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Palm Terrace

Docket No. 060368-WS

Application to Increase Rates and Charges For a "Class A" Utility	CMP
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Additional Engineering Requirements	SEC
	OTH
Monthly Operating Reports	

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Aqua Utilities Florida, Inc.

DODLMENT NUMBER-DATE 00863 JAN 26 5 FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Palm Terrace

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See Pages 4 for Instructions.

•	General	Information	for the Month	/Year of:

January, 2004

A. Public Water System (PWS) Information

PWS Name:	CL Smith					PWS Identification Number:	6511330	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity 🗌 Ti	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month	276			Total F	Population Served at End of Mont	ih: 622	
PWS Owner:	Florida Water Servic	æs	· · · · · · · · · · · · · · · · · · ·					
Contact Person:	Craig Anderson				Contac	et Person's Title: VP E	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		· · · · · · · · · · · · · · · · · · ·	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:	CL Smith					Plant Telephone Number:	(352) 302-97	713
Plant Address:	10928 Premier Aven	nue			City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water			_	
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		90,000				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Plant Cl	ass (per subsection 62-699.310(4		
Licensed Operators		Name		License Class	License Number	Day(s) /	/ Shift(s) Worked	
	Dennis Muldoon			С	5982	Days 1st Shift		
Other Operators:	David Rodriguez			Α	7880	Days 1st Shift		
	Steve Fuller			В	7519	Days 1st Shift	······	· · · · · · · · · · · · · · · · · · ·
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

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								CL Smith	Plant Name:		0221139		. Number	entification	<u>PI SMd</u>

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



See Page 2 for Instructions.

I. Genera	al Water System Information for the Mont	th Year of: January, 2004			
Consecut	ive System Name: Palm Terrace			·	PWS Identification Number: 6511331
		Community	1	Transient Non-Community	
	of Service Connections at End of Month:			Total Population Se	rved at End of Month:
· · · · · · · · · · · · ·	ive System Owner:	Florida Water Services			
Contact P		Craig Anderson		presented in the second s	tle: Vice President Environmental Services
	Person's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
	Person's Telephone Number:	(407) 598-4100		Contact Person's Fa	x Number: (407) 598-4108
Contact P	Person's E-Mail Address:	craiga@florida-water.com			
11 Daily	Distribution System Disinfectant Residua	al Data for the Month/Vour of Control 191	nuary, 2	004	······································
	Disinfectant Residual Maintained in Distri			Combined Chlorine (Chloramines)	Chlorine Dioxide
			Time in the second s	,,,,,,,,_	
		Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out 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
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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

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title

February, 2004



See Pages 4 for Instructions.

General Information for the Month/Year of:

PWS Name:	CL Smith					PWS Identification Number:	6511330
PWS Type:	Community	Non-Transient Non-Comm	unity	Transient Non-Com	nunity	Consecutive	
Number of Service Connec	tions at End of Montl	1: 276				Fotal Population Served at End of M	Ionth: 622
PWS Owner:	Florida Water Service	ces				· · · · · · · · · · · · · · · · · · ·	
Contact Person:	Craig Anderson				(Contact Person's Title: V	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	e Number:	(407) 598-4199				Contact Person's Fax Number: (4	407) 598-4217
Contact Person's E-Mail Ac		craiga@florida-water.com					
Water Treatment Pl	ant Information						
Plant Name:	CL Smith					Plant Telephone Number:	(352) 302-9713
Plant Address:	10928 Premier Aver	nue			City: Port Ricl	ney State: Florida	Zip Code: 34668
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased F	inished Water			
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		90,000			
Plant Category (per subsect	ion 62-699.310(4), F	A.C.): V			Pl	ant Class (per subsection 62-699.31	
Licensed Operators		Name		License Class	License Nun	nber Day(s) / Shift(s) Worked
Lead/Chief Operator:	Dennis Muldoon			С	5982	Days 1st Shift	
Other Operators:	David Rodriguez			А	7880	Days 1st Shift	
ан сайта (с. 1919). 1919 — Прила Пара (с. 1919). 1919 — Прила (с. 1919).	Steve Fuller			В	7519	Days 1st Shift	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

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Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Dioxide Ozone Combined Chlorine (Chloramines)			əpixoi	Chlorine D	⁽⁾	(Chloramine)) ouroldO be	Combine	-ine -	Erec Chlor	:motem:	linteid ni bə	nismisM lsu	tant Resid	oofnieid 1	o aqvT
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M2 Ideutritication Number: 6211330 [Jan Vaine: CL Smith										February. 2004		:1	o neo 7/dino	IC off Tol	ets(I vlig	a nu
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* Refet to the instructions for this report to determine which plants must provide this information.



See Pag	e 2 for Instructions.				
	ral Water System Information for the Mont	th Year of February, 2004			· · · · · · · · · · · · · · · · · · ·
	tive System Name: Palm Terrace				PWS Identification Number: 6511331
		Community Non-Transient Non-Community	[]	Transient Non-Community	
	of Service Connections at End of Month:			Total Population	Served at End of Month:
	itive 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. Dailt	v Distribution System Disinfectant Residua	al Data for the Month/Year of Fel	ruary,	2004	· · · · · · · · · · · · · · · · · · ·
	Disinfectant Residual Maintained in Distri			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 Disinfectan	
	Componentian at Damasta Daint	· ·	Day of	Concentration at Remote Poir	
Day of th		Taking Water System Components Out of	the		
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	. Operation
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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

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title

March, 2004



See Pages 4 for Instructions.

General Information for the Month/Year of:

PWS Name:	CL Smith						PWS Identification Num	ber:	6511330	
PWS Type:	Community	Non-Transient Non-	Community	Transient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	: 280	· · · · · · · · · · · · · · · · · · ·			Total I	Population Served at End	of Month:	616	
PWS Owner:	Florida Water Servic	cs		······································				·····		
Contact Person:	Craig Anderson	<u> </u>				Conta	ct Person's Title:	VP Environme	ntal 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) 598-421	7	
Contact Person's E-Mail Ac	Idress:	craiga@florida-water	.com			······				
Water Treatment Pla	ant Information									
Plant Name:	CL Smith			<u> </u>			Plant Telephone Number	r:	(352) 302-9	713
Plant Address:	10928 Premier Aven	uc			City:	Port Richey	State: Florida		Zip Code:	34668
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased	Finished Water			•			
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		90,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.):	v			Plant C	lass (per subsection 62-69	9.310(4), F.A.C.)	D	
Licensed Operators		Name	n - Merri Aliza da Ista	License Class	Lice	nse Number	L C	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Dennis Muldoon	·		C	1	5982	Days 1st Shift			
Other Operators:	David Rodriguez			A		7880	Days 1st Shift			
	Steve Fuller			В		7519	Days 1st Shift			
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

ASTAW DAHSINIA DASAHDAUG AO ASTAW DUUOAS WAA SUITASAT 22"WG AOG TAOGAA NOITAASGO YJHTNOM

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		5'1								5.2		005'65	54.0	X	54
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												1.99'15	54'0		9
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		1		1								000'24	54.0		5
	0.5	51				1				9.1		000'191	54.0	X	1
Operation	00	System, mg/L	zec/cm2	_my/sec/cm_	J'nim	if Applicable	O. JAIRW	շ/սյա	sətunim	Peak Flow, mg/L	Rate, gpd.	.lsg		("X" 526[4)	Month
System Components Out of		Distribution	-Wm		Required, mg	, 1916W 10 Hq	to dup	-Sm ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ur	Operator	əyş
Work that Involves Taking Water		Remote Point in	Required,	Operating	TO muminiM		formeT	During Peak	Point During	Before or at First	Lin u	Water	nneig zuuoH		Day of
		Concentration at			μ.,		· .	Customer	Measurement	(O) noustinoonO		benzini T to	[Staffed or	J
Conditions, Repair of Maintenance	-		UV Dose	Isowest				First	3thC	Disinfectant		Net Quantity		Days Plant	
Emergency or Abnormal Operating	and the second	Disinfectant	muminiM									Mat Outsetter		treld aven	
	PHOSPHATE	Lowest Residual							(T) amiT ratio	Lowest Residual					
	1							Provided	Disinfectant					1	1
	POLY							TO Isowool							
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			and the second	*9lds3ilqq	A li , noitsvi	Virus Inact	Sour-Log	H state F	UV Dose, to I	T Calculations, or	Э с с	1			
	<u> </u>	οριχοι	Chlorine D		Chloramines				► Free Chlor	intion System:		nisinisM isu	ibisəx indi	oojuisi(1 1	Type of
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									March, 2004		:10	o'nes'l'Atno	M sdr rol	aily Data	5 <u>0 .111</u>
								ch Smith	Plant Name:		0221159	,	TadmuN	noitesititus	PLSMA
L								P. 0 10	I IQ	Ч	00001137				

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



See Page 2 for Instructions.

I. Genera	al Water System Information for the Mont	h/Year of:		March, 2	2004						
Consecut	tive System Name: Palm Terrace			·····					PWS Identification	n Number: 6511331	
Consecut	tive System Type:	Community	ΓI	Non-Transient Non-Con	mmunity		Transient Non-Com	munity			
Number of	of Service Connections at End of Month:			923				Total Population Ser	ved at End of Mon	th: 2,031	
Consecut	tive System Owner:	Florida Water	r Servic	es							
Contact H	Person:	Craig Anderso	on					Contact Person's Titl	le: Vice President E	Environmental Services	
Contact F	Person's Mailing Address:	P.O. Box 609	520				City: Orlando		State: FL	Zip Code: 32860-9520	
Contact I	Person's Telephone Number:	(407) 598-410	00					Contact Person's Fax	(Number:	(407) 598-4108	
Contact I	Person's E-Mail Address:	craiga@fle	orida	-water.com							
	Distribution System Disinfectant Residua Disinfectant Residual Maintained in Distri				M: ee Chlorine	arch, 20)04 Combined Chlorine	(Chloramines)	F	Chlorine Dioxide	· ·······
		· · · · · · · · · · · · · · · · · · ·		۶ I							
Day of the Month		Repair	or Ma	Abnormal Operating aintenance Work the er System Compone Operation	at Involves	Day of the Month	Concentration	al Disinfectant at Remote Point a System, mg/L	Repair or N	r Abnormal Operating Cond Maintenance Work that Invo ater System Components Ou Operation	olves
	Concentration at Remote Daint	Repair	or Ma	Abnormal Operating aintenance Work the er System Compone	at Involves	the	Concentration	at Remote Point	Repair or N	Maintenance Work that Invo ater System Components Ou	olves
	Concentration at Remote Point	Repair	or Ma	Abnormal Operating aintenance Work the er System Compone	at Involves	the	Concentration	at Remote Point	Repair or N	Maintenance Work that Invo ater System Components Ou	olves
	Concentration at Remote Point	Repair	or Ma	Abnormal Operating aintenance Work the er System Compone	at Involves	the Month 17 18 19	Concentration	at Remote Point	Repair or N	Maintenance Work that Invo ater System Components Ou	olves

