JRIGHE.

Oakwood

Docket No. 060368-WS

Application to Increase Rates and Charges	CMP
For a "Class A" Utility	COM
In	CTR
Florida	
VOLUME 6	GCL
	OPC
Book 7	RCA
Set 29 of 57	SCR
	SGA
Containing Additional Engineering Requirements	SEC
	OTH

Monthly Operating Reports

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER CATE

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Oakwood

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See Page 2 for Instructions.

1. General Water System Information for th	he Month/Year of: Janu	uary, 2004		· · · · · · · · · · · · · · · · · · ·	
Consecutive System Name: Oakwood				PWS Identific:	ation Number: 3054100
Consecutive System Type:	Community [] Non-Transient No	on-Community	Transient Non-Co	ommunity	
Number of Service Connections at End of	Month:		·····	Total Population Served at End of M	Month:
Consecutive System Owner:	Florida Water Services				
Contact Person:	Craig Anderson			Contact Person's Title: Vice Presider	ent 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		.ł	Contact Person's Fax Number:	(407) 598-4108
Contact Person's E-Mail Address:	craiga@florida-water.com	·····		l	
II. Daily Distribution System Disinfectant	Residual Data for the Month 'Year of :	Ja	nuary, 2004	· · · · · · · · · · · · · · · · · · ·	
Type of Disinfectant Residual Maintained	in Distribution System:	Free Chlorine	Combined Chlorin	ne (Chloramines)	Chlorine Dioxide
		d o re	1		

Day of the		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	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



See Page 2 for Instructions.

I. General Water System Information for t	he Month/Year of:	January, 2004			
Consecutive System Name: Oakwood				PWS Identification	Number: 3054100
Consecutive System Type:	Community C	Non-Transient Non-Community	T Transient Non-Cor	nmunity	
Number of Service Connections at End of	Month:	205		Total Population Served at End of Mont	h: 482
Consecutive System Owner:	Florida Water Service	es			
Contact Person:	Craig Anderson			Contact Person's Title: Vice President E	nvironmental 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'	Your of State	nuary 2004		

Type of D	Disinfectant Residual Maintained in Distrib	System: Free Chlorine	$\frac{10 \text{ary}}{\Gamma}$	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	1.9		17		
2	2.5		18	3.8	
4	· · · · · · · · · · · · · · · · · · ·		20	2.7	,
5	3.5		21	2.4	
6	2.8		22	2.6	
8	3.5		23	3.1	
9	2.8		25	· · · · · · · · · · · · · · · · · · ·	
10			26	3.8	
11	• • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	27	3.5	
<u>12</u> 13	3.7		28	3.5	· · · · · · · · · · · · · · · · · · ·
$\frac{13}{14}$	2.6		30	2.5	
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



See Page	2 for Instructions.				·
I. Genera	l Water System Information for the Mont	h/Year of: February, 2004			
Consecut	ive System Name: Oakwood				PWS Identification Number: 3054100
Consecut	ive System Type:	Community Non-Transient Non-Community		Transient Non-Community	
Number of	of Service Connections at End of Month:			Total Population Ser	rved at End of Month:
Consecut	ive System Owner:	Florida Water Services			
Contact P		Craig Anderson		Contact Person's Tit	le: Vice President Environmental Services
	erson's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact P	erson's Telephone Number:	(407) 598-4100		Contact Person's Fa	x Number: (407) 598-4108
Contact P	erson's E-Mail Address	craiga@florida-water.com			
ll. Daily	Distribution System Disinfectant Residua	I Data for the Month Year of : Feb	ruary,	2004	
Type of D	Disinfectant Residual Maintained in Distr	bution System: 🔽 Free Chlorine		Combined Chlorine (Chloramines)	Chlorine Dioxide
		Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
	Concentration of Demote Daint	Taking Water System Components Out of	Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the Month			the		Operation
Monun	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	
			17	4	
2			18	2	
3	4		19	3	
4	4	· · · · · · · · · · · · · · · · · · ·	20	3	
5		· · · · · · · · · · · · · · · · · · ·	21		
7		· ····································	22	3	
8		· · · · · · · · · · · · · · · · · · ·	23	3	
9	4	· · · · · · · · · · · · · · · · · · ·	25	4	······································
10	4	• • • • • • • • • • • • • • • • • • •	26	4	
<u>u</u>	4	· _ · · · · · · · · · · · · · · · · · ·	27	4	
12	3	· · · · · · · · · · · · · · · · · · ·	28		
13	4	· · · · · · · · · · · · · · · · · · ·	29		
14		· · · · · · · · · · · · · · · · · · ·	30	· · · · · · · · · · · · · · · · · · ·	
15		· · · · · · · · · · · · · · · · · · ·	31		
16	3	· · · · · · · · · · · · · · · · · · ·			
<u> </u>			J		

