPERTY O
			* * * * * * * * * * * * * * * * * * * *			CT Calc	ulations				UVI	Dose		
							Lowest CT	. 经为人还 被						(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
			Y 184			Disinfectant	Provided -							
1	Days Plant		100		Lowest Residual	Contact Time	Before or at					1,12	Lowest Residual	The state of the s
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution 2	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L*	Out of Operation
1	X	24.0	5,400		1.4								1.1	
3	X	24.0	7,500		1.3								1.1	
4	X	24.0	5,000 6,600	 	1.3								1.2	
5	X	24.0	8,100		1.3								1.1	
6		24.0	6,650	· · · · · · · · · · · · · · · · · · ·	1.4			<u> </u>	ļ					
7	Х	24.0	6,650		1.2		- · · - · ·	 		 			0.9	
8	X	24.0	9,000		1,3			_					1.0	
9	X	24.0	10,400		1.4								1.2	
10	Х	24.0	4,700		1.4								1.2	
11	X	24.0	3,400		1.2								1.0	
12	X	24.0	6,700		1.2									
13		24.0	6,500											
14	X	24.0	6,500		1.4								1.2	
15 16	X	24.0 24.0	6,500		1.3								0,9	
17	X	24.0	4,100 23,100		1.5								1.5	
18	X	24.0	6,300		1.4				 				1.3	
19	X	24.0	5,400		1.6								1.5	
20		24.0	6,150				1			T			l	
21	Х	24.0	6,150		1.9								1.5	
22	X	24.0	6,400		1.7								1.4	
23	X	24.0	4,500		1.6								1.4	
24	X	24.0	4,800		1.6								1.3	
25	X	24.0	7,400		1.5								1.3	
26	X	24.0	5,500		1.5									
27		24.0	5,750					ļ				-	1.0	
28	X	24.0	5,750		1.3				ļ		 		1.0	
30	X	24.0	6,100 6,000		1.2					-	-	 	1.0	
31	X	24.0	7,900		1.3							-	1.1	
Total			210,900		1.5		1	1				1		1
			6,000	1										

23,100

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



See Pages 4 for Instr	uctions.							
I. General Information		ear of: April, 2005						
A. Public Water System	(PWS) Informa	tion						
PWS Name:	Morningview					PWS Identification Number:	3350852	
PWS Type:	✓ Community	Non-Transient Non-Community	Т	ransient Non-Com		Consecutive		
Number of Service Connect				diblone (vol.) dom		opulation Served at End of Mon	nth: 123	
PWS Owner:	Aqua Utilities Florid							
Contact Person:	Brian Heath				Contac	t Person's Title: Are	a Manager	
Contact Person's Mailing A	ddress:	PO Box 490310				State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				t Person's Fax Number: (352	2) 787-6333	
Contact Person's E-Mail Ac	ldress:	beheath@aquaamerica.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Morningview					Plant Telephone Number:	352-787-09	80
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by	y Plant:	✓ Raw Ground Water P	urchased Fini	shed Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		306,000				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant Cl	ass (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	Day(s)	/ Shift(s) Worked	in the field
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell			C	6597	Days 1st Shift		
1								
						•		
							· · · · · · · · · · · · · · · · · · ·	
I Cortification by Long	1/Chief Operator							
II Certification by Lead		operator licensed in Florida, am t	1 1/.1.	C C41-		lant identified in nort Laft	this report Leartifu	that the
i, the undersigned wat	er treatment plant	operator licensed in Florida, am u	ne iead/cnie	operator of the	: water treatment p	ant identified in part 1 or	la usad at this plant.	conform to NSF
information provided	in this report is tru	ue and accurate to the best of my k	nowledge a	na belief. I cert	iry that all drinking	water treatment chemical	is used at this plant	Contoini to NSI
International Standard	60 or other appli	cable standards referenced in subs	ection 62-5.	55.320(3), F.A.C	. I also certify the	it the following additional	operations records	101 uns plant
were prepared each da	y that a licensed of	operator staffed or visited this plan	t during the	month indicate	d above: (1) recor	ds of amounts of chemical	is used and chemica	rieed rates; and
		process performance records. Furt			these additional o	perations records to the P	WS owner so the PV	VS owner can
retain them, together v	vith copies of this	report, at a convenient location fo	r at least ter	ı years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ	oed Name			License Nu	mber
•								

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											900'8	1.6	400	Avgerage
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	1.3								2.0		008,8	0.42	X	- 17
	91								91		007,8	24.0	X	- 97
	0.1								p'1		025,8	24.0	X	72
						ļ					025,8	0.42		- 24
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	€.1								71		001,11	24.0	X	77
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	6.0			ļ					1.3		000,8	0.4.0	X	18
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Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Concentration at	UV Dose Required, mW- sec/cm ²		Minimim CT Minimimim CT Miniman TT Minim			Customer During Peak Flow, mg-	Measurement Point During Peak Flow, minutes	Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow	behzini To	inslq zwoH ni noùsraqO	Visited by	Day of the Month
	Lowest Residual Indicates transcious		7-1-1				Lowest CT Provided Before or at First	Disinfectant Contact Time To at (T)	Lowest Residual Disinfectant		Net Quantity		Days Plant Staffed or	
							Cmostate F	UV Dose, to I	T Calculations, or	၁				
	əbixoi	Chlorine D	′ لــ (Chloramines) Siriorine (Combine		Free Chlor	bution System:	(Describe): ed in Distri			raviolet Ra Disinfec	
	ines)	e (Chloram	ned Chlorin	idmoD 🗍	əuozo _	bix	Chlorine Dio	April, 2005			onth/Year o	g Four-Log	rivəidəA 10	Means o
	· · · · · · · · · · · · · · · · · · ·													
1							мэнхвинцом	Plant Name:	[]	7580555		: Januager:	синисяног	LWDID