III. Certification by Authorized Representative

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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

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	CL Smith		· · · ·				PWS Identification Number:	6511330	
PWS Type:	Community	Non-Transient Non-Comm	iunity 🔄 Tr	ansient Non-Com	nunity		Consecutive		
Number of Service Connect	tions at End of Month	h: 287				Total F	Population Served at End of Month:	646	
PWS Owner:	Florida Water Servic	ces							
Contact Person:	Craig Anderson					Contac	et Person's Title: VP Env	vironmental Services	
Contact Person's Mailing A	ddress	P.O. Box 609520			City: Orlar	ıdo	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Contac	ct Person's Fax Number: (407) 5	598-4217	
Contact Person's E-Mail Ad	ddress:	craiga@florida-water.com							
B. Water Treatment Pla	ant Information								
Plant Name:	CL Smith						Plant Telephone Number:	(352) 302-9	
Plant Address:	10928 Premier Aver	nue			City: Port	Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day O	Derating Capacity of	Plant, gallons per day:		90,000					
Plant Category (per subsect		.A.C.): V					ass (per subsection 62-699.310(4),		
Licensed Operators		Name	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	License Class	License N	Number	Day(s) / S	Shift(s) Worked	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
Lead/Chief Operator:	Dennis Muldoon			С	598	2	Days 1st Shift		
Other Operators:	David Rodriguez			Α	788	0	Days 1st Shift		
	Steve Fuller			В	751	9	Days 1st Shift		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

DEP Form 62-555 .900(3)Alternate

PWS I	Ientification	n Number:		6511330		Plant Name:	CL Smith						······································		
111. D	aily Data	for the M	lonth/Year	of:		April, 2004		<u></u>							
			g Virus Inactiv		al: 🔽 Free (Chlorine Г	Chlorine Di	ovide	C Ozone	Comb	ined Chlori	e (Chloran	nines)		
1	traviolet R		C Othe		•	•	Children Di	oAde	, 020110	J Come	med emora	ie (cinorai	(inites)		
F					bution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine		Chlorine I)iovide		
Type	JI DISING								_						
1					CT Calculations, or			rour-Log	virus inac	uvation, n7				an an an an an an an an an an an an an a	
					· · · ·	CT Caic	ulations	r			UVI	Jose			
1		· ·					Lowest CT			1.				POLY	
					1	Disinfectant	Provided							PHOSPHATE	
					Lowest Residual	Contact Time (T)	1 1 1 1 1 1 1 1 1 1 1 1						Lowest Residual		
1	Days Plant		Net Quantity		Disinfectant	at C	First		i Mile		Lowest	Minimum UV Dose	Disinfectant		Emergency or Abnormal Operating Conditions: Repair or Maintenance
Day of	Staffed or	Hours plant	of Finished Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum CT	High Charles	Required,	Concentration at Rémote Point in		Work that Involves Taking Water
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,			mW-	Distribution		System Components Out of
Month	(Place "X")	L	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L		Operation
1		24.0													
2	X	24.0			1.5			ļ					1.2		·······
3		24.0							l						
4		24.0 24.0			1.7								1.5	2.0	
6	X	24.0	,		1.7				ł				1.5	2.0	
7		24.0			1.5								0.8		
8		24.0	73,000												
9	X	24.0	73,000		1.4			t	t				0.8		
10		24.0	68,667												
11		24.0	68,667						ļ						
12	X	24.0	68,667		1.2								0.6	2.0	
13	X	24.0 24.0	50,000 50,000	. <u></u>	1.5			ł	·	· · · · · · · · · · · · · · · · · · ·			0.7		
15	<u>^</u>	24.0	58,500	<u> </u>	1.5				<u> </u>			[0.7		
16	X	24.0			1.1						<u> </u>		0.7		
17		24.0	67,667												
18		24.0	67,667												
19	X	24.0	67,667		1.5			ļ					0.8	2.0	
20	- v	24.0	79,000				 	·			<u> </u>	<u> </u>	0.7	l	
21	X	24.0 24.0	79,000		1.4				<u> </u>		<u> </u>		0.7	<u> </u>	
23	x	24.0	61,000		1.5		<u> </u>						0.7		
24	t	24.0	70,667				<u> </u>		†		<u> </u>	1		<u> </u>	
25		24.0	70,667												
26	Х	24.0	70,667		1.8								1.1	4.0	
27	ļ	24.0	73,500	L			ļ	ļ	Ļ		L	L	ļ		·····
28	x	24.0	73,500	<u> </u>	1.7			 	 				1.0		<u> </u>
29 30	x	24.0	63,000 63,000		1.6							<u></u>	1.1		
		24.0	05,000		1.0	 		<u> </u>				<u> </u>	1.1		
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Avgera	je		68,033	1											
Maxim			79,000]											

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



See Page	2 for Instructions.							
I. Genera	Water System Information for the Mont	h Year of April, 2004						
Consecuti	ive System Name: Palm Terrace				PWS Identification Number: 651	1331		
Consecuti	ive System Type:	Community [Non-Transient Non-Community]	Г	Transient Non-Community		···· · · ·		
Number o	of Service Connections at End of Month:	923		Total Population	Served at End of Month:	2,031		
Consecuti	ive System Owner:	Florida Water Services						
Contact P	erson:	Craig Anderson		Contact Person's	itle: Vice President Environmental Services			
Contact P	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	Fax Number: (407) 598-4	4108		
Contact P	erson's E-Mail Address:	craiga@florida-water.com						
				04				
	Distribution System Disinfectant Residua Disinfectant Residual Maintained in Distr		pril, 20	Combined Chlorine (Chloramines)	Chlorine D	ioxide		
Type of L	Jismeetant Residual Maintained in Distri	Indución System.	1	Combined emotine (emotianines)				
		Emergency or Abnormal Operating Conditions;			Emergency or Abnormal			
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectan	t Repair or Maintenance	e Work that Involves		
		Taking Water System Components Out of	Day of the	Concentration at Remote Poir	t Taking Water System	Components Out of		
Day of the Month	in Distribution System, mg/L	Operation	ne Month	in Distribution System, mg/L	- ·	ation		
	in Distribution System, mg/L	Operation	17	m Bisuloution System, mg-				
			17					
- 2 - 3	1.6		19	1.4				
3 4	••••		20	·····	······································			
5	1.5	· · · · · · · · · · · · · · · · · · ·	21	1.4	· · · · · · · · · · · · · · · · · · ·			
6	1.5		22					
7	1.4	· · · · · · · · · · · · · · · · · · ·	23	1.5				
8		· · · · · · · · · · · · · · · · · · ·	24					
9	1.6	da	25					
10	· · · · · · · · · · · · · · · · · · ·		26	1.4				
11			27					
12	1.6	· · · · · · · · · · · · · · · · · · ·	28	1.5	·			
13			29					
14	1.0	the second second second second second second second second second second second second second second second s	30	1.6				
15			31					
16	1.2							
L			9					

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

Dennis Muldoon Printed or Typed Name

---- --

Chief Plant Operator License Number or Title



I.

See Pages 4 for Instructions.

General Information for the Month/Year of	of: May, 200	04
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A. Public Water System (PWS) Information

PWS Name:	CL Smith					PWS Identification Number:	6511330
PWS Type:	✓ Community	Non-Transient Non-Commur	nity 🗌 Ti	ransient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Montl	h: 276			T	otal Population Served at End of Month:	622
PWS Owner:	Florida Water Servie	ces					
Contact Person:	Craig Anderson				С	ontact Person's Title: VP Environ	nmental 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			C	ontact Person's Fax Number: (407) 598-	4217
Contact Person's E-Mail Ad	Idress	craiga@florida-water.com					
8. Water Treatment Pla	ant Information						
Plant Name:	CL Smith					Plant Telephone Number:	(352) 302-9713
Plant Address:	10928 Premier Aver	nue			City: Port Rich	ey State: Florida	Zip Code: 34668
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		90,000			
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V				nt Class (per subsection 62-699.310(4), F.A	
Licensed Operators	English and a second	Name		License Class	License Num	ber Day(s) / Shif	t(s) Worked
Lead/Chief Operator:	Dennis Muldoon			С	5982	Days 1st Shift	
Other Operators:	David Rodriguez			А	7880	Days 1st Shift	
	Steve Fuller			В	7519	Days 1st Shift	
1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -							

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Dennis Muldoon

C-5982

License Number

Signature and Date

Printed or Typed Name

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND) WATER OR PURCHASED FINISHED WATER
--------------------------------------------------------	-------------------------------------

PWS I	lentificatio	n Number:		6511330		Plant Name:	CL Smith					<u></u>			
III. D	aily Data	for the M	lonth/Year	of:		May, 2004			· • ·						
			g Virus Inactiv			hlorine	Chlorine Di	ioxide	C Ozone		nined Chlori	ne (Chlorar	nines)		
	traviolet R		Othe			•	cinornic Di	io/dee		1 Com		iii (eiiioita			
					ibution System:	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s) L	Chlorine I	Dioxide		
1.jpc	Г	I	I		CT Calculations, or						·				[
						CT Calc		roui-Log	, viius illac	uvau011, 11 1	UV				
							Lowest CT							POLY	이 가지 않는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 가 않 는
						Disinfectant	Provided						Y	PHOSPHATE	
	Days Plant		Net Quantity		Lowest Residual Disinfectant	Contact Time (T	Before or at First					Minimum	Lowest Residual Disinfectant		Emergency or Abnormal Operating
	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at		Conditions; Repair or Maintenance
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CI		Required,	Remote Point in		Work that Involves Taking Water
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution		System Components Out of
Month	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L		Operation
1	ļ	24.0		<u> </u>			1		· · · · · · · · · · · · · · · · · · ·		ļ				
2		24.0			14				<u> </u>				0.8	3.0	
4	x	24.0			1.4			+			+		0.8	5.0	
5	x	24.0		· · · · ·	1.5			+					0.9		
6		24.0		<u>+</u>	1.5			<u> </u>							
7	x	24.0		r	1.6		1						1.1		
8		24.0	75,333												
9		24.0	· · · · ·												
10	X	24.0			1.7			ļ	·	ļ			1.1	3.0	
11	 	24.0		Į			<u> </u>					<u> </u>	0.9		
12	<u>x</u>	24.0			1.5				<u> </u>				0.9		
13	x	24.0			1.6				<u> </u>			· · · ·	1.0		
15		24.0			1.0		1					<u> </u>			
16		24.0	., .						-						
17	Х	24.0	40,667		2.0							<u> </u>	1.0		
18		24.0					ļ					<u> </u>	L		
19	X	24.0			1.4	· · · · ·							1.1	3.0	
20		24.0		l	1.0	· · · · ·				1		<u> </u>	0.5		
21	X	24.0			1.0		+			1	<u> </u>		0.5		
23		24.0					<u> </u>								
24	x	24.0		1	1.4	1			1	1	1		0.7	4.0	
25	1	24.0	88,000	1											
26	X	24.0	<u> </u>		1.4								0.8		
27	ļ	24.0		1		· · · ·		_	 		ļ		0.6		······
28	X	24.0	<u> </u>	ļ	1.0		+	┫			+	+	0.6		
29 30		24.0				<u> </u>				+	+	<u> </u>	+	+	
30	x	24.0			1.1		+	1			+	1	0.6	1	
Total	1	24.0	2,033,000		L (.1	1	J	I	1	1	I				
Avgera	je		65,581	1											
Maxim			88,000	1											

