JRIGINEL

Piney Woods

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Docket No. 060368-WS

Application to Increase Rates and Charges	CMP
For a "Class A" Utility	COM
In	CTR
Florida	
VOLUME 6	GCL
	OPC
Book 7	RCA
Set 36 of 57	SCR
	SGA
Containing Additional Engineering Requirements	SEC
	OTH

Monthly Operating Reports

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE 00866 JAN 26 5 FPSC-COMMISSION CLERK

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Piney Woods

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See Pages 4 for Instructions.

1. General Information for the Month/Year of:

January, 2004

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Numbe	r:	3351021	
PWS Type:	 Community 	Non-Transient Non-Comm	nunity 🗌 Ti	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 171				Total P	opulation Served at End of	Month:	596	
PWS Owner:	Florida Water Servi	ces								
Contact Person:	Craig Anderson					Contac	t Person's Title:	VP Environmen	tal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orland	0	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Contac	t Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com	Ĵ							
B. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Sprin	g Lake Manor					Plant Telephone Number:	_	352-787-09	80
Plant Address:	2038 Live Oak Driv	/e			City: Fruitla	nd Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water						
Permitted Maximum Day C	Dperating Capacity of	f Plant, gallons per day:		216,000						
Plant Category (per subsect	tion 62-699.310(4), H	F.A.C.): IV				Plant CI	ass (per subsection 62-699.	310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Nu	mber	Day	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fountaine			С	6813		Days 1st Shift			
Other Operators:	Brian Heath			С	5825		Days 1st Shift			
	John Worrell			С	6597		Days 1st Shift			
	Gary Kissick			С	7846		Days 1st Shift			
	Mike Ponticelli			С	8450		Days 1st Shift			
and the second										····

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. 1 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

2/9/2004 0:00

Will Fountaine

Printed or Typed Name

C-6813

License Number

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Page 1

DEP Form 62-555. 900(3)Alternate

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Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Minimum Winimum Begured, Mur	Lowest Operating UV Dose,	T) muminiyi		lo qm5T	Flow, mg- During Peak Before or at First First First Fovided	Disinfectant Contact Time (T) at C Measurement Point During Peak How,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Peak Flow	Met Quantity of Finished Water	tuską zwołł	Days Plant Staffed or Visited by Operator (Place	To yo U
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		e (Chlorine D Chlorine D			Prozone (Chlorine Dic		al: 🔽 Free Cl	(Describe):	Virus Inactiv Other Other	noitsibe	raviolet Ra	чю _
					-			January, 2004		:10	o res'l'dino	V sdt rot	aily Data	III' D'
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						1 31	<u>, , , , , , , , , , , , , , , , , , , </u>	1	<u> </u>	1001322				<u> II SMA</u>

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

DEP Form 62-555.900(3)Alternate

4



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

February, 2004

A. Public Water System (PWS) Information

PWS Name:	Piney Woods	_					PWS Identification Number	r: 3.	351021	
PWS Type:	Community	Non-Transient Non-Commun	nity 🔄 T	ransient Non-Comr	nunity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 170				Total P	opulation Served at End of	Month: 5	93	
PWS Owner:	Florida Water Servi	ces								
Contact Person:	Craig Anderson					Contac	t Person's Title:	VP Environmenta	al Services	
Contact Person's Mailing A		P.O. Box 609520			City: C	Orlando	State: Florida	Z	ip 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 Ac		craiga@florida-water.com								
B. Water Treatment Plate	ant Information									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone Number:	3	52-787-09	30
Plant Address:	2038 Live Oak Driv	/e			City: I	ruitland Park	State: Florida	Z	ip Code:	32731
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Derating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): IV				Plant Cl	ass (per subsection 62-699.3	310(4), F.A.C.):	С	
Licensed Operators	e Basis - Edit	Name		License Class	Licens	se Number	Day	/(s) / Shift(s) V	Vorked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath	_		С		5825	Days 1st Shift			
	John Worrell			С		6597	Days 1st Shift			
	Gary Kissick			С		7846	Days 1st Shift			
	Gary Kissick Mike Ponticelli			C C			Days 1st Shift 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

