

ORIGINAL

Oakwood

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 29 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____

COM _____

CTR _____

ECR 1

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC _____

OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER DATE

00859 JAN 26 07

FDCC-COMMISSION OF FIDUCIARY

Aqua Utilities Florida, Inc. Monthly Operating Reports

Oakwood

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	5
March	3	7
April	4	9
May	5	11
June	6	12
July	7	13
August	8	14
September	9	14
October	10	14
November	11	14
December	12	14
Year: 2005		
January	1	15
February	2	15
March	3	15
April	4	15
May	5	15
June	6	15
July	7	15
August	8	15
September	9	15
October	10	15
November	11	15
December	12	15



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		January, 2004	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System Type:		<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
Consecutive System Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		January, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2		17		
2	3		18		
3			19	4	
4			20	3	
5	4		21	2	
6	3		22	3	
7	4		23	3	
8	4		24		
9	3		25		
10			26	4	
11			27	4	
12	4		28	4	
13	4		29	3	
14	3		30	4	
15	4		31		
16	4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Charles A. Richmond Printed or Typed Name	C-12429 License Number or Title
--------------------	--	------------------------------------



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: January, 2004	
Consecutive System Name: <u>Oakwood</u>	PWS Identification Number: <u>3054100</u>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <u>205</u>	Total Population Served at End of Month: <u>482</u>
Consecutive System Owner: <u>Florida Water Services</u>	
Contact Person: <u>Craig Anderson</u>	Contact Person's Title: <u>Vice President Environmental Services</u>
Contact Person's Mailing Address: <u>P.O. Box 609520</u>	City: <u>Orlando</u> State: <u>FL</u> Zip Code: <u>32860-9520</u>
Contact Person's Telephone Number: <u>(407) 598-4100</u>	Contact Person's Fax Number: <u>(407) 598-4108</u>
Contact Person's E-Mail Address: <u>craiga@florida-water.com</u>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: January, 2004	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.9		17		
2	2.5		18		
3			19	3.8	
4			20	2.7	
5	3.5		21	2.4	
6	2.8		22	2.6	
7	3.5		23	3.1	
8	3.5		24		
9	2.8		25		
10			26	3.8	
11			27	3.5	
12	3.7		28	3.5	
13	3.6		29	2.5	
14	2.6		30	3.5	
15	3.5		31		
16	3.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Charles A. Richmond Printed or Typed Name	C-12429 License Number or Title
--------------------	--	------------------------------------



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **February, 2004**

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craig@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **February, 2004**

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	4	
2	3		18	2	
3	4		19	3	
4	4		20	3	
5	2		21		
6	4		22		
7			23	3	
8			24	3	
9	4		25	4	
10	4		26	4	
11	4		27	4	
12	3		28		
13	4		29		
14			30		
15			31		
16	3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Charles A. Richmond C-12429
Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: **February, 2004**

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craig@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: **February, 2004**

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	3.5	
2	3.2		18	2.0	
3	3.5		19	2.6	
4	3.5		20	2.5	
5	2.2		21		
6	3.5		22		
7			23	2.5	
8			24	3.0	
9	4.2		25	3.5	
10	3.5		26	3.5	
11	3.5		27	3.5	
12	2.6		28		
13	3.5		29		
14			30		
15			31		
16	2.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Charles A. Richmond _____ C-12429 _____
 Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March, 2004	
Consecutive System Name:	Oakwood	PWS Identification Number: 3054100	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	203	Total Population Served at End of Month:	477
Consecutive System Owner:	Florida Water Services		
Contact Person:	Craig Anderson	Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address:	P.O. Box 609520	City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number:	(407) 598-4100	Contact Person's Fax Number:	(407) 598-4108
Contact Person's E-Mail Address:	craiga@florida-water.com		

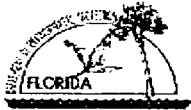
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		March, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2		17	4	
2	3		18	3	
3	3		19	3	
4	3		20		
5	2		21		
6			22	3	
7			23	1	
8	3		24	3	
9	3		25	3	
10	3		26	3	
11	3		27		
12	3		28		
13			29	2	
14			30	2	
15	3		31	3	
16	3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Charles A. Richmond Printed or Typed Name	C-12429 License Number or Title
--------------------	--	------------------------------------