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



See Page 2 for Instructions. May, 2004 1. General Water System Information for the Month/Year of: Consecutive System Name: PWS Identification Number: 6511331 Palm Terrace Consecutive System Type: Community □ Non-Transient Non-Community T Transient Non-Community Total Population Served at End of Month: Number of Service Connections at End of Month Florida Water Services Consecutive System Owner: Contact Person Contact Person's Title: Vice President Environmental Services Craig Anderson State: FL Zip Code: 32860-9520 Contact Person's Mailing Address P.O. Box 609520 City: Orlando (407) 598-4108 Contact Person's Fax Number: Contact Person's Telephone Number: (407) 598-4100 craiga@florida-water.com Contact Person's E-Mail Address: II. Daily Distribution System Disinfectant Residual Data for the Month Year of May, 2004 Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System Free Chlorine Combined Chlorine (Chloramines) Emergency or Abnormal Operating Conditions; Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Lowest Residual Disinfectant Lowest Residual Disinfectant Repair or Maintenance Work that Involves Day of Taking Water System Components Out of Taking Water System Components Out of Concentration at Remote Point Concentration at Remote Point Day of the the Operation in Distribution System, mg/L Operation in Distribution System, mg/L Month Month 17 1.2 1 2 18 19 0.9 3 1.7 4 20 21 0.8 5 1.6 22 6 23 7 1.7 24 8 0.8 25 0 10 26 0.9 1.6 27 11 12 1.8 28 0.6 29 13 30 14 1.4 31 0.8 15 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

Dennis Muldoon Printed or Typed Name Chief Plant Operator 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

Palm Terrace

June 2004

Aqua Utilities Florida, Inc.



See Pages 4 for Instructions.

General Information for the Month/Year of: July, 2004

A. Public Water System (PWS) Information

PWS Name:	CL Smith		<u></u>				PWS Identification Numbe	er:	6511330	
PWS Type:	Community	Non-Transient Non-Com	nunity 1	Fransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month	1: 276		······································		Total P	opulation Served at End of	Month:	622	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A		2315 Griffin Road			City: Leesl	ourg	State: Florida		Zip Code:	34748-3315
Contact Person's Telephone	e Number:	(352) 787-0980		_		Contac	t Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	dress:	beheath@aquaamerica.c	<u>om</u>							
B. Water Treatment Plate	ant Information									-
Plant Name:	CL Smith						Plant Telephone Number:	· · · · · · · · · · · · · · · · · · ·	(352) 302-9	713
Plant Address:	10928 Premier Aver	nue			City: Port	Richey	State: Florida		Zip Code:	34668
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day C	Departing Capacity of	Plant gallons per day:		90,000						
	, , , ,			70,000						
Plant Category (per subsect	ion 62-699.310(4), F.	.A.C.): V					ass (per subsection 62-699.		D	·····
Plant Category (per subsect Licensed Operators	ion 62-699.310(4), F.			License Class	License N			310(4), F.A.C.) y(s) / Shift(s)		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F.	.A.C.): V			License N 681	lumber				
Plant Category (per subsect Licensed Operators	ion 62-699.310(4), F.	.A.C.): V				Number 3	Da			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F. Will Fontaine	.A.C.): V			681	Number 3 2	Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F. Will Fontaine Dennis Muldoon	.A.C.): V			681 598	Number 3 2 0	Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Dennis Muldoon David Rodriguez	.A.C.): V		License Class C C A	681 598 788	Number 3 2 0	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Dennis Muldoon David Rodriguez	.A.C.): V		License Class C C A	681 598 788	Number 3 2 0	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Dennis Muldoon David Rodriguez	.A.C.): V		License Class C C A	681 598 788	Number 3 2 0	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Dennis Muldoon David Rodriguez	.A.C.): V		License Class C C A	681 598 788	Number 3 2 0	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Dennis Muldoon David Rodriguez	.A.C.): V		License Class C C A	681 598 788	Number 3 2 0	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Dennis Muldoon David Rodriguez	.A.C.): V		License Class C C A	681 598 788	Number 3 2 0	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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

License Number

Signature and Date

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

PWS I	dentificatio	n Number:		6511330		Plant Name:	CL Smith								
III. D	aily Data	for the M	lonth/Year	of:		July, 2004									
			g Virus Inactiv		/al: 🔽 Free C		Chini D		F 0	Comt		(611)			
	traviolet R	-		r (Describe):	•	informe (Chiorine Di	oxide	OZOne	I Com	oinea Chiori	ne (Chiorar	nines)		
F						Free Chk	· r	- <u></u>		(Chloramine		Chlorine I	<u></u>		
Type	Disinie	ctant Resid	lual Maintan		ibution System:						· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
				(CT Calculations, or			Four-Log	Virus Inac	tivation, if A					$\frac{1}{2} = \frac{1}{2} = \frac{1}$
			·			CT Cale	culations					Dose		지장 종소	
		1	1	1			Lowest CT			· .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	+					Disinfectant	Provided							POLY	
-					Lowest Residual	Contact Time (T							Lowest Residual	PHOSPHATE	
	Days Plant		Net Quantity		Disinfectant	at C	First		19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 July 19 Jul		a de la composición de la composición de la composición de la composición de la composición de la composición d Composición de la composición de la comp	Minimum	Disinfectant	No. State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State St	Emergency or Abnormal Operating
	Staffed or	1.1	of Finished	1	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at		Conditions; Repair or Maintenance
1 .		Hours plant		1	Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in		Work that Involves Taking Water
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Distribution	전 물건이 것	System Components Out of
Month	(Place "X")		gal.	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	-1	Operation
2	x	24.0	41,500			<u> </u>					[0.5		
3	<u></u> ^	24.0	41,500		1.3	<u> </u>	<u> </u> -		 	<u> </u>			0.5		
4		24.0	66,333		ł	<u> </u>	· · · · · ·		<u> </u>		<u> </u>	<u> </u>	<u> </u>		
5	x	24.0	66,333		1.4						<u> </u>		0.7	1.7	
6	<u> </u>	24.0	67,000				<u> </u>	1		1	····				
7	X	24.0	67,000		1.3		1						0.8		
. 8		24.0	68,500		1			1		1					
9	X	24.0	68,500	1	1.2								0.7		
10	I	24.0	73,667												
11		24.0	73,667				ļ	ļ		l					
12	X	24.0	73,667		1.2			<u> </u>					0.8	1.0	
13		24.0	58,500		1.1			<u> </u>					0.7		
14	<u> </u>	24.0	58,500 60,000	L	1.1			-					0.7		
16	x	24.0	60,000		1.3	<u> </u>							0,9		
17	<u></u>	24.0	66,667			<u> </u>	<u> </u>				<u> </u>				· · · · · · · · · · · · · · · · · · ·
18		24.0	66,667	Í		[1					1		
19	Х	24.0	66,667		1.0								0.5	1.2	
20		24.0	53,500									·			
21	X	24.0	53,500		1.4								0.9	L	
22	l	24.0	55,500	l	L				L	ļ	ļ	ļ		ļ	
23	x	24.0	55,500	ļ	1.0		<u> </u>	 			<u> </u>	 	0.7		<u> </u>
24	 	24.0	56,667			<u> </u>		<u> </u>	 	 			 	<u> </u>	
25	x	24.0	56,667 56,667			<u> </u>		<u> </u>		+		<u> </u>	0.6	1.6	
20	<u>^</u>	24.0	51,500										0.0	1.0	
28	x	24.0	51,500		1.2		<u> </u>	<u> </u>	<u> </u>	1			0.7		
29	<u> </u>	24.0	51,500		1	1	1	1		1	· · · ·				
30	x	24.0	51,500		1.1			1	[1	<u> </u>	1	0.7		
31		24.0	57,700												
Total			1,862,700												
Avgerag			60,087												
Maximu	m		73,667												

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



See Page 2 for Instructions. July, 2004 I. General Water System Information for the Month/Year of: PWS Identification Number: 6511331 Consecutive System Name: Palm Terrace Consecutive System Type: Community □ Non-Transient Non-Community TI Transient Non-Community Total Population Served at End of Month: Number of Service Connections at End of Month Consecutive System Owner: Aqua Utilities Florida Contact Person Brian Heath Contact Person's Title: Area Manager Zip Code: 34748-3315 Contact Person's Mailing Address: 2315 Griffin Rd, Suite 4 City: Leesburg State: FL (352) 787-6333 (352) 787-0980 Contact Person's Fax Number Contact Person's Telephone Number: beheath@aquaamerica.com Contact Person's E-Mail Address July, 2004 II. Daily Distribution System Disinfectant Residual Data for the Month Year of Chlorine Dioxide Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Emergency or Abnormal Operating Conditions; Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Repair or Maintenance Work that Involves Lowest Residual Disinfectant Lowest Residual Disinfectant Day of Concentration at Remote Point Taking Water System Components Out of Taking Water System Components Out of Concentration at Remote Point Day of the the Operation in Distribution System, mg/L Operation in Distribution System, mg/L Month Month 17 1 2 18 1.3 3 19 12 20 4 21 1.0 5 1.1 22 6 23 17 7 1.4 24 8 25 9 1.1 10 26 1.4 27 11 12 1.0 28 1.2 29 13 30 1.0 14 1.2 31 15 16 14

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



See Page 2 for Instructions.

I. Genera	d Water System Information for the Mont	h'Year of: August, 2004				
Consecut	ive System Name: Palm Terrace				PWS Identificat	tion Number: 6511331
Consecut	ive System Type: IT	Community Non-Transient Non-Community		Transient Non-Community		
Number of	of Service Connections at End of Month:	923		Total Population Ser	ved at End of M	Ionth: 3231
Consecut	ive System Owner:	Aqua Utilities Florida				
Contact F	Person	Dennis Muldoon		Contact Person's Tit	le: Senior Facilit	
Contact F	Person's Mailing Address:	116 Arbordale Drive		City: Port Richey	State: FL	Zip Code: 34668
Contact I	Person's Telephone Number:	352-302-9713		Contact Person's Fa	Number:	727-697-3137
Contact F	Person's E-Mail Address:	dmuldoon@aquaamerica.com				
11 15-0	Disality in Contract District of District		aust 2	004		
Type of I	Distribution System Disinfectant Residua Disinfectant Residual Maintained in Distri	bution System:	gust, 2	Combined Chlorine (Chloramines)		Chlorine Dioxide
			<u>г — і і</u>			Al
		Emergency or Abnormal Operating Conditions;			U .	or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of	Lowest Residual Disinfectant		r Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out 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		······································	17			
2	1.2	· · · · · · · · · · · · · · · · · · ·	18	1.4	!	
3			19		-	
4	1.4		20	1.3		
5			21			
6	1.2		22		1 2	
7			23	1.2		
8			24		<u></u>	
9	1.4		25	1.4	1 	
10			26			
11	1.2		27	1.2		
12			28			······································
13	1.4	· · · · · · · · · · · · · · · · · · ·	29			
14		· · · · · · · · · · · · · · · · · · ·	30	1.4		
15	a 	· · · · · · · · · · · · · · · · · · ·	31			
16	1.2					

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
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Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Pages 4 for Instructions.