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



See Pages 4 for Instr							
l. General Information	for the Month/	Year of: May, 2005					
A. Public Water System	(PWS) Inform:	ation					
PWS Name:	Morningview					PWS Identification Number:	3350852
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	nunity	Consecutive	
Number of Service Connec	tions at End of Mont					Population Served at End of Month:	123
PWS Owner:	Aqua Utilities Flori	ia .					
Contact Person:	Brian Heath				Cont	act Person's Title: Area M	1anager
Contact Person's Mailing A	.ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Con	act Person's Fax Number: (352) 7	787-6333
Contact Person's E-Mail Ac	idress:	beheath@aquaamerica.co	m				
3. Water Treatment Pla	ant Information						
Plant Name:	Morningview					Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	 			City: Leesburg	State: Florida	Zip Code: 32748
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day C				306,000			
Plant Category (per subsect	ion 62-699.310(4), F					Class (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Numbe		Shift(s) Worked
Lead/Chief Operator:	····			С	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
	John Worrell		·	С	6597	Days 1st Shift	
1.4							
							<u> </u>
					<u> </u>		
I Certification by Lead	d/Chief Operato	r					
I the undersigned wat	er treatment nian	t operator licensed in Florida	am the lead/chie	ef operator of the	water treatment	plant identified in part I of thi	s report. I certify that the
information provided	in this report is t	the and accurate to the best of	my knowledge s	and belief Loert	ify that all drinki	ng water treatment chemicals i	used at this plant conform to NSF
International Standard	in ans report is a l 60 or other appl	icable standards referenced in	subsection 62-5	α σοποί. Τοσίο 	Lalso certify t	hat the following additional or	perations records for this plant
ware prepared each de	that a licensed	anaratar staffed ar visited this	plant during the	a month indicate	d above: (1) rece	ords of amounts of chemicals 1	used and chemical feed rates; and
(2) if applicable arms	anniata traatmant	manage performance records	Furthermore I	agrae to provide	these additional	operations records to the PWS	S owner so the PWS owner can
					these additional	operations records to the T wa	downer so the raw owner can
retain them, together v	with copies of thi	s report, at a convenient location	on for at least te	n years.			
			Will Fontaine	?			C-6813
Signature and Date			Printed or Ty				License Number
Signature and Date				r			

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	years				•						238,400			IstoT
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	0.1								£.1		00L'L	24.0	Х	- 07
	7.1								€.1		13,700	24.0	Х	61
	TI								£.1		001'9	24.0	Х	- 81
	11								1.3		009'L	24.0	X	LI
	1.1								£.I		000,7	0.42	Х	91
									£.1		009'5	24.0	X	SI
											009'\$	24.0		14
	0.1								E.I.		001,4	24.0	X	εī
	1.2								€1		008'9	24.0	X	71
	£.1								5.1		008,8	24.0	X	11
	£.1								S.I.		007,7	24.0	Х	10
	I,I			I	1				τI		051,7	0.42	X	- 6
											051,7	24.0		8
									£.1		006'\$	24.0	Х	L
	7.1								tr'l		7,300	74.0	Х	9
	7.1								\$.I		007,8	24.0	Х	ς
	1.1	ļ	<u> </u>	<u></u>					č.I		008,8	24.0	X	7 b
	1.1								Þ.I		004,7	24.0	Х	ε.
	1.1			<u> </u>					5°I		004'9	24.0	X	7
											004,0	24.0		ī
Involves Taking Water System Components: Out of Operation	Distribution Agm, mately	-Wm sec/cm ²	UV Dose, mW-sec/cm ²	Required, mg min/L	in Applicable	Water, ^o C	-gm ,wolfl J\nim	Peak Flow, minutes	Customer During Peak Flow, mg/L	Rate, gpd.	gal.	Operation	("X"	rhnoM
Conditions, Repair or Maintenance Work that		Required,		TO muminiM		Temp T	During Peak	Point During		Peak Flow	Producted,	ni ni	(Place	aut
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	,			Customer.	Measurement	Concentration (C) Before or at First	2.0	Water	Hours plant		Day of
	Disinfectant	muminiM noort VIII	, pento I				iziiT	On (T)	Disinfectant		bodsini To		Visited by	
경기 시작에 생각하는 경기 때문에 되었다. 선생님 (1985년 1985년 1985년 - 1985년 - 1985년 1985년 1985년 - 1985년 1985년 1985년 1985년 1985년 1985년 1985년 1985년 1985년 19	Lowest Residual		27.				Before or at	Contact Time	Lowest Residual		Net Quantity		To beffist	
		production of the second	di - atau	mar Electrical	M. Sair		Provided	Disinfectant	I own Positive				Days Plant	5.75
바람이 가장 그는 그는 그는 그는 이번 경험						1.0	Lowest CT							
활동이 되었다고 그 그 그 그 그 그 그 것 같았다.			翼。1. 诗篇:			7.71	1			4.		[
### [2] 이 전 10 10 12 11 12 12 12 12 12 12 12 12 12 12 12			TAN 📜		\$	j to vale	suonelu	CT Calcu			1			94.
			plicable	/ li ,noitevi	Virus Inaci	our-Log	Demostate I	UV Dose, to I	T Calculations, or					
		Chlorine D		(Chloramine				Pres Chlo			IIDHIIDIAI 1991	DICANI AUM	STURKE I	0.04(:
				(CPI)	:INJ P		<u> </u>	-110 5543 🔼	pntion System:					
	(com	instonica) a	ined Chlorin	amos I	2 11070 1	an				(Describe):			R taloiver	
	(seqit		-i∗old⊃ bani	ا_ ريسه	ənosO 🗍	əbixc	Chlorine Did	hlorine —	al: 🔽 Free C	stion/Remov	vitas Inactiv	god-mo4 gr	ivsidaA lo	Means
								May, 2005			onth/Year			
							Momingviev							