3/9/2004 0:00

Will Fontaine Printed or Typed Name C-6813

License Number

DEP Form 62-555. 900(3)Alternate

PWS II	D:			3351021		Plant Name:	Piney Wood	s\Spring I	.ake Manor				•	
III. D	aily Data	for the N	lonth/Year	of:		February, 2004								
_			g Virus Inactiv											
	traviolet R		g vilus mach Othe			niorine [Chlorine Di	oxide	C Ozone	Comb	oined Chlori	ne (Chloran	nines)	
+														······································
Type of	of Disinfe	ctant Resid	lual Maintai		ibution System:					(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if A	Applicable*			
					and had been as		ulations		网络白豆带		UV			
		· ·			Lowert Decidual	Disinfectant	Lowest CT Provided					12 12 20		
	Days Plant				Lowest Residual	Contact Time	Before or at			NAME OF			Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
1 .	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	. "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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3	x	24.0	38,500		1.2			<u> </u>	 				1.1	
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11	x	24.0	39,000		1.7								1.4	
12	X	24.0	41,000		1.5								1.3	
13	X	24.0	36,000		1.6		<u> </u>	Į					1.3	
14	X	24.0	27,000		1.5			<u> </u>		· · · · · · · · · · · · · · · · · · ·				
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Avgerag			37,859											
Maximu	m	1.1	63,500											



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods					PWS Identification Number	r: 335102	
PWS Type:	Community	Non-Transient Non-Co	mmunity	Transient Non-Comr	nunity	Consecutive		
Number of Service Connect	tions at End of Montl	h: 171			Tot	al Population Served at End of	Month: 596	
PWS Owner:	Florida Water Servi	ces						
Contact Person:	Craig Anderson				Cor	tact Person's Title:	VP Environmental Serv	ices
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Coc	le: 32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199			Cor	tact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	idress:	craiga@florida-water.c	om					
B. Water Treatment Pla	ant Information							
Plant Name:	Piney Woods\Spring	g Lake Manor				Plant Telephone Number:	352-781	7-0980
Plant Address:	2038 Live Oak Driv	/e			City: Fruitland Pa	urk State: Florida	Zip Coo	le: 32731
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day O	Operating Capacity of	Plant, gallons per day:		216,000				
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.):	IV			Class (per subsection 62-699.		
Licensed Operators		Name		License Class	License Numb	er	y(s) / Shift(s) Worke	ed
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		
and the second second	John Worrell			С	6597	Days 1st Shift	······	
	Gary Kissick			С	7846	Days 1st Shift		
	Adam Michaelsen				Trainee	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	

4/8/2004 0:00

March, 2004

Will Fontaine

Printed or Typed Name

C-6813 License Number

DEP Form 62-555, 900(3)Alternate

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Involves Taking Water System Components	Distribution	-Wm		Required, mg	pH OI Waler,		-gm ,woff	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	əyn
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Emergency or Abnormal Operating	Concentration at	950 I VU	Isowest				Customer	Measurement	(D) nousednoor(C)		of Finished	1	vd bətiziV	34,000
	Disinfectant					3.14	First) 16 (T)	Disinfectant		Net Quantity		Staffed or	È.
	Lowest Residual	amminiM					Before or at	Contact Time	Lowest Residual		indianous () told		1 · · · ·	1
	Ienthine d'Accure 1	je store e	100 B 100 B				Provided	Disinfectant	Inthine I there I				Days Plant	1
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					ake Manor	J gning L	Piney Woods	Plant Name:		1201555				OI SMa



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Numbe	er:	3351021	
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Montl	n: 171				Tota	al Population Served at End of	Month:	596	
PWS Owner:	Florida Water Servi	ces								
Contact Person:	Craig Anderson					Con	tact Person's Title:	VP Environmen	ntal Services	
Contact Person's Mailing A		P.O. Box 609520			City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				Con	tact Person's Fax Number:	(407) 598-4217	7	·
Contact Person's E-Mail Ad		craiga@florida-water.com								· · · · · · · · · · · · · · · · · · ·
B. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone Number:		352-787-09	80
Plant Address:	2038 Live Oak Driv	e			City:	Fruitland Pa	rk State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect		.A.C.): IV					Class (per subsection 62-699.			
Licensed Operators		Name	and the second	License Class	Licen	ise Numbe	er Da	y(s)/Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine	······································		С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
e e estatute d'apare	John Worrell			С		6597	Days 1st Shift	<u>.</u>		
	Gary Kissick			С		7846	Days 1st Shift			
	Adam Michaelsen					Trainee	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