A. Public Water System (PWS) Information PWS Name CL. Smith 6511330 PWS Type	I. General Information	for the Month/Y	ear of: August, 20	04							
PWS Name CL Smith PWS Identification Number: 6511330 PWS Type: Image: Community Im	A. Public Water System	ı (PWS) Informa	tion								
Number of Service Connections at End of Month: 287 Total Population Served at End of Month: 1,005 PWS Owner Aqua Utilities Florida Contact Person's Title: Senior facilities Operator Contact Person's Mailing Address: 116 Arbordale Drive City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137 Contact Person's L-Mail Address: dmuldoon@aquaamerica.com Contact Person's Fax Number: 727-697-3137 B. Water Treatment Plant Information Plant Name: Cl. Smith Plant Senith 2ip Code: 34668 Type of Water Treatment by Plant [] Raw Ground Water Plant Senith Plant Senith Zip Code: 34668 Type of Water Treatment by Plant [] Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699-310(4), FA.C): D Plant Category (per subsection 62-699-310(4), FA.C): V Plant Class (per subsection 62-699-310(4), FA.C): D License Class License Class License Class License Class License Class Day (s) / Shift(s) Worked Other Operators: Carl Virtuoso C 5982 </td <td></td> <td></td> <td>······································</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td>PWS Identification Numb</td> <td>er:</td> <td>6511330</td> <td></td>			······································	· · · · · · · · · · · · · · · · · · ·				PWS Identification Numb	er:	6511330	
PWS Owner: Aqua Utilities Florida Contact Person: DennisMuldoon Contact Person's Title: Senior facilities Operator Contact Person's Mailing Address: 116 Arbordale Drive City: Port Richey State: Florida Zip Code: 34668 Contact Person's Title: Senior facilities Operator Contact Person's Florida Zip Code: 34668 Contact Person's Elephone Number: 352:302-9713 Contact Person's Fax Number: 727-697-3137 Contact Person's E-Mail Address: d'muldoon/@aquaamerica.com City: Port Richey State: Florida Zip Code: 34668 B. Water Treatment Plant Information Plant Name: CL Smith Plant Telephone Number. (352) 302-9713 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Ireatment by Plant: Image: Purchased Finished Water Purchased Finished Water Purchased (per subsection 62-699 310(4), F.A.C.): D Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.): D License Operators: Dennis Muldoon	PWS Type:	Community	Non-Transient Non-Commu	inity	Transient Non-Com	munity		Consecutive			
Contact Person: DennisMuldoon Contact Person's Title: Senior facilities Operator Contact Person's Mailing Address: 116 Arbordale Drive City. Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137 Contact Person's E-Mail Address: dmuldoon@aquaamerica.com Contact Person's Fax Number: 727-697-3137 B. Water Treatment Plant Information Plant Telephone Number: (352) 302-9713 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: ☑ Raw Ground Water Purchased Finished Water Purchased Finished Water	Number of Service Connec	tions at End of Month	287		· · · · · · · · · · · · · · · · · · ·		Total	Population Served at End of	f Month:	1,005	
Contact Person's Mailing Address: 116 Arbordale Drive City. Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137 Contact Person's Fax Number: 727-697-3137 Contact Person's Fax Number: 727-697-3137 B. Water Treatment Plant Information Plant Telephone Number: (352) 302-9713 Plant Name: CL Smith Plant Telephone Number. (352) 302-9713 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: Image: Aga Ground Water Purchased Finished Water Port Richey State: Florida Zip Code: 34668 Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.): D Licensed Operators: Name License Class License Number Day(s) / Shift(s) Morked Other Operators: Carl Virtuoso C	PWS Owner:	Aqua Utilities Florida	a								
Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137 Contact Person's E-Mail Address: dmuldoon@aquaamerica.com Pant Information B. Water Treatment Plant Information Plant Madress: Optimized Plant Plant Telephone Number: (352) 302-9713 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Permitted Maximum Day Operating Capacity of Plant, galons per day: 90,000 Plant Class (per subsection 62-699.310(4), F.A.C.): D I.icensed Operators Name License Class License Number Day(S) / Shift(s) Worked Lead/Chief Operator: Dennis Muldoon C 5982 Days 1st Shift Other Operators: Carl Virtuoso C 4835 Days 1st Shift Other Operators: Carl Virtuoso C 4835 Days 1st Shift	Contact Person:	DennisMuldoon			· · · · · · · · · · · · · · · · · · ·		Conta	ct Person's Title:	Senior facilities	Operator	
Contact Person's E-Mail Address: dmuldoon@aquaamerica.com B. Water Treatment Plant Information Plant Name: CL Smith Plant Telephone Number. (352) 302-9713 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image:	Contact Person's Mailing A	ddress:	116 Arbordale Drive			City: Port	Richey	State: Florida		Zip Code:	34668
B. Water Treatment Plant Information Plant Name: CL Smith Plant Telephone Number. (352) 302-9713 Plant Address. 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: Image: Plant againsper day: 90,000 90,000 Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Days (s) / Shift(s) Worked Lead/Chief Operator: Dennis Muldoon C 5982 Days 1st Shift D Other Operators: Carl Virtuoso C 4835 Days 1st Shift D D Image: Carl Virtuoso Image: Carl Virtuoso <t< td=""><td>Contact Person's Telephone</td><td>e Number:</td><td>352-302-9713</td><td>-</td><td></td><td></td><td>Conta</td><td>ct Person's Fax Number:</td><td>727-697-3137</td><td></td><td></td></t<>	Contact Person's Telephone	e Number:	352-302-9713	-			Conta	ct Person's Fax Number:	727-697-3137		
Plant Name: CL Smith Plant Telephone Number. (352) 302-9713 Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant:			dmuldoon@aquaamerica.c	<u>om</u>							
Plant Address: 10928 Premier Avenue City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant:	B. Water Treatment Pla	ant Information									
Type of Water Treatment by Plant:	Plant Name:	CL Smith						Plant Telephone Number:		(352) 302-9	713
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 90,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Dennis Muldoon C 5982 Days 1st Shift Other Operators: Carl Virtuoso C 4835 Days 1st Shift Image: Construction of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the	Plant Address:	10928 Premier Aven	ue			City: Port	Richey	State: Florida		Zip Code:	34668
Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Dennis Muldoon C 5982 Days 1st Shift Other Operators: Carl Virtuoso C 4835 Days 1st Shift Image: Control operators Carl Virtuoso Image: Control operators Image: Control operators Control operators Image: Control operators Days 1st Shift Image: Control operators Carl Virtuoso Control operators Days 1st Shift Image: Control operators Image: Control operators Carl Virtuoso Image: Control operators Days 1st Shift Image: Control operators Image: Control operators Carl Virtuoso Image: Control operators Image: Control operators Days 1st Shift Image: Control operators Control operators Image: Control operators Image: Control operators Days 1st Shift Image: Control operators Image: Control operators Control operators Im	Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased F	inished Water				<u>_</u>		
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Dennis Muldoon C 5982 Days 1st Shift Other Operators: Carl Virtuoso C 4835 Days 1st Shift Image: Class Image: Class Image: Class Days 1st Shift Image: Class C 4835 Days 1st Shift Image: Class Image: Class Image: Class Image: Class Image: Class C 4835 Days 1st Shift Image: Class Image: Class Image: Class Image: Class Image: Class C 4835 Days 1st Shift Image: Class Image: Class Image: Class Image: Class Image: Class	Permitted Maximum Day (Operating Capacity of I	Plant, gallons per day:		90,000						
Lead/Chief Operator: Dennis Muldoon C 5982 Days 1st Shift Other Operators: Carl Virtuoso C 4835 Days 1st Shift Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Virtuoso Image: Carl Vi		ion 62-699.310(4), F.	A.C.): V		have a second second second second second second second second second second second second second second						
Other Operators: Carl Virtuoso C 4835 Days 1st Shift		· · · · ·	Name		License Class	License N	lumber	Da	y(s) / Shift(s)	Worked	
		Dennis Muldoon			С	598	2	Days 1st Shift			
	Other Operators:	Carl Virtuoso			С	483	5	Days 1st Shift			
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

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Operation	Section 1.	System, mg/L	_wo/005	,mɔ/ɔəs-Wm	ໆ/ຫພ	əldsəilqqA fi	Vater, C	J/nim	sətunim	Peak Flow, mg/L	Rate, gpd.	.ls3	Operation	("X" 536[4)	ųuoγų
System Components Out of		noitudirusiQ	-Wm		Required, mg	pH of Water,	Temp of	-gm ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	u	Operator	əqn
Work that Involves Taking Water		Remote Point in	Required,		TO muminiM		1 1 1 1	During Peak	Point During	Before or at First		Water	tusiq eruoH	Visited by	Day of
Conditions, Repair of Maintenance		Concentration at	UV Dose	ISOWER		a second second		Customer	Measurement	(D) nontentration (C)		of Finished		Staffed or	
		Disinfectant	muminiM				al deserve a	Fust	at C	Disinfectant	1 S. A. 199	Net Quantity		Days Plant	
		Lowest Residual						Before or at	Contact Time (T)	Lowest Residual					
	TAH920H9							Provided	Disinfectant						
	POLY		- 					LO ISOWOL							
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amergency or Abnormal Operating	1			*sldssilqq	A li ,noitevi	Virus Inact	go.1-1uo	Finostate F	UV Dose, to I	T Calculations, or	<u> </u>	·			
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								CL Smith	Plant Name:		0221139)	:19quin _N	notification	PPISMA
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* Refer to the instructions for this report to determine which plants must provide this information.



See Page 2 for Instructions.