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



See Page 2 for Instructions.

I. Genera	al Water System Information for the M	onth/Year of:	Fe	ebruary, 2004						
	ive System Name: Oakwood			······································				PWS Identificati	on Number: 30541	00
A REAL PROPERTY AND A REAL PROPERTY AND A			► Non-Transier	nt Non-Community		Transient Non-Con	mmunity	·		
Number of	of Service Connections at End of Mon	h:	203				Total Population Ser	ved at End of Mc	onth:	477
Consecut	ive System Owner:	Florida Water	Services							
Contact P	Person:	Craig Anderso	a				Contact Person's Tit	le: Vice President	Environmental Ser	rvices
Contact P	Person's Mailing Address:	P.O. Box 6095	20			City: Orlando		State: FL	Zip Code: 328	360-9520
Contact Person's Telephone Number: (407) 598-4100		0			L	Contact Person's Fax	Number:	(407) 598-410	8	
Contact P	Person's E-Mail Address:	craiga@flc	orida-water.com	<u>n</u>			·			
II. Daily	Distribution System Disinfectant Resi	dual Data for the N	fonth Year of :	Feb	ruary, 2	2004				
Type of D	Disinfectant Residual Maintained in Di	stribution System:		I▼ Free Chlorine	<u> </u>	Combined Chlorin	e (Chloramines)	I	Chlorine Dioxi	ide
		Emergenc	y or Abnormal C	Operating Conditions;				Emergency	or Abnormal O	perating Conditions;
	Lowest Residual Disinfectan	t Repair o	or Maintenance	Work that Involves		Lowest Resid	lual Disinfectant			Vork that Involves
Day of the	Concentration at Remote Point	nt Taking	Water System C	Components Out of	Day of the	Concentration	at Remote Point	Taking W	/ater System Co	omponents Out of
Month	in Distribution System, mg/I	,	Operati	on .	Month	in Distributio	on System, mg/L		Operatio	-

Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	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

1 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	
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Charles A. Richmond Printed or Typed Name

10nd Name C-12429 License Number or Title



See Page 2 for Instructions.

I. Genera	Water System Information for the Mon	th/Year of March, 2004				
	ve System Name: Oakwood				PWS Identification Number	r: 3054100
		Community	1	Transient Non-Community		
	f Service Connections at End of Month:	203		Total Population Se	rved at End of Month:	477
and the second second	ve System Owner:	Florida Water Services		· · · · · · · · · · · · · · · · · · ·		
Contact P		Craig Anderson		Contact Person's Tit	tle: Vice President Environm	nental Services
	erson's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL Zip C	ode: 32860-9520
Contact P	erson's Telephone Number:	(407) 598-4100		Contact Person's Fa	x Number: (407)	598-4108
Contact P	erson's E-Mail Address:	craiga@florida-water.com				
	Distribution System Disinfectant Residua		larch, 20	004	······································	
Type of L	isinfectant Residual Maintained in Distr	ribution System: Free Chlorine	Г	Combined Chlorine (Chloramines)	Chlor	ine 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	Repair or Mainter Taking Water Sys	rmal Operating Conditions; nance Work that Involves stem 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	1 +	
14		<u>.</u>	30	2	· · · · · · · · · · · · · · · · · · ·	
	3	·		3		
16			L			

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



See Page 2 for Instructions.