5/7/2004 0:00

Will Fontaine

C-6813

Printed or Typed Name

License Number

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

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May, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods	· · · · · · · · · · · · · · · · · · ·					PWS Identification Nur	mber:	3351021	
PWS Type:	Community	Non-Transient Non-Cor	nmunity 📃 T	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month	: 171				Total	Population Served at End	d of Month:	593	
PWS Owner:	Florida Water Servic	es								
Contact Person:	Craig Anderson					Conta	act Person's Title:	VP Environm	ental 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	act Person's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ac	idress:	craiga@florida-water.co	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring	Lake Manor					Plant Telephone Numb	er:	352-787-09	980
Plant Address:	2038 Live Oak Drive	3			City:	Fruitland Par	k State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	perating Capacity of l	Plant, gallons per day:		216,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.):	IV			Plant (Class (per subsection 62-6	599.310(4), F.A.C.): C	
Licensed Operators	14.3	Name	na serie de la composición de la compo	License Class	Lice	nse Number		Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
	John Worrell		· · · · · · · · · · · · · · · · · · ·	С		6597	Days 1st Shift			
	Gary Kissick			С	Γ	7846	Days 1st Shift			
	Adam Michaelsen					Trainee	Days 1st Shift			
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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

6/8/2004 0:00

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555. 900(3)Alternate

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Involves Tailong Water System Components	nonudiusid	∵Wm		Required, mg	of Water.	To qmoT	-зт, те-	Peak Flow,	Customer During	Peak Flow	Producted,	u	exercities (Place	સ્પ
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July, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Nu	mber:	3351021	
PWS Type:	Community	Non-Transient Non-	Community	Transient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Mont	ih: 168				Total	Population Served at Er	d of Month:	586	
PWS Owner:	Aqua Utilities Flori	da				•••••				
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City:	Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's Fax Number	(352) 787-633	3	
Contact Person's E-Mail Ac		beheath@aquaameri	ca.com							
B. Water Treatment Pl	ant Information									
Plant Name:	Piney Woods\Sprin	g Lake Manor				R.A.919 P.L.	Plant Telephone Num	ber:	352-787-09	80
Plant Address:	2038 Live Oak Driv	ve			City:	Fruitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased F	inished Water						
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		216,000						
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.):	IV			Plant C	lass (per subsection 62-	699.310(4), F.A.C.)	: C	
Licensed Operators		Name		License Class	Licen	se Number		Day(s) / Shift(s)) Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
	John Worrell			С		6597	Days 1st Shift			
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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

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555 900(3)Alternate

ASTAW DEHRINIA DERAHDRUG ROUND WAY SUITAERT &2"W9 ROTARABON NOITARER OR PURCHASED FINISHED WATER

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					IOIRIAI AND	a Sunday	Piney Woods							
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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification N	lumber:	3351021	
PWS Type:	Community	Non-Transient Non-Commu	unity 🔄 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 168				Total F	opulation Served at E	nd of Month:	586	
PWS Owner:	Aqua Utilities Flori	da						·····		
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: 1	Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Contac	t Person's Fax Numbe	er: (352) 787-633	3	
Contact Person's E-Mail Ac		beheath@aquaamerica.co	m							
3. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone Nun	nber:	352-787-09	80
Plant Address:	2038 Live Oak Driv	/e			City: 1	Fruitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		216,000						
Plant Category (per subsect		F.A.C.): IV				Plant Cl	ass (per subsection 62			
Licensed Operators		Name		License Class	Licen	se Number		Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
	John Worrell			С		6597	Days 1st Shift		<u></u>	
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II Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555 .900(3)Alternate

PWS II	D:			3351021		Plant Name:	Piney Wood	ls\Spring I	Jake Manor				······	
	aily Data	for the A	Ionth/Year	of:		August, 2004	· · ·	¥			· · · · ·			
		-	g Virus Inactiv			hlorine	Chlorine Di	oxide	C Ozone	Comb	oined Chlori	ne (Chloran	nines)	
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1						Ci Call								
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	Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant	
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the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Remote Point in Distribution	Conditions; Repair of Maintenance Work that Involves Taking Water System Components
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MTR-INST: WORK-ORDER-REMARKS: MS FRAZIER CALLED FOR READ OF MTR

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See Pages 4 for Instructions.