I. Genera	al Water System Information for the Month	h'Year of: September, 2004					
Consecut	ive System Name: Palm Terrace					PWS Identificat	ion Number: 6511331
Consecut	ive System Type:	Community Non-Transient Non-Community	ΓI	Transient Non-Comm			
Number of	of Service Connections at End of Month: 9	923			Total Population Ser	ved at End of Me	onth: 2031
Consecut	ive System Owner:	Aqua Utilities Florida					
Contact F	Person:	Dennis Muldoon			Contact Person's Tit	le: Vice Presiden	t Environmental Services
Contact F	Person's Mailing Address:	7616 Arbordale Drive		City: Port Richey		State: FL	Zip Code: 34668
Contact F	Person's Telephone Number:	352-302-9713			Contact Person's Fay	K Number:	727-697-3137
Contact F	Person's E-Mail Address	dmuldoon@aquaamerica.com					
	·····						
II. Daily	Distribution System Disinfectant Residua	I Data for the Month/Year of : Sept	ember,				
Type of I	Disinfectant Residual Maintained in Distri	bution System: Free Chlorine	<u> </u>	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 Residu	al Disinfectant		Maintenance Work that Involves
		-	Day of	1		-	Water System Components Out of
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	Concentration a		I aking v	-
Month	in Distribution System, mg/L	Operation	Month	in Distribution	System, mg/L		Operation
1	1.5		17	1.	4		
2			18				
3	1.2		19				
4			20	1.	4		
5			21				
6			22	1.	2		
7	1.8		23				
8	1.6		24	l.	0		
9			25			·	
10	1.4		26				
11		· · · · · · · · · · · · · · · · · · ·	27	١.	2		
12			28			1	
13	1.2		29	1.	.4	-	
14			30	+ · · · ·			
15	1.0		31				
16		· · · · · · · · · · · · · · · · · · ·	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

IL

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title

September, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System	n (PWS) Informa	ation								
PWS Name:	CL Smith						PWS Identification Number	r:	6511330	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity 🗌 T	Fransient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Month	h: 287				Total	Population Served at End of	Month:	646	
PWS Owner:	Aqua Utilities Florid	ia								
Contact Person:	Dennis Muldoon					Conta	ct Person's Title:	VP Environmen	ntal Services	
Contact Person's Mailing A	\ddress:	7616 Arbordale Drive			City: P	Port Richey	State: Florida		Zip Code:	34668
Contact Person's Telephone	e Number:	352-302-9713				Conta	ct Person's Fax Number:	727-697-3137		
Contact Person's E-Mail A	ddress:	dmuldoon@aquaamerica.co	om							
B. Water Treatment Pl	ant Information	· · · · · · · · · · · · · · · · · · ·								
Plant Name:	CL Smith		,				Plant Telephone Number:		(352) 302-9	713
Plant Address:	10928 Premier Aver	nue			City: F	Port Richey	State: Florida		Zip Code:	34668
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	hished Water						
Permitted Maximum Day (Operating Capacity of	Plant, gallons per day:		90,000						
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): V					lass (per subsection 62-699.			
Licensed Operators		Name		License Class	Licens	se Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Dennis Muldoon			С		5982	Days 1st Shift			<u></u>
Other Operators:										
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11 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

DEP Form 62-555 900(3)Alternate

PWS Id	lentificatio	n Number:		6511330	· · · · · · · · · · · · · · · · · · ·	Plant Name:	CL Smith								
III. D	aily Data	for the N	lonth/Year	of:		September, 200)4								
Means	of Achievi	ng Four-Log	g Virus Inactiv	/ation/Remov	al: 🔽 Free C	Chlorine	Chlorine Di	ovide	C Ozone	Comb	ined Chlori	ne (Chlorar	ninec)		
	traviolet R	-	-	r (Describe):			Chiorate Di	OAIde	020110	i Com	lieu cinorn	ine (Ciniorai	umes)		
- ·	of Disinfectant Residual Maintained in Distribution System: 🔽 Free Chlorine 🔽 Combined Chlorine (Chloramines) 🔽 Chlorine Dioxide														
Type (Iuai Maintan		•					-					
				<u>ــــــــــــــــــــــــــــــــــــ</u>	CT Calculations, or			our-Log	, Virus Inac	tivation, if A					
	· · ·		-		<u> </u>	CT Calc	ulations	.		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 	001	Dose			
		·	1				Lowest CT							POLY	
	-					Disinfectant	Provided	1. A.					- the same	「「「「「」」」、「「」」、「」、「」、「」、「」、「」、「」、「」、「」、「」	
					Lowest Residual	Contact Time (T)	Before or at						Lowest Residual		
	Days Plant		Net Quantity		Disinfectant	at C	First			×.		Minimum UV Dose	Disinfectant		Emergency or Abnormal Operating
Day of	Staffed or Vicited by	Hours plant	of Finished Water		Concentration (C)	Measurement	Customer	1.156.15		Minimum CT	Lowest Operating	Required,	Concentration at Remote Point in		Conditions; Repair or Maintenance Work that Involves Taking Water
the	Operator	in	Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Minimum CT Required, mg		mW-	Distribution		System Components Out of
Month	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²		System, mg/L		Operation
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2		24.0	68,500												
3	X	24.0	68,500		1.4								1.2		
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6	x		**		1.0								1.4	· · · · · · · · · · · · · · · · · · ·	
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9	<u> </u>	24.0			1.4			<u> </u>	+				1.2		
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11		24.0	48,000												
12		24.0	48,000												
13	Х	24.0	48,000		1.5								1.1	1.4	
14		24.0	50,500												
15	x	24.0	50,500		1.4				ļ				1.2		
16		24.0	44,000		0.8								0.5		
17	x	24.0	63,667		0.8						<u> </u>	· · · · ·	0.5		
19		24.0	63,667										<u> </u>		· · · · · · · · · · · · · · · · · · ·
20	х	24.0	63,667		1,1				<u> </u>		<u> </u>	<u> </u>	0.7	1.4	
21		24.0	47,500									1	1		
22	Х	24.0	47,500		1.2]							0.8		
23		24.0	44,500												**Plant without power,
24	Х	24.0	44,500		1.0								0.7		PT interconnect opened.
25		24.0	56,000			ļ		ļ	 	<u> </u>	<u> </u>				Hurricane
26		24.0	56,000			· ··· ·			ļ				0.7	1.4	
27	<u>x</u>	24.0 24.0	56,000 47,000		I.1		<u> </u>	+		<u> </u>	<u> </u>		0.7	1.4	
20	x	24.0	47,000		1.4				<u> </u>	<u> </u>			0.8	<u> </u>	
30	<u>^</u>	24.0	56,000		1.4			1		.			0.8	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		21.0	50,000				<u> </u>	·		†		1	1	1	l
Total			1,423,000	· · · · · · · · · · · · · · · · · · ·	L	L	4						· · · · · · · · · · · · · · · · · · ·	-	
Avgerag	e		54,731												
Maximu	m		145,000												

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



See Page 2 for Instructions.

	Water System Information for the Month	h/Year of: October, 2004				
	ive System Name: Palm Terrace				PWS Identifica	tion Number: 6511331
		Community [7] Non-Transient Non-Community	ΓI	Transient Non-Community		
	of Service Connections at End of Month:			Total Population Se	rved at End of M	lonth:
	ive System Owner:	Aqua Utilities Florida				
Contact P	the second second second second second second second second second second second second second second second se	Dennis Muldoon		Contact Person's Ti	le: Vice Presider	nt Environmental Services
	erson's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL	Zip Code: 34668
Contact P	erson's Telephone Number:	352-302-9713		Contact Person's Fa	x Number:	727-697-3137
Contact Pe	erson's E-Mail Address:	dmuldoon@aquaamerica.com				
II Daib I	Distribution System Disinfectant Residua	al Data for the Month Noor of	ctober, 2	2004		
	Disinfectant Residual Maintained in Distri		·····	Combined Chlorine (Chloramines)		Chlorine Dioxide
1			- <u>-</u>			
		Emergency or Abnormal Operating Conditions	; [or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of	Lowest Residual Disinfectant	-	r Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out 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	1.6	: !	17			
2		· · · · · · · · · · · · · · · · · · ·	18	1.6		
3			19			
_4	1.5	•	20	1.4		
5	·		21			
6	1.7	· · · · · · · · · · · · · · · · · · ·	22	1.6		
7			23			· · · · · · · · · · · · · · · · · · ·
8	1.4		24			
. 9		· ·	25	1.4	·	
10		· · · · · · · · · · · · · · · · · · ·	26	·····		
11	1.6		27	1.5	· · ·	
12	1 -	· · · · · · · · · · · · · · · · · · ·	28	· - ·····		
	1.5		29	1.4	1	
14	1.4		30		•	
15	1.4		31		<u>:</u>	
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

Dennis Muldoon Printed or Typed Name C - 5980 Senior Facilities Operator License Number or Title

October 2004



See Pages 4 for Instructions.

L. General Information for the Month/Vear of:

PWS Name:	CL Smith					PWS Identification Numb	er:	6511330	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity		Consecutive			
Number of Service Connec	tions at End of Month:	276			Total	Population Served at End o	f Month:	622	
PWS Owner:	Aqua Utilities Florida						_		
Contact Person:	DennisMuldoon				Conta	act Person's Title:	Senior facilitie	s Operator	
Contact Person's Mailing A	Address: 761	6 Arbordale Drive		City: Port	Richey	State: Florida		Zip Code:	34668
Contact Person's Telephon	e Number: 352	2-302-9713			Conta	act Person's Fax Number:	727-697-3137		
Contact Person's E-Mail A		nuldoon@aquaamerica.com							
Water Treatment Pl	ant Information								
Plant Name:	CL Smith		· · · · · · · · · · · · · · · · · · ·			Plant Telephone Number:		(352) 302-9	
Plant Address:	10928 Premier Avenue			City: Port	Richey	State: Florida		Zip Code:	34668
Type of Water Treatment b	y Plant:	Z Raw Ground Water Purcha	sed Finished Water						
Permitted Maximum Day (Operating Capacity of Pla	nt, gallons per day:	90,000						
Plant Category (per subsec						Class (per subsection 62-699			
Licensed Operators		Name	License Class				ıy(s) / Shift(s) Worked	Se Transie
Lead/Chief Operator:	Dennis Muldoon	·····	C	598	32	Days 1st Shift			
Other Operators:									
		·····							
				ļ					
		· · · · · · · · · · · · · · · · · · ·							
	L		····		·····				
		·							
a da da ser da se									