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



DEP Form 62-555. 900(3)Alternate

See Pages 4 for Instr								
I. General Information	for the Month/	Year of: June, 2005	5					
A. Public Water System	ı (PWS) Informa	ation						
PWS Name:	Morningview					PWS Identification Number:	3350852	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Tr	ansient Non-Comi	munity	Consecutive		
Number of Service Connec			<u>, </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	tal Population Served at End of Month	123	
PWS Owner:	Aqua Utilities Florio	la						
Contact Person:	Brian Heath				Co	ntact Person's Title: Area N	Manager	
Contact Person's Mailing A	ddress:	PO Box 490310		*	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				ntact Person's Fax Number: (352)	787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>					
B. Water Treatment Pla	ant Information							
Plant Name:	Morningview					Plant Telephone Number:	352-787-09	80
Plant Address:	01322 English Road	ı			City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day C				306,000				
Plant Category (per subsect	ion 62-699.310(4), F					t Class (per subsection 62-699.310(4),		
Licensed Operators		Name		License Class	License Numb	er Day(s) /	Shift(s) Worked	位於 20 18 10 18 15 18 4 m
Lead/Chief Operator:	 			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
		· · · · · · · · · · · · · · · · · · ·						
								••••
	<u> </u>							
	<u> </u>			L		1.000		
I Certification by Lead	I/Chief Operato	r						
I, the undersigned wat	er treatment plant	operator licensed in Florida.	am the lead/chie	f operator of the	water treatmen	t plant identified in part I of the	is report. I certify	that the
						ring water treatment chemicals		
						that the following additional o		
were prepared each da	v that a licensed	operator staffed or visited this	nlant during the	month indicates	d above: (1) rea	cords of amounts of chemicals	used and chemica	I feed rates: and
						I operations records to the PW		
		report, at a convenient location			mese additione	operations records to the 1 w	5 6 Wher so the r	vo owner can
ream mem, together v	viui copies of tills	report, at a convenient location	on for at least let	i years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ	ed Name			License Nu	mber

Page 1

PWS I	dentificaito	n Number:		3350852		Plant Name:	Morningvie	w			***************************************			
III. I	. Daily Data for the Month/Year of: June, 2005													
			g Virus Inacti		/al: ▽ Free C		Chlorine Di	.,	Ozone			(01.1		
	traviolet R			r (Describe):		mornic 1	Chiorine Di	oxide	Ozone	☐ Comb	oined Chlori	ne (Chiorar	nines)	
-						▼ Free Chlo		Combin	1.011	(Chloramine	->	CII : r		
Type	or following	rtain Resid	Juai Maintai		ibution System:				_			Chlorine I	Jioxide	
1					T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable			
	ŀ					CT Calc	ulations	1980			UV	Dose		
						16.0	Lowest CT	表語工業						
i						Disinfectant	Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	1 -	Hours plant	1.55		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in .	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month 1	"X") X	Operation 24.0	gal. 6,800	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	$\frac{\lambda}{X}$	24.0			1.4		 		 			<u> </u>	0.9	
3	X	24.0		<u> </u>	1.2				 			 	1.0	
4	X	24.0			1.2				 				1.0	
5		24.0						†	·			1	1	
6	Х	24.0			1.2					1		<u> </u>	0.9	
7	X	24.0	6,300		1.2		1						0.9	
8	Х	24.0			0.4								1.0	
9	X	24.0	4,100		1.2				<u> </u>	ļ			1.0	
10	Х	24.0	5,800	 	1.3				<u> </u>	ļ		ļ	1.0	
11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	24.0 24.0	4,450		,,			ļ	ļ	 -	ļ		 	
13	X	24.0	4,450 6,500		1.4			 	 	 			1.1	
14	X	24.0	4,500		1.3		 	 	 	<u> </u>		 	0.9	
15	X	24.0	4,000		1.1				 			-	0.7	
16	Х	24.0	6,000	i	1.2				<u> </u>	f			0.7	
17	Х	24.0	4,500		1.2				<u> </u>				0.8	
18	Х	24.0	5,300		1.3									
19		24.0	4,300							<u> </u>				
20	X	24.0	4,300		1.2		ļ	ļ	_			<u> </u>	0.6	
21	X	24.0	5,700		1.3			-				!	0.9	
22	X	24.0	4,300		1.2				.	<u> </u>		ļ	0.9	
23	X	24.0 24.0	4,700 4,200		1.0		 	}	 	1		 	0.8	
25		24.0	4,200		1.0	<u> </u>			 			 	·	
26	х	24.0	4,450		1.3		 	 	 	 			 	
27	X	24.0	5,200		1.1		 		 	1			0.9	
28	X	24.0	7,900		1.2				†			1	0.9	
29	Х	24.0	6,400		1.2								1.0	
30	X	24.0	4,900		1.1								0.8	
31		24.0									L	<u> </u>		
Total	4. 1		155,200											
Avgerag	ge		5,006	I										