1. General Information for the Month/Year of: September, 2004

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Number:	335	1021	
PWS Type:	Community	Non-Transient Non-Comm	unity 🛄 Ti	ransient Non-Comr	nunity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 168		· · · ·		Total P	opulation Served at End of M	onth: 586		
PWS Owner:	Aqua Utilities Flori	da								
Contact Person:	Brian Heath					Contac	t Person's Title: A	rea Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Lee	sburg	State: Florida	Zip	Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Contac	t Person's Fax Number: (3	52) 787-6333		
Contact Person's E-Mail Ac		beheath@aquaamerica.co	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone Number:	352	-787-09	80
Plant Address:	2038 Live Oak Driv	/e			City: Fru	itland Park	State: Florida	Zip	Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water						
Permitted Maximum Day O	Dperating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect		.A.C.): IV				Plant Cl	ass (per subsection 62-699.31)	0(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License	Number	Day(s	s) / Shift(s) We	orked	
Lead/Chief Operator:	Will Fontaine			С	68	13	Days 1st Shift			
Other Operators:	Brian Heath			С	58	25	Days 1st Shift			
	John Worrell			С	65	97	Days 1st Shift			
	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

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

ASTAW GARRINIA GASAHORUP AO ASTAW GNUOAS WAA SNITASAT 22"W9 AO9 TAO9AA NOITAAS9O YJHTNOM

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	System, mg/L	l marros	-moloos-Wm	CT ATTENT	ourouddw u	C. 'mpia	Laim	sənnum	Peak Flow, mg/L	Rate, gpd.	123 11 000	Operation	^ ("X"	циоМ
Out of Operation				Ann , poinnpoor	, tourn to rid sidesiiqqA li	D ⁰ TateW	-gm ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ni	eveld)	and
Involves Taking Water System Components	noindrasid	· -Wm		Required, mg		to amoT	During Peak		Before or at First	Wold Jeeg	Water	name plant	Operator	To yed A
Conditions: Repart of Maintenance Work that				TO muminiM			Customer	Measurement	(O) noitennesseo		of Finished	tuola muoH	Visited by	30 200
Emergency or Abnormal Operating	Disinfectant, Concentration at	A AND A A	JS9W07				First	⊃ı∎(T)	Disinfectant		Net Quantity	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Staffed or	
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승규는 것이 같은 것이 같다.						and p	TO isowest CT	tuch durid		<i>'</i>				1.1
사람이 있는 것 같은 것 같아요. 것 같아요. 가슴 옷을 가슴 물었다.					1		T') boune I					1		11
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				W II 'HOUBAT	10PUL SD II A	8071-ID0			T Calculations, or	2	1			
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	sbixoi	Chlorine D		(Chloramines)) əurrold b	enidmoD		L Free Chlor	bution System:	irtei U ni b a	ristrisM lsu	tant Resid	oətnisi G f	о эалј
										(Describe):	Ц Отрег	noitsibe	raviolet R	<u>י</u> חוי
	(səu	: (Chloram	ned Chlorin	idmoJ 🗍	əuozO	əpix	Chlorine Dio	nlorine 🦵) susəlv
	(səu	e (Chloram	ned Chlorin	L Combi	əuozO _	əpix			al: V Free Cl	vomsA/noise	Vitasni suriV	gour-Log	riv s idəA te	
	(səu	msıoldO) :	ned Chlorin	idmoJ 🗍	əuozo _	əpix		September, 2004	al: V Free Cl	vomsA/noise		gour-Log	riv s idəA te	

October, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods					PWS Identification Number:	3351021
PWS Type:	✓ Community	Non-Transient Non-Comm	iunity 🗌 T	ransient Non-Com	munity	Consecutive	, Marte Aller Aller
Number of Service Connec	tions at End of Mont	h: 168			Tota	Population Served at End of Month:	586
PWS Owner:	Aqua Utilities Flori	da	·····			,	
Contact Person:	Brian Heath				Cont	act Person's Title: Area Ma	inager
Contact Person's Mailing A		2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	e Number:	(352) 787-0980			Cont	act Person's Fax Number: (352) 78	7-6333
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.co	om		······································		
3. Water Treatment Pla	ant Information		Her'	W	· · · · · · · · · · · · · · · · · · ·		
Plant Name:	Piney Woods\Spring	g Lake Manor				Plant Telephone Number:	352-787-0980
Plant Address:	2038 Live Oak Driv	/e	2000.10		City: Fruitland Par	k State: Florida	Zip Code: 32731
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day C	Derating Capacity of	Plant, gallons per day:		216,000			· · · · · · · · · · · · · · · · · · ·
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.): IV			Plant (Class (per subsection 62-699.310(4), F	.A.C.): C
Licensed Operators		Name		License Class	License Numbe	Day(s) / St	nift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Brian Heath			С	5825	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
				·			
		· · · · · · · · · · · · · · · · · · ·					