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

C-5982

License Number

III. Daily Data for the Month/Year of: October, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Image: Free Chlorine In Dioxide Ozone Combined Chlorine (Chloramines) Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image:	
Means of Achieving Four-Log Virus Inactivation/Removal: Image: Free Chlorine Image: Chlorine Dioxide Image: Combined Chlorine (Chloramines) Image: CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* Image: CT Calculations Image: CT Calculations Image: CT Calculations	
□ ○ Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: □ □ □ ○ CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* □ □ UV Dose	
Type of Disinfectant Residual Maintained in Distribution System: Image: Free Chlorine Image: Combined Chlorine (Chloramines) Image: Chlorine Dioxide CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose UV Dose	
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose	
CT Calculations UV Dose	
Lowest CT	
Disinfectant Provided PHOSPHATE	1
Lowest Residual Contact Time (T) Before of at	
Days Plant Net Quantity Disinfectant at C First Minimum Disinfectant Emergency or Abnormal Op Staffed or of Finished Concentration (C) Measurement Customer Lowest UV Dose Concentration at Conditions; Repair or Mainteender	
Staffed or of Finished Concentration (C) Measurement Customer Lowest UV Dose Concentration at Conditions; Repair or Maint Day of Visited by Hours plant Water Before or at First Point During During Peak Minimum CT Operating Required, Remote Point in Work that Involves Taking	6 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
the Operator in Producted, Peak Flow Customer During Peak Flow, Flow, mg- Temp of pH of Water, Required, mg UV Dose, mW- Distribution System Components Out	
Month (Place "X") Operation gal. 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 Operation	
1 X 24.0 112,000 0.9 0.5 0.5	
2 24.0 60,000	
3 24.0 60,000	
4 X 24.0 60,000 1.1 0.6 2.0	
5 24.0 58,500	
0 X 24.0 58,500 1.2 7 24.0 50,500 1.2 0.5	
7 24.0 50,500 8 X 24.0 50,500 1.2 0.6	
9 24.0 61,000 1.2 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	
11 X 24.0 61,000 1.0 0.8 1.8	
12 24.0 52,000	
13 X 24.0 52,000 1.2 0.7	
14 24.0 50,000	
15 X 24.0 50,000 1.0 0.5	
<u>16</u> 24.0 52,000	
18 X 24.0 52,000 1.2 0.7 1.8 19 24.0 55,000 1.2 1.2 1.8 1.8	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
21 24.0 40,000 22 X 24.0 45,000 1.2	• • •
23 240 51.667	
24 24.0 51,667	
25 X 24.0 51,667 1.2 0.7 2.0	
26 24.0 53,500	
27 X 24.0 53,500 1.0 0.5	
28 24.0 46,500	
29 X 24.0 46,500 1.1 0.6	
30 240	
31 24,0 Total 1,608,000	
Avgerage 51,871	
Maximum 112,000	

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



See Page 2 for Instructions.

	al Water System Information for the Mont ive System Name: Palm Terrace	h Year of: November, 2004				PWS Identification	n Number: 6511331
		Community [1] Non-Transient Non-Community	гı	Transient Non-Com	e company of the second of the		
-	of Service Connections at End of Month:		•••	and a second second second second second second second second second second second second second second second	Total Population Ser	ved at End of Mo	ath: 2031
	ive System Owner:	Aqua Utilities Florida			rotar ropulation ou		
Contact P		Dennis Muldoon		·····	Contact Person's Tit	le: Vice President	Environmental Services
	Person's Mailing Address:	116 Arbordale Drive		City: Port Richey	·	State: FL	Zip Code: 34668
A residence and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	Person's Telephone Number:	352-302-9713	• •		Contact Person's Fax		727-697-3137
; ··	Person's E-Mail Address:	dmuldoon@aquaamerica.com			Contact I cison's I as	(ivanioet.	121-071 5137
Comaci I	Cison's L-Man Address.	diffuldoon@aquaamenca.com					
II. Daily	Distribution System Disinfectant Residua	I Data for the Month Year of : Nov	ember,	2004			
	Disinfectant Residual Maintained in Distri			Combined Chlorine	(Chloramines)	г	Chlorine Dioxide
		Emergency or Abnormal Operating Conditions;				Emergency	or Abnormal Operating Conditions;
				r (n 11			
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of		al Disinfectant	•	Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	Concentration	at Remote Point	Taking W	ater System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distributior	1 System, mg/L		Operation
1			17	1	4		
2							
			18				a any provide and a second a second and a second
3	1.6		18 19	1	4	· · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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$\begin{array}{c} 2\\ 3\\ -4\\ -5 \end{array}$	1.6		19	 1	4		
$\begin{array}{c} 2 \\ 3 \\ 4 \\ 5 \\ 6 \end{array}$			19 20		4		
$\begin{array}{c} 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \end{array}$			19 20 21		4		
$ \begin{array}{c} 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ \end{array} $			19 20 21 22	 	4 		
$ \begin{array}{c} 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \end{array} $	1.4		19 20 21 22 23	 	5		
$ \frac{2}{3} \frac{4}{5} \frac{5}{6} \frac{7}{7} \frac{8}{9} 10 $	1.4		19 20 21 22 23 24	1	5		
 	1.4		19 20 21 22 23 24 25	1	.5 .6		
10	1.4		19 20 21 22 23 24 25 26	1	.5 .6		
10	1.4 1.6 1.7		19 20 21 22 23 24 25 26 27	1	.5 .6		
10	1.4 1.6 1.7		19 20 21 22 23 24 25 26 27 28	1	.5 .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

16

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title



See Pages 4 for Instructions.

I. General Information	for the Month/	Year of: Novembe	r, 2004							
A. Public Water System	n (PWS) Informa	ation				<u> </u>				
PWS Name:	CL Smith					PWS Ider	ntification Numb	er:	6511330	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	nunity	Consecuti	ive			
Number of Service Connec	tions at End of Mont	h: 287		·····	1	otal Population	Served at End of	f Month:	646	
PWS Owner:	Aqua Utilities Flori	da								
Contact Person:	Dennis Muldoon					Contact Person's	Title:	VP Environmer	ital Services	
Contact Person's Mailing A	\ddress:	7616 Arbordale Drive			City: Port Rick	ey State: I	Florida		Zip Code:	34668
Contact Person's Telephone	e Number:	352-302-9713			(Contact Person's	Fax Number:	727-697-3137		
Contact Person's E-Mail A	ddress:	dmuldoon@aquaamerica.	com							
B. Water Treatment Pl	ant Information									
Plant Name:	CL Smith					Plant Tele	ephone Number:		(352) 302-9	713
Plant Address:	10928 Premier Aver	nue			City: Port Rich	iey State: H	Florida		Zip Code:	34668
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	<u> </u>			90,000		<u></u>		·		
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.): V						.310(4), F.A.C.):	D	
Licensed Operators		Name		License Class	License Nun	iber	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Dennis Muldoon			С	5982	Days 1st	Shift			
Other Operators:							·			······
										······
							. <u></u>			· · · · · · · · · · · · · · · · · · ·
a de la companya de l		· · · · · · · · · · · · · · · · · · ·								. <u></u>
and the second second second second second second second second second second second second second second second	1			1		1				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Signature and Date

Dennis Muldoon

Printed or Typed Name

<u>C-5982</u>

License Number

DEP Form 62-555. 900(3)Alternate

ABTAW DEHRINIA DERAHDAUG AO ABTAW DNUOAD WAA DNITABAT &2"WG AOG TAOGAA NOITAABGO YJHTNOM

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PT interconnect opened		0.1								t'I		005'05	54.0	X	56
**Plant single phased,												005'05	54.0		52
PT interconnect opened		L.I.								5.1		000'29	54.0	X	54
**Plant single phased,												000'29	54.0		53
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												000't9	54.0		12
												64'000	54.0		50
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		8.0		<u> </u>					<u> </u>	£'I		005'02	54.0	x	L1
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Operation		System, mg/L	z ^{wo} /oəs	² mɔ/ɔəs-Wm	J/nim	əldsəilqqA li	Water ^O C	Juim	səjnuru	Peak Flow, mg/L	Rate, gpd.	Eal		("X" 526IA)	
System Components Out of		Distribution	-Wm	UV Dose,	Required, mg	pH of Water.	To qm5T	-am, wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ш	Operator	the
Work that Involves Taking Water		Remote Point in	Required,	g nitsroqO	TO anominiM	a shided		Juring Peak	Point During	Before or at First	1	Water	insiq ewoH	Visited by	Day of
Conditions, Repair or Maintenance	요즘 방송감 다 다 나는 것이 없다.	ts notigation at	UV Dose	Lowest				Customer	Measurement	(D) notentration (C)		benzini To		Staffed or	
Emergency or Abnormal Operating	이 아주 옷을 생각	Disinfectant	muminiM					s tzüf	at C	Disinfectant	J	Net Quantity	14	Tays Plant	
그는 그는 것 같은 것이 없는 것을 물 수 없다.	ana mont	Lowest Residual			1	2.37		Before or at	(T) amiT tastro2	Lowest Residual		1		(·	ſ
이 아이는 것 같은 것 같아요.	ETAH92OH9							Provided	Disinfectant						
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								+	November, 2004			onth/Year o			
								CL Smith							

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



See Page 2 for Instructions.

1. General Water System Information for t	he Month 'Year of:	December, 2004				
Consecutive System Name: Paim Terrae	ce		····	PWS Identifica	ation Number: 6511331	
Consecutive System Type:	Community	Non-Transient Non-Community	□ Transient Non-Community			
Number of Service Connections at End of	Month		Total Pop	ulation Served at End of M	Month:	
Consecutive System Owner:	Aqua Utilities Florida	L				
Contact Person:	Dennis Muldoon		Contact F	Person's Title: Vice Preside	ent Environmental Services	
Contact Person's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL	Zip Code: 34668	
Contact Person's Telephone Number:	352-302-9713		Contact I	erson's Fax Number:	727-697-3137	
Contact Person's E-Mail Address	dmuldoon@aqu	laamerica.com	· · · · · · · · · · · · · · · · · ·			
II. Daily Distribution System Disinfectant	t Residual Data for the Month/Y	iear of : De	cember, 2004			· · ·

Type of D	isinfectant Residual Maintained in Distrib	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	1.5		17	1.3	· · · · · · · · · · · · · · · · ·
$\frac{2}{3}$	1.4	······································	$\frac{18}{19}$	14	
5	1.5		21 22	1.5	
7 8	1.4		23 24	1.3	
9	1.5	······	25 26 27	12	
$\begin{array}{c} 11\\ 12\\ 13\end{array}$	1.4	· · · · · · · · · · · · · · · · · · ·	$\frac{27}{28}$	1.4	
14 15	1.5		30 31	1.2	
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

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title

.



See Page 2 for Instructions.