7,900

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



See Pages 4 for Instru						
l. General Information	for the Month/Y	ear of: July, 2005				
A. Public Water System	(PWS) Informa	tion				
	Morningview				PWS Identification Number:	3350852
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comr		Consecutive	
Number of Service Connect					Population Served at End of Mon	th: 123
PWS Owner:	Aqua Utilities Florida	a				
Contact Person:	Brian Heath			Contac	et Person's Title: Area	a Manager
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980	· · ·	Contac	et Person's Fax Number: (352	2) 787-6333
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com				
B. Water Treatment Pla	int Information					
Plant Name:	Morningview				Plant Telephone Number:	352-787-0980
	01322 English Road			City: Leesburg	State: Florida	Zip Code: 32748
Type of Water Treatment by			ed Finished Water			
Permitted Maximum Day O			306,000			
Plant Category (per subsecti	ion 62-699.310(4), F.	_ <u>` </u>			ass (per subsection 62-699.310(4	
Licensed Operators		Name	License Class	License Number		/ Shift(s) Worked
Lead/Chief Operator:			C	6813	Days 1st Shift	
Other Operators:	Marty Neal		C	10027	Days 1st Shift	
	John Worrell		C	6597	Days 1st Shift	
	,					
				·		
						-
II. Certification by Lead	I/Chief Operator	•				
		operator licensed in Florida, am the lea	d/chief operator of the	water treatment p	lant identified in part I of t	this report. I certify that the
information provided i	in this report is tru	ie and accurate to the best of my knowle	edge and belief. I certi	ify that all drinking	water treatment chemical	s used at this plant conform to NSF
International Standard	60 or other applie	cable standards referenced in subsection	62-555.320(3), F.A.(L also certify that	at the following additional	operations records for this plant
were prepared each da	v that a licensed o	operator staffed or visited this plant duri	ng the month indicated	d above: (1) record	ds of amounts of chemical	s used and chemical feed rates; and
(2) if applicable, appro	onrigte treatment	process performance records. Furthermo	ore I agree to provide	these additional o	nerations records to the P\	WS owner so the PWS owner can
		report, at a convenient location for at le		those additional o	·	
retain them, together w	viui copies oi uns	report, at a convenient location for at ic	ast ten years.			
		Will E.	ontaine			C-6813
Signature and Date			ontaine I or Typed Name	.		License Number
Signature and Date		Fintec	TOT Typed Ivanic			2.00.00

PWS I	dentificaito	n Number:		3350852		Plant Name:	Morningvie	w						
III. D	aily Data	a for the N	lonth/Year	of:		July, 2005								
			g Virus Inacti		val: ▼ Free C		~							
	traviolet R			r (Describe):		niorine	Chlorine Di	oxide	Ozone	Comb Com	oined Chlori	ne (Chlorar	nines)	
-														
Type o	of Disinte	ctant Resid	dual Maintai		ibution System:	▽ Free Chlo				(Chloramine	_	Chlorine I	Dioxide	
1.00					CT Calculations, or	UV Dose, to	Demostate:	Four-Log	Virus Inac	tivation, if	Applicable ⁴			
	1994		Marchael Le			CT Calc	ulations			16 - 1 19 H	UV	Dose		
			4.754				Lowest CT							
1			1.0			Disinfectant	Provided							
	Days Plant	t e			Lowest Residual	Contact Time	Before or at			1.00			Lowest Residual	
21	Staffed or		Net Quantity		Disinfectant	(T) at C	First				1 45 A A B	Minimum	Disinfectant	
1 1	Visited by	1	of Finished	1	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Energency or Abnormal Operating
Day of	Operator				Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the Month	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	lemp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X") X	Operation 24.0	gal. 5,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	<u> </u>	24.0	4,300		1.2		 			 		<u> </u>	0.9	
3	х	24.0	4,300	-	1.3		<u> </u>		-		-	 	 	
4	X	24.0	4,900		0.1						-		0.8	
5	Х	24.0	7,200		1.1				1	 			0.8	
6	Х	24.0	8,500		1.3								1.0	
7	Х	24.0	6,100		0.8								0.7	
8	X	24.0	8,900		1.2								0.8	
9		24.0	7,250											
10	X	24.0	7,250		1.3						<u> </u>			
11	X	24.0	17,900		1.4						ļ	ļ	1.3	
13	X	24.0	16,300 14,900		0.6			ļ	 		ļ <u></u>	 	1.0	
14	X	24.0	9,300		1.4								0.8	
15	X	24.0	19,200		1.4								1.2	
16	Х	24.0	10,300		1.5							··		
17		24.0	11,550									· · · · · · · · · · · · · · · · · · ·		
18	X	24.0	11,550		1.2								0.8	
19	X	24.0	9,100		1.3								0.8	
20	X	24.0	6,600		1.4					ļ			0.9	
21	X	24.0	5,000		1.4					ļ			1.0	
23	Х	24.0 24.0	5,000 6,600		2.1	· · · · · · · · · · · · · · · · · · ·							1.4	
24	Х	24.0	6,600		1.5			ļ		 				
25	X	24.0	7,900		1.5	, <u>-</u>		 		 	 	<u> </u>	1.0	
26	X	24.0	8,300		1.9								1.3	
27	Х	24.0	5,900		1.4					 			1.2	
28	Х	24.0	7,800		1.6								1.5	
29	X	24.0	10,300		1.6								1.4	
30	Х	24.0	6,800		1,5									
31		24.0	6,200				<u>L</u>	L	L			L	I	
Total			266,800											