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

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555 .900(3)Alternate

PWS II	D:			3351021		Plant Name:	Piney Wood	s\Spring I	ake Manor				· · · ·	······································
	aily Data	for the N	lonth/Year	of	······	October, 2004								
-					1		· · · · · · · · · · · · · · · · · · ·	· · · · ·	·					**
			g Virus Inacti			Chlorine	Chlorine Di	oxide	C Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
+	raviolet R			r (Describe):										
Type of	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	🔽 Free Chlo	orine Г	Combin	ed Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	
					T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation if	Applicable	k 1. 1	The second second	
			1				ulations				UV			
1						Ci Cale		n an		n nega da se	0.1			
							Lowest CT							
	Dave Diame					Disinfectant	Provided							
	Days Plant Staffed or		Nac		Lowest Residual	Contact Time	Before or at	1.10	1.1				Lowest Residual	
	Visited by	5 A A	Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant	
Day of	Operator	Hours plant	and the standard sector and the		Before or at First	Measurement Point During	Customer During Peak			Minimum CT	1 A	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		nH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm ²		System, mg/L	Out of Operation
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2	X	24.0			1.1			1						
3		24.0										1		
4	X	24.0	···· ·· ···		1.3								1.1	
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9	X	24.0	60,900 54,000		1.2		 					<u> </u>	1.0	
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17		24.0	60,000											
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26	X	24.0	43,000		1.1					-		ł	0.9	
27	x	24.0	38,000		1.1								0.9	
28	X	24.0	51,000		1.2								1.0	
29	х	24.0	37,000		1.1								1.0	
30	x	24.0	37,000		1.1									
31		24.0	37,000											
Total			1,425,900											
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Maximu	n		64,500											



See Pages 4 for Instructions.

1. General Information for the Month/Year of: November, 2004

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Iden	tification N	umber:	3351021	
PWS Type:	Community	Non-Transient Non	-Community	Transient Non-Com	munity		Consecuti	ve			
Number of Service Connect	tions at End of Montl	h: 168	8			Total I	Population	Served at E	nd of Month:	586	
PWS Owner:	Aqua Utilities Florid	da									
Contact Person:	Brian Heath					Conta	ct Person's	Title:	Area M	lanager	
Contact Person's Mailing A	Address:	2315 Griffin Road			City: L	Leesburg	State: 1	Florida		Zip Code	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's	Fax Numbe	r: (352) 7	787-6333	
Contact Person's E-Mail Ad		beheath@aquaamer	rica.com								
3. Water Treatment Pla	ant Information										
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Tele	phone Num	iber:	352-787-	0980
Plant Address:	2038 Live Oak Driv	e			City: I	Fruitland Park	State: I	Iorida		Zip Code	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased F	inished Water							
Permitted Maximum Day C	Derating Canacity of	Plant gallone per day:		216,000							
				210,000							
Plant Category (per subsect	tion 62-699.310(4), F		IV	210,000		Plant C	lass (per sı	bsection 62	-699.310(4),		
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F			License Class	Licen	Plant C se Number		bsection 62		F.A.C.) C Shift(s) Worked	
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F	.A.C.):									
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F	.A.C.):				se Number		Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine	.A.C.):				se Number 6813	Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	tion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.):				se Number 6813 5825	Days 1st Days 1st	Shift 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

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

ASTAW GARRINIA GERAHDAUG RO ASTAW GROUND WAR SWITASAT &2"WG ROF TROGAS NOITARAGO Y JHTNOM

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and the second	System, mg/L	_mɔ/ɔəs	⁻ mɔ/ɔəɛ-Wm	Trainit	olonouddur u	o fromu	J/nim	รอาทบานเ	Peak Flow, mg/L	Rate, gpd	183	Operation .	X ("X.,	1 throm
T Emergency or Abnormal Operating Conditions; Repair or Manntenance Work that Involves Taking Water System Components Out of Operation	nottudintsia	Minimum Dose Required, Mm-	UV Dose,	Міттия СТ Міттия СТ Весцигед, те	pH of Water,	}o qnaT ∂° aatew	Flow, ng Flow, ng During Peak Before or at First Proveded First Proveded First Prov	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Paol Paol	Peak Flow	Vet Quantity of Finished Water Froducted.	tin Hours plant	(Place	Tay of Day of
		əso	*əldsəilqq/ I VU	li , notievi		go.I-nuo		UV Dose, to I	T Calculations, or	······				
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							<u>t</u>	November, 200-		:10	o resT/dino	for the N	aily Data	III' D'
					ake Manor	7 Bunders	Piney Woods	Plant Name:	I	1201555				al Swq
					71.70		<u>, ,,, ;u</u>		l	1001366			••	<u>a ome</u>