 General Water System Information for t 	he Month/Year of:	January, 2005				
Consecutive System Name: Palm Terra	ce			PWS Ide	ntification Number: 6511331	
Consecutive System Type:	Community Community	Fransient Non-Community	□ Transient Non-Con	nmunity		
Number of Service Connections at End of	Month:			Total Population Served at Er	id of Month:	
Consecutive System Owner:	Aqua Utilities Florida					
Contact Person:	Dennis Muldoon			Contact Person's Title: Senior	Facilities Operator	
Contact Person's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: F	L Zip Code: 34668	
Contact Person's Telephone Number:	(352) 302-9713			Contact Person's Fax Number	(727) 697-3137	
Contact Person's E-Mail Address:	dmuldoon@aquaar	nerica.com				
II. Daily Distribution System Disinfectant	Residual Data for the Month/Year of	of: Jai	nuary, 2005		· · · · · · · · · · · · · · · · · · ·	
Type of Disinfectant Residual Maintained	in Distribution System:	Free Chlorine	Combined Chlorin	e (Chloramines)	Chlorine Dioxide	
	Emergency or Abno	rmal Operating Conditions;		Emer	gency or Abnormal Operating (Conditions;

		Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	D	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			17	1.5	
2			18		
3	1.3		19	1.6	and the second second second second second second second second second second second second second second second
4			20		
5	1.4		21	1.6	
6			22		
7	1.6		23		
8	<u>.</u>		24	1.6	
9	· · · · · · · · · · · · · · · · · · ·	·····	25	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
10	1.5		26	1.6	· · · · · · · · · · · · · · · · · · ·
			27		······
12	1.4		28	1.5	
13	-	· · · · · · · · · · · · · · · · · · ·	29		
14	1.6	·····	30		· · · · · · · · · · · · · · · · · · ·
15	· 		31	1.5	
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

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title



See Page 2 for Instructions. 1. General Water System Information for the Month/Year of: February, 2005 Consecutive System Name: Palm Terrace PWS Identification Number: 6511331 [**▽**] Community Consecutive System Type. [] Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2031 Consecutive System Owner: Aqua Utilities Florida Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668 Contact Person's Telephone Number: 352-302-9713 Contact Person's Fax Number: 727-697-3137 Contact Person's E-Mail Address: dmuldoon@aquaamerica.com II. Daily Distribution System Disinfectant Residual Data for the Month/Year of February, 2005 Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide **F**| Free Chlorine [♥] Combined Chlorine (Chloramines) 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 Taking Water System Components Out of Taking Water System Components Out of Concentration at Remote Point Concentration at Remote Point Day of the the Month in Distribution System, mg/L Operation in Distribution System, mg/L Operation Month 17 1 2 1.6 18 1.7 3 19 4 20 5 1.8 21 1.5 6 22 7 1.6 23 1.6 8 24 9 25 1.6 16 10 26 27 11 1.6 28 12 29 13 30 14 1.5 31 15 Pasco County switched to Chloramination 16 1.6

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

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Page 2 for Instructions.

I. Genera	il Water System Information for the Montl	h/Year of: March, 2005				
Consecut	ive System Name: Palm Terrace				PWS Identification Number:	6511331
Consecut	ive System Type:	Community Non-Transient Non-Community	ΓI	Transient Non-Community		
Number of	of Service Connections at End of Month:			Total Population Se	erved at End of Month:	
Consecut	ive System Owner:	Aqua Utilities Florida				
Contact F	Person:	Dennis Muldoon		Contact Person's T	tle: Senior Facilities Operator	
Contact F	Person's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL Zip Coc	de: 34668
Contact F	Person's Telephone Number:	(352) 302-9713		Contact Person's F	ax Number: (727) 6	97-3137
Contact F	Person's E-Mail Address:	dmuldoon@aquaamerica.com				
11 15	Distribution System Disinfectant Residua	1 Data for the Month Orange of a	arch, 20)05		
	Distribution System Districted in Residual			Combined Chlorine (Chloramines)	Chlorin	ne Dioxide
				<u></u>	E-manager an Alman	mal Operating Conditions;
		Emergency or Abnormal Operating Conditions;				
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	Day of	Lowest Residual Disinfectant	•	ance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	Concentration at Remote Point	Taking Water Syst	tem Components Out of
		Oneration		in Distribution System mall	0	peration
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Op	
Month I	1.5	Operation	17	m Distribution System, hig/L	O p	
$\frac{l}{2}$	····· ····· · ························			1.5	_iŶ	
$\begin{array}{c c} Month \\ \hline 1 \\ \hline 2 \\ \hline 3 \\ \end{array}$	····· ····· · ························		17			
$\begin{array}{c c} Month \\ \hline 1 \\ \hline 2 \\ \hline 3 \\ \hline 4 \end{array}$	1.5		17 18	1.5 2.5		
$ \begin{array}{c c} Month \\ \hline 1 \\ 2 \\ \hline 3 \\ 4 \\ 5 \\ 5 \\ \end{array} $	1.5		17 18 19	L.5		
	1.5		17 18 19 20	L.5		
$ \begin{array}{c c} \text{Month} \\ \hline \\ \\ \\ $	1.5		17 18 19 20 21	2.5		
$ \begin{array}{c c} \text{Month} \\ \hline 1 \\ 2 \\ 3 \\ \hline 4 \\ 5 \\ \hline 6 \\ 7 \\ \hline 8 \\ \end{array} $	1.5 1.8 1.6		17 18 19 20 21 22	2.5		
Month 1 2 3 4 5 6 7 8 9	1.5 1.8 1.6		17 18 19 20 21 22 23	2.5		
	1.5 1.8 1.6 2.0		17 18 19 20 21 22 23 24	1.5 2.5 2.3		
$ \begin{array}{c} 1\\ 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9 \end{array} $	1.5 1.8 1.6 2.0		17 18 19 20 21 22 23 24 25	1.5 2.5 2.3		
$ \begin{array}{c c} 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 10 \\ \end{array} $	1.5 1.8 1.6 2.0		17 18 19 20 21 22 23 24 25 26	1.5 2.5 2.3		
$ \begin{array}{c c} 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 10 \\ 11 \\ \end{array} $	1.5 1.8 1.6 2.0 1.5		17 18 19 20 21 22 23 24 25 26 27	1.5 2.5 2.3		
$ \begin{array}{c c} 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 10 \\ 11 \\ 12 \\ \end{array} $	1.5 1.8 1.6 2.0 1.5		17 18 19 20 21 22 23 24 25 26 27 28	1.5 2.5 2.3		

III. Certification by Authorized Representative

1 am duly authorized to sign this report on behalf of the consecutive system identified in Part 1 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

16

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title



See Page 2 for Instructions.

I. Genera	al Water System Information for the Mont	th/Year of: April, 2005				
	ive System Name: Palm Terrace				PWS Identificat	tion Number: 6511331
Consecut	ive System Type:	Community [Non-Transient Non-Community]	ГІ	Transient Non-Community		
Number of	of Service Connections at End of Month:	1183		Total Population Ser	ved at End of M	onth: 2543
Consecut	ive System Owner:	Aqua Utilities Florida				
Contact F	Person	Dennis Muldoon		Contact Person's Tit	le: Senior Facilit	ies Operator
Contact F	Person's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL	Zip Code: 34668
Contact F	Person's Telephone Number:	352-302-9713		Contact Person's Fa	(Number:	727-697-3137
Contact F	Person's E-Mail Address:	dmuldoon@aquaamerica.com				
				~		
II. Daily	Distribution System Disinfectant Residua	al Data for the Month/Year of : A	pril, 20			Chlorine Dioxide
Type of L	Disinfectant Residual Maintained in Distri	ibution System: Г Free Chlorine	<u> ~ </u>	Combined Chlorine (Chloramines)		
		Emergency or Abnormal Operating Conditions;			Emergency	or Abnormal Operating Conditions;
1	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant	Repair of	r Maintenance Work that Involves
		Taking Water System Components Out of	Day of	Concentration at Remote Point		Water System Components Out of
Day of the			the		i uning	Operation
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L		
1	2.2	;	17		·······	
2	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	18	1.8		
3			19			
4	3.0	1	20	2.0	· · · · · · · · · · · · · · · · · · ·	······································
5	2.5	<u> </u>	21		+	
6	3.5	· ·	22	2.2		
	2.4		23		·	
0	3.4	· · · · · · · · · · · · · · · · · · ·	24	3.2		
$\frac{9}{10}$			25	3.2		
	3.4	· · · · · · · · · · · · · · · · · · ·	20	3.0		
12	5:4		27	5.0		
$\frac{12}{13}$			29	3.7	t	
13	3.0		30	J.L.	ļ	
14		· · · · · · · · · · · · · · · · · · ·	30			
11 12 1						
16	· · · · · · · · · · · · · · · · · · ·	: 	<u> </u>			

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

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Page	2 for Instructions.							
	Water System Information for the Mont	h'Year of: May, 2005				•		
	ve System Name: Palm Terrace					PWS Identificat	ion Number: 6511331	
		Community Non-Transient Non-Community	[]	Transient Non-Com	munity			
Number o	of Service Connections at End of Month:	1183			Total Population Ser	rved at End of M	onth: 2543	
Consecuti	ive System Owner:	Aqua Utilitics Florida						
Contact P	erson	Dennis Muldoon			Contact Person's Tit	le: Senior Facilit	ies Operator	
Contact P	erson's Mailing Address:	7616 Arbordale Drive		City: Port Richey		State: FL	Zip Code: 34668	
Contact P	erson's Telephone Number:	(352) 302-9713		har i seren i s	Contact Person's Fa	x Number:	(727) 697-3137	
Contact P	erson's E-Mail Address:	dmuldoon@aquaamerica.com						
II. Daily	Distribution System Disinfectant Residua	d Data for the Month/Year of :	1ay, 20	05			······································	
Type of D	Disinfectant Residual Maintained in Distri	bution System: Free Chlorine		Combined Chlorine	(Chloramines)	· · · · · · · · · · · · · · · · · · ·	Chlorine Dioxide	
		Emergency or Abnormal Operating Conditions;				Emergency	or Abnormal Operating Condition	ns;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residu	ual Disinfectant		r Maintenance Work that Involves	
	Concentration at Remote Point	•	Day of		at Remote Point		Water System Components Out of	
Day of the		Taking Water System Components Out of	the	1		Taking		
Month	in Distribution System, mg/L	Operation	Month	in Distribution	n System, mg/L	· · · · · · · · · · · · · · · · · · ·	Operation	
1			17					
2	3.0		18	3	.2			
3			19					-
4			20	2	.5	i 		
5	2.7		21					
6			22					
7			23	2	2.8	· · · · · · · · · · · · · · · · · · ·		
8			24					
9			25					
10	3.2		26			L		
11			27	3	3.0	· · · · · · · · · · · · · · · · · · ·		
12	· · · · · · · · · · · · · · · · · · ·		28			:		
13	3.0		29	L		i 		
14			30		3.0			
15			31			<u> </u>		
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

Dennis Muldoon Printed or Typed Name Senoir Facilities Operator License Number or Title



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

I. Genera Consecuti Number o Consecuti Contact P Contact P Contact P	f Service Connections at End of Month. 1 ve System Owner: erson: erson's Mailing Address:	Community 🏹 Non-Transient Non-Community	··· · · ·	Transient Non-Community Total Population Se	PWS Identification Number: 6511331 rved at End of Month: 2543 Ie: Vice President Environmental Services State: FL Zip Code: 34668 x Number: 727-697-3137
II. Daily	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri	Data for the Month Year of : J	une, 200 [ア])5 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 3	2.8		17 18 19	2.8	
4 5 6			20 21 22	3.0	
7 8 9	1.5		23 23 24 25		
10 11 12	2.4		26 27 28	3.1	
$\frac{13}{14}$	3.0		29 30 31	2.2	
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

Dennis Muldoon Printed or Typed Name Chief Plant Operator License Number or Title



See Page 2 for Instructions.