19,200

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



See Pages 4 for Instr								
. General Information	for the Month/Y	ear of: August, 200	05					
A. Public Water System	(PWS) Informat	ion						
PWS Name:	Morningview				·-	PWS Identification Number:	3350852	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity T	ransient Non-Comi	munity	Consecutive		
Number of Service Connect		35				Population Served at End of N	Month: 123	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath		· · · · · · · · · · · · · · · · · · ·	·	Conta	ict Person's Title:	Area Manager	
Contact Person's Mailing A	ddress: P	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number: (352) 787-0980			Conta	et Person's Fax Number: ((352) 787-6333	
Contact Person's E-Mail Ad	ldress: <u>k</u>	oeheath@aquaamerica.com	m					
8. Water Treatment Pla	ant Information							
Plant Name:	Morningview					Plant Telephone Number:	352-787-09	<i>)</i> 80
Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		306,000				
Plant Category (per subsect	ion 62-699.310(4), F.A	C.): V				Class (per subsection 62-699.3		
Licensed Operators		Name		License Class	License Number		(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift	<u> </u>	
						ļ		
Marie de la companya de la companya de la companya de la companya de la companya de la companya de la companya		<u></u>		ļ				
				<u> </u>				
				<u> </u>				
				 				
				<u> </u>				
				<u> </u>		<u> </u>		
Certification by Lead	I/Chief Operator							
		operator licensed in Florida, a	am the lead/chie	ef operator of the	water treatment	olant identified in part I	of this report. I certify	y that the
		e and accurate to the best of n						
		able standards referenced in s						
		perator staffed or visited this						
(2) if applicable appro	priate treatment n	rocess performance records.	Furthermore I	agree to provide	these additional	operations records to the	PWS owner so the P	WS owner can
		report, at a convenient location			these additional v	operations records to the	1 W 5 OWNER 50 the 1	WB owner can
retain them, together w	riui copies oi uiis i	report, at a convenient locatio	ni ivi at icast te	ii yeais.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Ty				License Nu	ımber
Signature and Date			rimica or Ty	реа маше			Electise 140	

Page 1

PWS	dentificaito	n Number:		3350852		Plant Name:	Morningvie	w					**	
	aily Data	for the N	lonth/Year	of:		August, 2005							-	
			g Virus Inacti			hlorine [Chlorine Di	oxide	☐ Ozone	┌ Comb	ined Chlori	ne (Chlorar	nines)	
$\Gamma_{\rm L}$ $_{ m O}$	ltraviolet R	adiation	C Othe	r (Describe):	:									
Type	of Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	▼ Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
					T Calculations, or					-			94/C-1001 101 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					our curtaining, or	CT Calc		Our-Log	, viius iliac	uvation, ii i				
			1		**************************************	C1 Care	l	1 3	The second second	Craniti er isterikliklikliklikliklikliklikliklikliklikli	· · · UV			
							Lowest CT					# T		
100						Disinfectant	Provided					n Gr⊈liner Nytananana		2
La Talan	Days Plant	1			Lowest Residual	Contact Time	Before or at						Lowest Residual	
ų,λ.	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	_ Disinfectant	
Dov	Visited by Operator		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	(Place	Hours plant in	Water Producted	Peak Flow	Before or at First Customer During	Point During	During Peak	Temp of	TT CYTA	Minimum CT Required, mg	Operating UV Dose,	Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that
Month	("X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water of	pri of water,	min/L			Distribution	Involves Taking Water System Components . Out of Operation
1	X	24.0	6,200	nau, gpu.	reak Flow, mg/L	minutes	univL	maici, C	п тррисаоте	и пип/г	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24.0	9,100		1.4		 	 					1.0	
3	Х	24.0	4,500		1.4			<u> </u>		<u> </u>			1.1	
4	Х	24.0	7,900		1.4			l	l				1.2	
.5	Х	24.0	10,000		1.4			——			-		1.2	
6		24.0	8,050						· · · · · · · · · · · · · · · · · · ·					
7	X	24.0	8,050		1.3			<u> </u>						
8	X	24.0	6,300		1.3			l					1.2	
9	X	24.0	8,900		1.3								1.1	
10	X	24.0	5,800		1.3							·	1.2	
11'	X	24.0	8,100		1.4								1,1	
12	X	24.0	9,000		1.4		ļ						1.1	
13	X	24.0	7,600		1.4									
15	Х	24.0 24.0	8,600 8,600		1.2				<u> </u>					<u> </u>
16	X	24.0	8,600		1.3								1.1	
17	X	24.0	10,800		1.3								1.0	
18	X	24.0	10,100		1.6		l						1.1	
.19	X	24.0	6,700		1.3								1.0	
20		24.0	4,300		7.5					<u> </u>			1.0	
21	Х	24.0	4,300		1.3									
22	Х	24.0	8,400		1.1								1.0	
23	X	24.0	4,500		1.1								0.9	
24	X	24.0	11,500		1.4								1.4	
25	Х	24.0	4,900		1.3								1.2	
26	X	24.0	5,900		1.3								1.2	
27	X	24.0	3,400		1.1			<u> </u>						
28	 	24.0	6,350											
29 30	X	24.0	6,350		1.2								0.9	
30	X	24.0 24.0	4,400 7,200		1.2								0.9	
Total	<u> </u>	24.0	224,400		1.3	-	L	L	L	L		l	1.0	<u> </u>
Avgerag		- 10 FeB	7,239											