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Number	er:	3351021	
PWS Type:	✓ Community	Non-Transient Non-	Community	Transient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 168				Total P	opulation Served at End of	f Month:	586	
PWS Owner:	Aqua Utilities Flori	da								i
Contact Person:	Brian Heath					Contac	Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City:	Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	e Number:	(352) 787-0980				Contac	Person's Fax Number:	(352) 787-6333	3	<u></u>
Contact Person's E-Mail Ac		beheath@aquaameri	ca.com	_						
B. Water Treatment Plate	ant Information									
Plant Name:	Piney Woods\Sprin	g Lake Manor					Plant Telephone Number:		352-787-09	30
Plant Address:	2038 Live Oak Driv	ve			City:	Fruitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	🗹 Raw Ground Water	Purchased Fi	nished Water						
Permitted Maximum Day C	Operating Capacity of	f Plant, gallons per day:		216,000						
Plant Category (per subsect		F.A.C.):	IV				ass (per subsection 62-699.			
Licensed Operators		Name	an an an that a said	License Class	Licen	nse Number	Da	y(s)/Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath	· · · · · · · · · · · · · · · · · · ·		С		5825	Days 1st Shift			
						0020	Days ist sinit			
	John Worrell			С			Days 1st Shift			
	John Worrell			С						
	John Worrell			С						
	John Worrell			C						
	John Worrell			C						
	John Worrell			С						
	John Worrell			C						
	John Worrell			C						

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Signature and Date

Will Fontaine

Printed or Typed Name

C-6813 License Number

DEP Form 62-555 .900(3)Alternate

ASTAW GERSINIA GERARDAUG ROUND WAS SUITAERT &2"WG ROPAGE FUNCTION WONTHLY OP SET AN OR PURCHASED FUNCTION

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Involves Taking Water System Components	Distribution	-Wm	UV Dose,	Required, mg	, reteW ater,	Temp of	-gm, wolf	Peak Flow,	Customer, During	Peak Flow	Producted,	u u	(Place	ગ્પા
Conditions, Repair or Maintenance Work that	Remote Point in			TO muminiM			During Peak	garnu Thiof	Before or at First	100 A. 100 A.	Water	nuelq swoH	Operator	Day of
Emergency or Abnormal Operating	ts nonsunsonol.	UV Dose	Lowest			1.111	Customer	Measurement	(D) notentration (C)		bonkini To		Visited by	
: 11 국국민 - 2011 - 2012 - 2017 (1973)	Disinfectant	wnwiwiw					First	⊃ t₅ (T)	Disinfectant		Net Quantity		Staffed or	
말 동생은 것 같아요. 이 이 이 이 이 가 없다.	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
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	, apixoi	C hlorine D		Chloramines					bution System:		neinieM ieu	rant Kesid	Definision	Type of
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	·····							December, 2004			onth/Year o			
					ake Manor	L gring L	Pincy Woods	Plant Name:		1201255			5	<u> di Swa</u>



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

January, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Number	г:	3351021	
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	nunity		Consecutive			
Number of Service Connec	tions at End of Month:	168				Total P	opulation Served at End of	Month:	586	
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Brian Heath		······			Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesbu	ırg	State: Florida		Zip Code:	34749
Contact Person's Telephone		352) 787-0980				Contac	t Person's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac		eheath@aquaamerica.co	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Pincy Woods\Spring L	ake Manor					Plant Telephone Number:		352-787-09	80
Plant Address:	2038 Live Oak Drive				City: Fruitla	nd Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Operating Capacity of Pl	ant, gallons per day:		216,000						
Plant Category (per subsect	ion 62-699.310(4), F.A.	.C.): IV				Plant Cl	ass (per subsection 62-699.)	310(4), F.A.C.)	: C	
Licensed Operators		Name		License Class	License Nu	ımber	Day	y(s) / Shift(s)	Worked	ana ang taon sa
Lead/Chief Operator:	Will Fontaine			С	6813		Days 1st Shift			
Other Operators:	Brian Heath			С	5825		Days 1st Shift			
	John Worrell			С	6597		Days 1st Shift			
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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