 General Water System Information for the 	e Month/Year of: March, 2004			
Consecutive System Name: Oakwood			PWS Identifica	tion Number: 3054100
Consecutive System Type:	Community	T Transient Non-Co	mmunity	
Number of Service Connections at End of N	10nth: 203		Total Population Served at End of N	fonth: 477
Consecutive System Owner:	Florida Water Services		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Contact Person:	Craig Anderson		Contact Person's Title: Vice Preside	nt 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. Dairy Distribution System Disinfectant Residual Data for the Month Year of : March, 2004								
I ype of I	Disinfectant Residual Maintained in Distri	bution 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	2.0		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			in the second					

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



See Page 2 for Instructions.

1. General Water System Information for th	he Month/Year of: April, 2004						
Consecutive System Name: Oakwood				PWS Identificat	tion Number: 3054100		
Consecutive System Type:	Community	Transient Non-Co	mmunity		·		
Number of Service Connections at End of M	Month:		Total Population Served at End of Month:				
Consecutive System Owner:	Florida Water Services						
Contact Person:	Craig Anderson	· · · · · · · · · · · · · · · · · · ·	Contact Person's Ti	tle: Vice Presider	nt 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 Fa	x 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 i	Combined Chlorin	Combined Chlorine (Chloramines) Chlorine Dioxide					
	Emergency or Abnormal Operating Conditions	5;		Emergency	y or Abnormal Operating Conditions;		

		Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out of	Day of the	Concentration at Remote Point	Taking Water System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	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 Printed or Typed Name C-12429 License Number or Title



See Page 2 for Instructions.

I. Genera	al Water System Information for the Mon	th/Year of: April, 2004					
	tive System Name: Oakwood					PWS Identification Nu	mber: 3054100
	tive System Type:	Community Non-Transient Non-Community	Г	Transient Non-Co	mmunity	· · · · · · · · · · · · · · · · · · ·	
	of Service Connections at End of Month:	204			Total Population Se	rved at End of Month:	479
Consecut Contact I	tive System Owner:	Florida Water Services					
		Craig Anderson			Contact Person's Tit	tle: Vice President Envir	onmental Services
	Person's Mailing Address:	P.O. Box 609520	City: Orlando State: FL Zip Code: 32860-			p Code: 32860-9520	
	Person's Telephone Number:	(407) 598-4100	·		Contact Person's Fa	x Number: (4	07) 598-4108
Contact F	Person's E-Mail Address:	craiga@florida-water.com					
II. Daily	Distribution System Disinfectant Residua	al Data for the Month/Year of :	April, 20	04			
Type of D	Disinfectant Residual Maintained in Distr	ibution System: 🔽 Free Chlorine		Combined Chlorin	ne (Chloramines)	F CI	nlorine Dioxide
Day of the		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Concentration	dual Disinfectant 1 at Remote Point	Repair or Main	normal Operating Conditions; tenance Work that Involves System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution	on System, mg/L		Operation
$\left - \frac{1}{1} \right $	2.8		17				
2	3.3		18				
3		· · · · · · · · · · · · · · · · · · ·	19		3.5		
4		·····	20		3.5		
	3.4	-	21		3.5		
7	2.9		22		3.5		
8	3.0		23		3.5	· •	
9	3.5	1 +	24				
10	3.5		25			¦· · · · · ·	
11			26		3.5		
12	3.0		27		3.5	I	
13	3.0		20		3.0		
14	3.5	·····	30		3.1		
15	3.2		31		J.1	<u> </u>	
16	3 5					1	

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



See Page 2 for Instructions.

 General Water System Information for the system of the syst	he Month/Year of: May, 2004			
Consecutive System Name: Oakwood			PWS Identific	ation Number: 3054100
Consecutive System Type:	I Community I Non-Transient Non-Community	T Transient Non-Con	nmunity	
Number of Service Connections at End of	Month:203		Total Population Served at End of I	Month:477
Consecutive System Owner:	Florida Water Services			
Contact Person:	Craig Anderson		Contact Person's Title: Vice Preside	ent 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 Chloring	e (Chloramines)	Chlorine Dioxide

(Isinteetain Residual Maintained III Distric			Combined Childrine (Cincramines)	
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
	In Distribution Oystein, mg/L	Орышый		In Distribution Official, ing D	<u> </u>
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					

IIE. 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



See Page 2 for Instructions.