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March, 2004	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craig@florida-water.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		March, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17	3.5	
2	2.8		18	2.7	
3	3.4		19	3.1	
4	3.2		20		
5	2.3		21		
6			22	3.0	
7			23	1.0	
8	3.0		24	3.2	
9	2.8		25	3.0	
10	3.1		26	3.0	
11	2.5		27		
12	2.9		28		
13			29	2.0	
14			30	2.0	
15	3.1		31	2.5	
16	3.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Charles A. Richmond Printed or Typed Name	C-12429 License Number or Title
--------------------	--	------------------------------------



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: April, 2004

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: _____ Total Population Served at End of Month: _____

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craiga@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: April, 2004

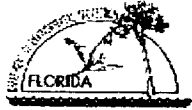
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.8		17		
2	3.3		18		
3			19	3.5	
4			20	3.5	
5	3.4		21	3.5	
6	2.9		22	3.5	
7	3.5		23	3.5	
8	3.0		24		
9	3.5		25		
10			26	3.5	
11			27	3.5	
12	3.0		28	2.4	
13	3.0		29	3.0	
14	3.5		30	3.1	
15	3.2		31		
16	3.5				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Charles A. Richmond License Number or Title: C-12429



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **April, 2004**

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 204 Total Population Served at End of Month: 479

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craigca@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **April, 2004**

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.8		17		
2	3.3		18		
3			19	3.5	
4			20	3.5	
5	3.4		21	3.5	
6	2.9		22	3.5	
7	3.5		23	3.5	
8	3.0		24		
9	3.5		25		
10			26	3.5	
11			27	3.5	
12	3.0		28	2.4	
13	3.0		29	3.0	
14	3.5		30	3.1	
15	3.2		31		
16	3.5				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Charles A. Richmond C-12429
Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **May, 2004**

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Florida Water Services

Contact Person: Craig Anderson Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: FL Zip Code: 32860-9520

Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108

Contact Person's E-Mail Address: craiga@florida-water.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **May, 2004**

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.0	
2			18	1.0	
3	3.5		19	1.0	
4	3.3		20	0.8	
5	3.5		21	1.0	
6	3.5		22		
7	3.5		23		
8			24	1.0	
9			25	1.0	
10	3.5		26	1.0	
11	2.5		27	0.8	
12	1.4		28	0.8	
13	1.0		29		
14	1.0		30		
15			31	3.5	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: _____ Printed or Typed Name: Charles A. Richmond License Number or Title: C-12429



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		June, 2004	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		June, 2004	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	3.5	
2	2.1		18	3.5	
3	1.5		19		
4	3.5		20		
5			21	3.2	
6			22	3.5	
7	1.0		23	3.5	
8	1.0		24	3.5	
9	2.2		25	3.5	
10	2.5		26		
11	3.0		27		
12			28	3.5	
13			29	3.5	
14	3.5		30	3.5	
15	3.5		31		
16	3.5				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Charles A. Richmond Printed or Typed Name	C-12429 License Number or Title
--------------------	--	------------------------------------



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **July, 2004**

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: P.O. Box 490310 City: Leesburg State: FL Zip Code: 34749-0310

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: beheath@aquaaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **July, 2004**

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.5		18		
3			19	3.0	
4			20	2.0	
5			21	0.6	
6	2.5		22	0.5	
7	3.5		23	0.6	
8			24		
9			25		
10			26	0.5	
11			27	0.4	
12			28	1.5	
13			29	1.5	
14	2.5		30	1.7	
15			31		
16	2.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Printed or Typed Name Will Fontaine License Number or Title C-6813

Docket No. 060368-WS
Application to Increase Rates and Charges
For a "Class A" Utility
In
Florida

Report Missing:
Monthly Operating Report
Oakwood
August - December 2004

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Oakwood

January - December 2005

Aqua Utilities Florida, Inc.