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



See Pages 4 for Instr							
I. General Information	for the Month/Year of: Septem	nber, 2005					
A. Public Water System	(PWS) Information						
PWS Name:	Morningview				PWS Identification Number	er: 3350852	
PWS Type:	✓ Community Non-Transient Non-Con	nmunity T	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month: 35		 	Total I	Population Served at End of	Month: 123	
PWS Owner:	Aqua Utilities Florida			•	•		
Contact Person:	Brian Heath			Contac	ct Person's Title:	Area Manager	
Contact Person's Mailing A	ddress: PO Box 490310		-	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number: (352) 787-0980			Contac	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		.com	W				
B. Water Treatment Pla	ant Information						
Plant Name:	Morningview				Plant Telephone Number:	352-787-0	980
Plant Address:	01322 English Road			City: Leesburg	State: Florida	Zip Code:	32748
Type of Water Treatment by		Purchased Fin	ished Water				
	perating Capacity of Plant, gallons per day:		306,000				
Plant Category (per subsect	ion 62-699.310(4), F.A.C.):	V	·		lass (per subsection 62-699.		
Licensed Operators	Name		License Class	License Number	Day	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine		С	6813	Days 1st Shift		
Other Operators:	Marty Neal		С	10027	Days 1st Shift		
	John Worrell		С	6597	Days 1st Shift		
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I Certification by Lead	/Chief Operator						
	er treatment plant operator licensed in Floric	da am the lead/chie	of operator of the	water treatment n	lant identified in part I	of this report Legrif	v that the
	in this report is true and accurate to the best						
	60 or other applicable standards referenced						
	y that a licensed operator staffed or visited t						
	opriate treatment process performance record			tnese additional o	perations records to the	e PwS owner so the P	ws owner can
retain them, together w	vith copies of this report, at a convenient loc	ation for at least te	n years.				
		Will Factor				C-6813	
Signature and Date		Will Fontaine					
Signature and Date		Printed or Ty	peu Name			License N	шпосі

Page 1

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

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Containing, repair of trianificulative moth that	Remote Point in	Required,		Minimum CT		To amoT	During Peak	Sniru Tario T	Before or at First	mold dang	Water		operation (Place	the the
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr					
I. General Information	for the Month/Year of: October, 200	05			
A. Public Water System	1 (PWS) Information				
PWS Name:	Morningview			PWS Identification Number	3350852
PWS Type:	✓ Community Non-Transient Non-Communi	ity Transient Non-C	Community	Consecutive	
Number of Service Connec	The state of the s			Population Served at End of N	Month: 123
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Conta	ct Person's Title:	Area Manager
Contact Person's Mailing A	Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number: (352) 787-0980		Conta	ct Person's Fax Number: ((352) 787-6333
Contact Person's E-Mail Ac	ddress: beheath@aquaamerica.com	1			
B. Water Treatment Pla	ant Information				
Plant Name:	Morningview			Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road		City: Leesburg	State: Florida	Zip Code: 32748
Type of Water Treatment by	y Plant:	Purchased Finished Water			
Permitted Maximum Day O	Operating Capacity of Plant, gallons per day:	306,000			
Plant Category (per subsect	tion 62-699.310(4), F.A.C.): V		Plant C	lass (per subsection 62-699.3	
Licensed Operators	Name	License Cl	ass License Number	Day	(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worreil	С	6597	Days 1st Shift	
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and the state of				<u> </u>	
I. Certification by Lead	I/Chief Organica				
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	er treatment plant operator licensed in Florida, ar				
	in this report is true and accurate to the best of m				
	60 or other applicable standards referenced in su				
	y that a licensed operator staffed or visited this p				
(2) if applicable, appro	opriate treatment process performance records. F	Furthermore, I agree to prov	vide these additional o	perations records to the	PWS owner so the PWS owner can
retain them, together w	with copies of this report, at a convenient location	for at least ten years.			
		Will Fontaine			C-6813
Signature and Date		Printed or Typed Name			License Number