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555 .900(3)Alternate

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											45'20	24.0		I
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Involves Taking Water System Components	noinudratsia	-Wm	UV Dose,	Required, mg	pH of Water,	to qma l	-am ,woff	Peak Flow,	Customer During	Peak Flow	Producted,	u	oorl9)	əqt
Conditions; Repair or Maintenance Work that	Remote Point in	Required,*	Operating	TO muminiM			During Peak	guinu Tniog	Belore or at First	· · · · .	Water	maiq smoH	Operator	Jo yed
Emergency or Abnormal Operating	Loncentration at	UV Dose	I.owest				Customer	Measurement	(D) nonstration (C)		bedrini To		Visited by	
	Disinfectant	minimiM				이 관계를	tenit 🦾	⊃ù∎(T) ~	Disinfectant		Vet Quantity		Staffed or	
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								January, 2005		:JO	onth/Year o	for the N	ated ylia	a .III
	·····				AKE IVIZIOI	T BULLDO	Piney Woods	Plant Name:	1	1201555				JI SMd
						13(L		1001522		·		<u>n s/ma</u>



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods			, <u>,</u> ,	*****		PWS Ident	ification Num	ber:	3351021	• • • • • •
PWS Type:	Community	Non-Transient Non-Commu	nity 🗌 T	ransient Non-Com	munity		Consecutiv	· · · · · · · · · · · · · · · · · · ·			
Number of Service Connec	tions at End of Mont	th: 175				Total P	Population S	Served at End	of Month:	613	
PWS Owner:	Aqua Utilities Flori	da				•					
Contact Person:	Brian Heath					Contac	ct Person's T	fitle:	Area Manager		
Contact Person's Mailing A		PO Box 490310			City:	Leesburg	State: Fl	orida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			•	Contac	t Person's F	ax Number:	(352) 787-633		
Contact Person's E-Mail Ac		beheath@aquaamerica.co	n								
3. Water Treatment Pla	ant Information										
Plant Name:	Piney Woods\Sprin	g Lake Manor					Plant Telep	hone Number		352-787-09	80
Plant Address:	2038 Live Oak Driv	ve			City:	Fruitland Park	1	orida		Zip Code:	32731
Type of Water Treatment b		Raw Ground Water	Purchased Fin	ished Water				******			
Permitted Maximum Day C				216,000							
Plant Category (per subsect		F.A.C.): IV				Plant Cl	lass (per sut	section 62-69	9.310(4), F.A.C.)	: C	
Licensed Operators		Name		License Class	Lice	nse Number		D	ay(s) / Shift(s) Worked	
Lead/Chief Operator:	<u> </u>			С		6813	Days 1st S	hift			
Other Operators:	Brian Heath			С		5825	Days 1st S	hift			
	John Worrell			С		6597	Days 1st S	hift			
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II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine

Printed or Typed Name

<u>C-6813</u>

License Number

DEP Form 62-555. 900(3)Alternate

ASTAW GEREALON REPORT FOR PW"SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Finvolves Taking Water System Components	nonudinaid	-Wm		Required, mg		To qmaT	-8m ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	u	əəsl¶)	ગ્પા
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								February, 2005			onth/Year o	V adt rol	ete(I vlip	
					ake Manor	J gund2/s	Pincy Woods	Plant Name:		1201555				II SMa

March, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identificat	ion Numbe	er:	3351021		
PWS Type:	Community	Non-Transient Non-Comr	nunity 🗌 T	ransient Non-Comr	nunity		Consecutive			·		
Number of Service Connect	tions at End of Montl	h: 175	,			Total F	opulation Serve	d at End of	Month:	613		
PWS Owner:	Aqua Utilities Florid	da		•		•						
Contact Person:	Brian Heath					Contac	t Person's Title:		Area Manage	r		
Contact Person's Mailing A	ddress:	PO Box 490310			City: L	eesburg	State: Florida			Zip Code:	34749	
Contact Person's Telephone	e Number:	(352) 787-0980			4.8	Contac	t Person's Fax N	umber:	(352) 787-63	33		
Contact Person's E-Mail Ad		beheath@aquaamerica.c	om									
B. Water Treatment Pla	ant Information		****									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone	Number:		352-787-09	80	
Plant Address:	2038 Live Oak Driv	re			City: F	Fruitland Park	State: Florida	1		Zip Code:	32731	
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water								
Permitted Maximum Day O	Derating Capacity of	Plant, gallons per day:		216,000								
				210,000								
Plant Category (per subsect				210,000		Plant Cl	ass (per subsecti					
Plant Category (per subsect: Licensed Operators	ion 62-699.310(4), F			License Class	Licens	Plant Cl se Number			310(4), F.A.C y(s) / Shift(n je t
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): IV										- 1. j 1.
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F	.A.C.): IV				se Number 6813						1
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F Will Fontaine	.A.C.): IV				se Number 6813	Days 1st Shift					
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F Will Fontaine Brian Heath	.A.C.): IV				se Number 6813 5825	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 Brian Heath	.A.C.): IV				se Number 6813 5825	Days 1st Shift Days 1st Shift					
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Will Fontaine