I. Genera	d Water System Information for the Mont	h/Year of June, 2004				
Consecut	ive System Name: Oakwood				PWS Identification Number:	3054100
Consecut	ive System Type:	Community Non-Transient Non-Community	Г	Transient Non-Community		
Number o	of Service Connections at End of Month:	203		Total Population Se	rved at End of Month:	477
	ive System Owner:	Florida Water Services				
Contact F		Craig Anderson		Contact Person's Tit	le: Vice President Environmer	tal Services
· · · · · · · · · · · · · · · · · · ·	Person's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520	
Contact F	erson's Telephone Number:	(407) 598-4100		Contact Person's Fa	x Number: (407) 59	8-4108
Contact F	erson's E-Mail Address:	craiga@florida-water.com				
II Doily	Distribution System Disinfectant Residua	d Data Cardes Manth (Viana at)	June, 20	04		
	Disinfectant Residual Maintained in Distri			Combined Chlorine (Chloramines)	Chlorine	Dioxide
			<u> </u>			
		Emergency or Abnormal Operating Condition	11			nal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant		nce Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	Concentration at Remote Point	Taking Water Syste	m Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Ope	eration
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		1:	
1 16	35		11			

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



See Page 2 for Instructions.

I. General	Water System Information for the Mont	h/Year of: July, 2004				
Consecuti	ve System Name: Oakwood				PWS Identification Number:	3054100
Consecuti	ve System Type:	Community [7] Non-Transient Non-Community	ΓI	Transient Non-Community		
Number o	f Service Connections at End of Month:	203		Total Population Ser	ved at End of Month:	477
Consecuti	ve System Owner:	Aqua Utilities Florida				
Contact P		Brian Heath		Contact Person's Titl	<u> </u>	
	erson's Mailing Address:	P.O. Box 490310		s.j. Steres B		e: 34749-0310
Contact P	erson's Telephone Number:	(352) 787-0980		Contact Person's Fax	Number: (352	2) 787-6333
Contact P	erson's E-Mail Address:	beheath@aguaamerica.com				
II Daily	Distribution System Disinfectant Residua	al Data for the Month Year of	uly, 200)4		
	isinfectant Residual Maintained in Distri			Combined Chlorine (Chloramines)	Chlorine	Dioxide
		Emergency or Abnormal Operating Conditions;			Emergency or Abnorn	nal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves)	Lowest Residual Disinfectant		nce Work that Involves
	Concentration at Remote Point	Taking Water System Components Out of	Day of	Concentration at Remote Point		em Components Out of
Day of the Month	in Distribution System, mg/L	Operation	the Month	in Distribution System, mg/L		eration
Monur	In Distribution System, mg/L			In Distribution System, ing/E	Op	
	75		17		· · · · · · · · · · · · · · · · · · ·	
$\frac{2}{2}$	3.3	· · · · · · · · · · · · · · · · · · ·	18	3.0	· · · · · · · · · · · · · · · · · · ·	
		2 1 1 1 1 1 1 1 1 1 1 1 1 1	20	2.0	· •	
5		· · · · · · · · · · · · · · · · · · ·	20	0.6	†	
$-\frac{5}{6}$	2.5	• • • • • • • • • • • • • • • • • • •	21	0.5		
	3.5	an and a <u>second and and a second a</u>	23	0.6	i	
8		· · · · · · · · · · · · · · · · · · ·	24			
9			25			
10			26	0.5		
11	······································		27	0.4		
12			28	1.5	<u>'</u>	
13		1	29	1.5		
14	2.5		30	1.7	<u>1</u>	
15						
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

Will Fontaine Printed or Typed Name C-6813 License Number or Title

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.