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



Public Water System (PWS) Information PWS Name	See Pages 4 for Instr								
PWS Name Murringquiew Non-Transient Non-Community Translent Non-Community Consecutive	I. General Information	for the Month/Y	ear of: November,	2005					
PWS Name Murringquiew Non-Transient Non-Community Translent Non-Community Consecutive	A. Public Water System	(PWS) Informa	tion						
Number of Service Connections at End of Month: 35 Total Population Served at End of Month: 123 West Owner. Again Utilities Florida Contact Person: Brain Heath Contact Person: Brain Heath Contact Person: Static Florida Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Contact Person's Fact Number: 352,787-980 Plant Address: Plant Telephone Number: 352-787-980 Plant Address: 01322 English Road City Leesburg State: Florida Zip Code: 32745 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 306,600 Plant Category for subsection 62-699 310(4), FAC): V Plant Class (per subsection 62-699 310(4), FAC): C Licensed Operator: Will Fontaine C C 56977 Days 1st Shift Other Operators: Mary Neal Other Operators: Mary Neal Other Operators: Mary Neal Other Operators: Mary Neal Other Operators: Other of the subsection 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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and C2) if applicable, appropriate treatment prosess performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient lo							PWS Identification Number	er: 3350852	
PWS Owner Aqua Utilities Florids Contact Person's Title Area Manager	PWS Type:	✓ Community	Non-Transient Non-Commu	inity T	ransient Non-Com	munity	Consecutive		
PWS Owner Aqua Utilities Florids Contact Person's Title: Area Manager Contact Person's Telephone Number: (352) 787-0980 Contact Person's Face Number: (352)	Number of Service Connec	tions at End of Month	35			Total	Population Served at End of	f Month: 123	
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State Florida Zip Code: 34749	PWS Owner:	Aqua Utilities Florida	1				•		
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333	Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager	
Contact Person's E-Mail Auditess Deheath@aquamerica.com	Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Plant Name	Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
Plant Name Morningview Plant Telephone Number: 352-787-0980 Plant Address 0.1322 Engish Road Zip Code: 32748 Plant Address 0.1322 Engish Road Zip Code: 32748 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.) License Class	Contact Person's E-Mail Ac	ldress:	beheath@aquaamerica.co	<u>m</u>					
Plant Address 01322 English Road City Leesburg State: Florida Zip Code: 32748 Type of Water Treatment by Plant Road Ground Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): V	B. Water Treatment Pla	ant Information							
Type of Water Treatment by Plant	Plant Name:	Morningview					Plant Telephone Number:	352-787-0	1980
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Society Operators Other Operators Name License Class License Number Day(s)/Shift(s) Worked	Plant Address:	01322 English Road				City: Leesburg	State: Florida	Zip Code:	32748
Plant Clases (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name License Class License Number Days 1st Shift Other Operators: Marty Neal John Worrell C 6813 Days 1st Shift Other Operators: Marty Neal John Worrell C 6879 Days 1st Shift Days 1st Shift Other Operators: Marty Neal John Worrell C 6879 Days 1st Shift Days 1st Shift C 6887 Days 1st Shift Days 1	Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Licensed Operators Lead/Chief Operators: Marty Neal	Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		306,000				
Certification by Lead/Chief Operators Marty Neal		on 62-699.310(4), F.A	A.C.): V						
Other Operators: Marty Neal C 10027 Days 1st Shift			Name		License Class	License Number	· Da	y(s)/Shift(s) Worked	en de Maria de la composición de la composición de la composición de la composición de la composición de la co La composición de la composición de la composición de la composición de la composición de la composición de la
John Worrell C 6597 Days 1st Shift Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813		Will Fontaine	·		С	6813	Days 1st Shift		
Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813					С	10027	Days 1st Shift		
Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standards of or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine	485	John Worrell			С	6597	Days 1st Shift		
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Signature and Date Printed or Typed Name License Number				Will Fontaine	;			C-6813	
	Signature and Date			Printed or Ty	ped Name			License N	umber

Page 1

PWS I	dentificaito	n Number:		3350852		Plant Name:	Morningvie	w						
III. D	1. Daily Data for the Month/Year of: November, 2005													
			g Virus Inactiv		val: ▼ Free C									
	traviolet R			er (Describe):		morne 1	Chlorine Di	oxide	Ozone	Comb	oined Chloria	ne (Chlorar	nines)	
Type o	of Disinfe	ctant Resid			ribution System:	▼ Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
	1 1 1				CT Calculations, or	UV Dose, to								7
							ulations	and the final her			UV			
							0.0				0,1	5030		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i .							Lowest CT							
	Days Plant			100	I amount Desirted	Disinfectant	Provided					V W		
	Staffed or		Net Quantity	l emeril	Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Lowest Residual	A Security Company of the Company of
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-		Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	5,800	<u> </u>	1.4								1.1	
3	X	24.0	4,800		1.5								1.1	
4	X	24.0 24.0	6,600 5,700		1.5		<u></u>						1.2	
5	X	24.0	4,300	-	1.6					ļ			1.2	
6		24.0	6,200		1,0			 			- "			
7	Х	24.0	6,200		1.6								1.2	
8	Х	24.0	6,600		1.8								1.6	
9	Х	24.0	12,400		2.3								1.6	
10	Х	24.0	4,900		1.6								1.4	
11	Х	24.0	8,200		1.6								1.3	
12	х	24.0 24.0	6,050											
14	X	24.0	6,050 4,200		1.5									
15	X	24.0	6,700		1.6								1.2	
16	X	24.0	7,000		1.6								1.3	
17	Х	24.0	3,500		1.5								1.1	
18	X	24.0	5,600		1.5								1.3	
19	X	24.0	5,700		1.5									
20		24.0	6,500											
21	X X	24.0 24.0	6,500 5,800		1.5								1.3	
23	X	24.0	9,100		1.6								1.3	
24	$\frac{x}{x}$	24.0	4,900		1.6								1.3	
25	Х	24.0	6,400		1,5								1.3	
26	Х	24.0	8,400		1.5								· · · · · · · · · · · · · · · · · · ·	
27		24.0	6,300											
28	Х	24.0	6,300		1.6								1.2	
29	X	24.0	4,700		1.5								1.1	
30 31	X	24.0	5,900		1.4								1.0	
		24.0	187,300	!		<u> </u>				<u> </u>			l	
Avanes			187,300											