I. Genera	al Water System Information for the Mont	h Year of:	July, 2005				
Consecuti	ive System Name: Palm Terrace					PWS Identificati	on Number: 6511331
Consecuti	ive System Type:	Community [] Non-Trans	ient Non-Community	F	Transient Non-Community		
Number o	of Service Connections at End of Month:	1183			Total Population Se	rved at End of Mo	onth: 2543
· · · · · ·	ive System Owner:	Aqua Utilities Florida					
Contact P		Dennis Muldoon			Contact Person's Tit	T	
	Person's Mailing Address:	7616 Arbordale Drive			City: Port Richey	State: FL	Zip Code: 34668
Contact P	Person's Telephone Number:	(352) 302-9713			Contact Person's Fa	x Number:	(727) 697-3137
Contact P	Person's E-Mail Address:	dmuldoon@aquaameri	<u>ca.com</u>				
II Daily	Distribution System Disinfectant Residua	I Data for the Month Year of :		uly, 200)5		
	Disinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
		Emergency or Abnorma	Operating Conditions			Emergency	or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenanc			Lowest Residual Disinfectant		Maintenance Work that Involves
	Concentration at Remote Daint	Taking Water System		Day of	Concentration at Remote Point		Vater System Components Out of
Day of the			•	the		raking v	Operation
Month	in Distribution System, mg/L	Opera		Month	in Distribution System, mg/L		
	2.7			17 18	2.0		· , ,
$\frac{2}{3}$				10	3.0	<u></u>	
	2.0			20		· · · · · · ·	
5	3.5			21	······ · · · · · · · · · · · · · · · ·		
6	2	-		22	3.1		
7	· · · · · · · · · · · · · · · · · · ·			23		·=	
8				24		1	
9				25			
10				26			
11		· · · · · ·		27	· · · · · · · · · · · · · · · · · · ·		·
12	3.0		· · · · · · · · · · · · · · · · · · ·	28	2.8		
13	· · · ·		·····	29			
14		· · · · · · · · · · · · · · · · · · ·		<u>30</u> 31	···· · · · · · · · · · · · · · · · · ·		
15							
II 16				l			

III. Certification by Authorized Representative

1 am duly authorized to sign this report on behalf of the consecutive system identified in Part 1 on this report. 1 certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Page 2 for Instructions.

I. Genera	Water System Information for the Mont	th/Year of: August, 2005				
Consecuti	ive System Name: Palm Terrace				PWS Identification	on Number: 6511331
	· · · · · · · · · · · · · · · · · · ·	Community C Non-Transient Non-Community	ΓI	Transient Non-Community		
	of Service Connections at End of Month:	1183		Total Population Se	rved at End of Mo	nth: 2543
	ive System Owner:	Aqua Utilities Florida				
Contact P		Dennis Muldoon		Contact Person's Ti		
	erson's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL	Zip Code: 34668
	erson's Telephone Number:	(352) 302-9713		Contact Person's Fa	x Number:	(727) 697-3137
Contact P	erson's E-Mail Address:	dmuldoon@aquaamerica.com				
II Daily	Distribution System Disinfectant Residua	of Deto for the Manth Nam of	August, 2	005		an ann an
	Disinfectant Residual Maintained in Distri			Combined Chlorine (Chloramines)	· · · · · · · · · · · · · · · · · · ·	Chlorine Dioxide
	······································	Emergency or Abnormal Operating Condition	ons:		Emergency	or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involve		Lowest Residual Disinfectant		Maintenance Work that Involves
			H Day of	Concentration at Remote Point	-	Vater System Components Out of
Day of the	Concentration at Remote Point	Taking Water System Components Out o			I aking w	
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L		Operation
1	3.0		17	2.0		
2			18	······		
3	3.2		19	2.6	•	
4			20		· · · · · · · · · · · · · · · · · · ·	
5	3.0		21		<u>.</u>	
6			22	2.6		
7		4 · · · · · · · · · · · · · · · · · · ·	23			<u> </u>
8	3.2		24	2.5		
9		4	25	2.0		
10	3.0		26	3.0	• • • • •	
11		· · · · · · · · · · · · · · · · · · ·	27		+	
12	3.1		28	3.0		
13		<u>+</u>		3.0		······································
14	2.0		30	2.3	+	
15	3.0			1 2.3	1	
16						

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

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Page 2 for Instructions.

 General Water System Information for the 	Month Year of: Se	ptember, 2005			
Consecutive System Name: Palm Terrace				PWS Identifi	ication Number: 6511331
Consecutive System Type:	I⊽ Community Γ Non-Transie	nt Non-Community	☐ Transient Non-Community		
Number of Service Connections at End of Mc	onth: 1183		Total Pop	ulation Served at End of	f Month: 2543
Consecutive System Owner:	Aqua Utilities Florida				
Contact Person:	Dennis Muldoon		Contact P	erson's Title:Senior Faci	ilitics Operator
Contact Person's Mailing Address.	7616 Arbordale Drive		City: Port Richey	State: FL	Zip Code: 34668
Contact Person's Telephone Number:	352-302-9713		Contact P	erson's Fax Number:	727-697-3137
Contact Person's E-Mail Address:	dmuldoon@aquaamerica	a.com	· · · · · · · · · · · · · · · · ·		
II. Daily Distribution System Disinfectant Re	sidual Data for the Month Year of :	Se	ptember, 2005		······································
Type of Disinfectant Residual Maintained in	Distribution System:	Free Chlorine	Combined Chlorine (Chlorami	nes)	Chlorine Dioxide
Lowest Residual Disinfecta	Emergency or Abnormal (Repair or Maintenance		; Lowest Residual Disin	ļ	cy or Abnormal Operating Conditions; r or Maintenance Work that Involves

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

Dennis Muldoon Printed or Typed Name Senior Facilities Operator C-5980 License Number or Title



See Page 2 for Instructions. October, 2005 I. General Water System Information for the Month/Year of: PWS Identification Number: 6511331 Consecutive System Name: Palm Terrace Transient Non-Community Consecutive System Type: [**√**] Community Total Population Served at End of Month Number of Service Connections at End of Month Aqua Utilities Florida Consecutive System Owner: Contact Person's Title: Senior Facilities Operator Dennis Muldoon Contact Person Zip Code: 34668 Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL (727) 697-3137 Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: Contact Person's E-Mail Address: dmuldoon@aquaamerica.com II. Daily Distribution System Disinfectant Residual Data for the Month/Year of a October, 2005 Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine [7] Combined Chlorine (Chloramines) Emergency or Abnormal Operating Conditions; Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Repair or Maintenance Work that Involves Lowest Residual Disinfectant Lowest Residual Disinfectant Day of Taking Water System Components Out of Concentration at Remote Point Taking Water System Components Out of Concentration at Remote Point Day of the the Operation in Distribution System, mg/L Month in Distribution System, mg/L Operation Month 17 3.4 - 1 2 18 19 3.2 3 3.0 20 4 3.3 5 3.2 21 3.4 22 6 7 23 3.4 24 8 9 25 3.4 26 3.2 10 27 11 28 3.4 12 3.4 29 13 30 14 3.4 3.3 31 15 16

III. Certification by Authorized Representative

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Signature and Date

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Page 2 for Instructions.				
I. General Water System Information for the Mon	th Year of: November, 2005			
Consecutive System Name: Palm Terrace				PWS Identification Number: 6511331
Consecutive System Type:	Community [] Non-Transient Non-Community	<u> </u>	Transient Non-Community	
Number of Service Connections at End of Month:	1183		Total Population Ser	ved at End of Month:2543
Consecutive System Owner:	Aqua Utilities Florida			
Contact Person:	Dennis Muldoon			e: Vice President Environmental Services
Contact Person's Mailing Address:	7616 Arbordale Drive			State: FL Zip Code: 34668
Contact Person's Telephone Number:	352-302-9713		Contact Person's Fa	Number: 727-697-3137
Contact Person's E-Mail Address:	dmuldoon@aquaamerica.com			
II. Daily Distribution System Disinfectant Residu	al Data for the Month Near of S	ember,	2005	
Type of Disinfectant Residual Maintained in Distr			Combined Chlorine (Chloramines)	Chlorine Dioxide
Lowest Residual Disinfectant Day of the Concentration at Remote Point Month 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
		17		
2 3.5		18	3.4	
3	· · · · · · · · · · · · · · · · · · ·	19	· · · · · · · · · · · · ·	
4 3.3		20	······································	
5	· · · · · · · · · · · · · · · · · · ·	21	3.3	
6		22		
7 3.4		23	3.5	
8		24		· · · · · · · · · · · · · · · · · · ·
9 3.4		25	3.5	
10		26		t 1
11 3.4		27		·
12		28	3.5	······································
13	· · · · · · · · · · · · · · · · · · ·	29		
14 3.5	· · · · · · · · · · · · · · · · · · ·	30	3.5	
15		31		
16 3.4]		
		9		

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

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title



See Page 2 for Instructions.

I. General	Water System Information for the Mont	th/Year of: December, 2005			
	ve System Name: Palm Terrace	and a second second second second second second second second second second second second second second second			PWS Identification Number: 6511331
		Community [7] Non-Transient Non-Community	۲I	Transient Non-Community	
Number o	f Service Connections at End of Month:	1183		Total Population Se	erved at End of Month: 2543
Consecuti	ve System Owner:	Aqua Utilities Florida			· · · · · · · · · · · · · · · · · · ·
Contact Pe	and the second second second second second second second second second second second second second second second	Dennis Muldoon			itle: Senior Facilities Operator
	erson's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact P	erson's Telephone Number	(352) 302-9713		Contact Person's Fa	ax Number: (727) 697-3137
Contact P	erson's E-Mail Address:	dmuldoon@aquaamerica.com			
II Daily I	Distribution System Disinfectant Residua	al Data for the Month Year of	ecember.	2005	
Type of D	isinfectant Residual Maintained in Distri			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 at Remote Point	-	Day of	Concentration at Remote Point	
Day of the			the	1	Operation
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	
		la contra c	17		
2	3.4		18		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	19	3.4	· · · · · · · · · · · · · · · · · · ·
4	3.2	· ····································	20	3.4	······································
	3.2	<u>.</u>	$\frac{21}{22}$		······································
	3.5	· · · · · · · · · · · · · · · · · · ·	$\frac{22}{23}$	3.4	 International contraction of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
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9	3.5		25		
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11			27		
12	3.3		28	3.4	
13	· · · · · · · · ·		29		
14	3.4		30	3.5	· · · · · · · · · · · · · · · · · · ·
		A contract of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second			
15			31		

III. Certification by Authorized Representative

1 am duly authorized to sign this report on behalf of the consecutive system identified in Part 1 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

Dennis Muldoon Printed or Typed Name Senior Facilities Operator License Number or Title