12,400

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



Polymer Page 3 Due in December

See Pages 4 for Insti											
l. General Information	ı for the Month/Y	/car of: December, 2005									
A. Public Water Systen	n (PWS) Informa	tion									
PWS Name:	Morningview				PWS Identification Number:	3350852					
PWS Type:	✓ Community	Non-Transient Non-Community	nunity	Consecutive							
Number of Service Connec											
PWS Owner:	Aqua Utilities Florid	a			•						
Contact Person:	Brian Heath Contact Person's Title: Area Manager										
Contact Person's Mailing A	\ddress:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749						
Contact Person's Telephone	e Number:	(352) 787-0980		Cont	tact Person's Fax Number: (352) 787-6333						
Contact Person's E-Mail Address: beheath@aquaamerica.com											
B. Water Treatment Plant Information											
Plant Name:	Morningview				Plant Telephone Number:	352-787-0980					
Plant Address:	01322 English Road			City: Leesburg	State: Florida	Zip Code: 32748					
	Type of Water Treatment by Plant:										
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 306,000											
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): V			Class (per subsection 62-699.310(4)						
Licensed Operators		Name	License Class	License Numbe		Shift(s) Worked					
	Operator: Will Fontaine		C	6813	Days 1st Shift						
Other Operators:	Marty Neal		С	10027	Days 1st Shift						
	John Worrell		C	6597	Days 1st Shift						
					,						
2.00											
			- <u></u>								
	<u> </u>										
I Certification by Lead	d/Chief Operator	•									
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		*****	r			C 6913					
6: 10			Fontaine			C-6813					
Signature and Date		Print	ed or Typed Name			License Number					

PWS Identification Number: 3350852 Plant Name: Morningview														
III. Daily Data for the Month/Year of: December, 2005														
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
Ultraviolet Radiation Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide														
5- 1 · .				(T Calculations or	UV Dose to	Demostate l	Four-Log	Virus Inac	tivation if	Applicable*	* ************************************	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	the large property of the second
**	1. 3.55				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose Lowest CT Disinfectant Provided									
							Lowest CT	12.75	279455 2779455			49		
						Disinfectant	Provided.		#1000 #244					A Commission of the Commission
1 : : :	Days Plant				Lowest Residual	Contact Time	Before or at		7.47 5.045				Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First -					Minimum	Disinfectant	
Day of	Visited by	TT	of Finished		Concentration (C)	Measurement	Customer				Lowest Operating	UV Dose	Concentration at	
Day of the	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First	Point During	During Peak Flow, mg-	Temp of	-11 -637	Minimum CT Required, mg		Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	min/L	Woter OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	4,200	Kate, gpu.	1.4	minutes	IIIIVL	water, C	п тррисави	, ampl	in w-sec/ciii	Sec/Cili	0.9	e pour or operation
2	X	24.0	5,500		1.4		 			 			1.0	
3	X	24.0	4,100	l	1.5		 	 		 			1.0	<u>, , , , , , , , , , , , , , , , , , , </u>
4		24.0	5,000		1.3			 		 				
5	Х	24.0	5,000		1.5			<u> </u>	-	 			1.1	
6	Х	24.0	6,000		1.5			 	 	1			1.1	
7	Х	24.0	6,500		1.5		i						1.1	
8	Х	24.0	5,700		1.5								1.0	
9	Х	24.0	6,200		1.5					1			1.1	
10	Х	24.0	5,200		1.5									
11		24.0	5,700											
12	X	24.0	5,700		1.4		L						1.0	
13	X	24.0	4,700		1.4					ļ			1.1	
14	X	24.0	6,600		1.7					ļ		<u> </u>	1.5	
15	X	24.0	6,000		1.5		}	 		1	<u> </u>	ļ	1.3	
16	X	24.0	5,100	 	1.5						ļ		1.3	
18	Х	24.0 24.0	6,400 6,400	ļ	1.5		 	 	 	- -		 		
19	Х	24.0	6,400		1.5			 	 	 			1.2	
20	X	24.0	6,300		1.3		-	+	 	+	 	 	1.2	
21	X	24.0	6,600		1.4		<u> </u>	 		 	-		1.1	
22	X	24.0	12,900		1.5		 	 	 	 			1.2	
23	X	24.0	5,100		1.4		1			1			1.2	
24	Х	24.0	7,600		1.4					Ť				
25		24.0	6,750											
26	X	24.0	6,750		1.3								1.1	
27	Х	24.0	8,000		1.4								1.1	
28	Х	24.0	7,400		1.5		ļ			ļ			1.2	
29	Х	24.0	5,900		1.5			<u> </u>		ļ	<u> </u>		1.2	
30	X	24.0	7,700		1.5		_	ļ		1			1.3	
31	X	24.0	5,800		1.6	<u> </u>	<u> </u>	<u> </u>	l.	<u></u>	<u> </u>	<u> </u>	l	
Total		ال الله المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم	193,200	1										
Avgerag	ge 🚞 🚉	1 3000 M	6,232	i										

12,900

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