C-6813

License Number

Signature and Date

Printed or Typed Name

PWS I	D:			3351021		Plant Name:	Piney Wood	s\Spring I	.ake Manor		· · · · ·			
	aily Data	for the M	lonth/Year	of:		March, 2005								
					where a	´								
			g Virus Inactiv			niorine	Chlorine Di	oxide	[Ozone	Comb	ined Chlori	ne (Chloran	nines)	
h-	traviolet R			er (Describe):										
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					T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if A	Applicable*	C. S. Sandar		
							ulations		ite i de			Dose		
		$d_{i} = \sqrt{d_{i}} d_{i}$				1	11	12	T			44-25-35-3		
							Lowest CT							
	D		-			Disinfectant	Provided	49 Be			an ann an Anna an An Anna an An Anna Anna			
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time	Before or at					Minimum	Lowest Residual	
	Visited by	 A state of the second se	of Finished		Concentration (C)	(T) at C Measurement	First		l e e		Lowest	UV Dose		Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	Customer During Peak			Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"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	Out of Operation
1	X	24.0	31,000		1.4					1			1.2	
2	Х	24.0	45,000	1	1.3	1							1.1	
3	X	24.0	31,000		1.1								1.0	
4	Х	24.0	39,400		1.0								0.9	
5	X	24.0	43,000		1.1									
6		24.0	41,500											
7	X	24.0	41,500		1.4								1.2	
8	Х	24.0	42,000		1.2								1.1	
9	х	24.0	48,000		1.0								0.9	
10	X	24.0	35,000		1.1		L						0.9	
11	X	24.0	36,000		1.2				ļ				0.9	
12	<u> </u>	24.0	31,000		1.1									· · · · · · · · · · · · · · · · · · ·
13	x	24.0 24.0	56,000		11					1			0.9	
14	X	24.0	56,000 42,000		1.1			 		·			1.0	
15	X	24.0	42,000		1.3	· · · · · ·				1			1.0	
17	X	24.0	38,000	<u> </u>	1.4			1					1.2	
18	x	24.0	25,000	ļ	1.4								1.3	······································
19	X	24.0	33,000		1.2				1	1				
20		24.0	43,500											
21	Х	24.0	43,500		1.2								1.0	
22 -	Х	24.0	37,000		1.2								0.9	
23	Х	24.0	42,000		1.0				1				0.9	
24	Х	24.0	37,000		1.2								0.9	
25	Х	24.0	30,000		1.4								1.2	
26	Х	24.0	31,000		1.5									
27		24.0	43,000											
28	X	24.0	43,000		1.2	ļ		ļ					I.1	
29	X	24.0	41,000	L	1.2				L	_		ļ	0.9	
30	X	24.0	52,000		1.2			ļ	L	ļ			1.0	ļ
31	X	24.0	46,000	·		l			L		I <u></u>		1.0	1
Total			1,249,400											
Avgerag	e	영화가 가슴 가슴을 다.	40,303	1										

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

56,000

Maximum

April, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Numb	er:	3351021	
PWS Type:	Community	Non-Transient Non-Comm	unity 🔄 1	Fransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 175				Total F	opulation Served at End o	f Month:	613	
PWS Owner:	Aqua Utilities Flori	da				• •				
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad		beheath@aquaamerica.co	<u>om</u>							
B. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone Number:		352-787-09	80
Plant Address:	2038 Live Oak Driv	/e			City:	Fruitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect	ion 62-699.310(4), F	F.A.C.): IV			1	Plant Cl	ass (per subsection 62-699	.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	Licen	ise Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift			
	John Worrell			С		6597	Days Ist Shift			
and a second										
					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

Will Fontaine

Printed or Typed Name

<u>C-6813</u>

License Number

DEP Form 62-555 .900(3)Alternate

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	6'0								0'1		000'79	54.0	X	50
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noitstagO to tuO	J\gm,mark2		my-sec/cm	J'nim	əldsəilqqA 1i	- Libite W	շտա	səinuitu	Peak Flow, mg/L	Rate, gpd.	Est.	Operation	("X"	quuoj
Involves Taking Water System Components	noitudinteiQ	「 、 「 、 」 ない からし 、 」 い		Required, mg			-8m ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	əų
Conditions; Repair or Maintenance Work that		-Wm		TO muminiM		fo amaT	During Peak	garud taiof	Before or at First		•	insid smoH		Jo Ke
	Concentration at	Required,		T.) mumining			Customer	Measurement	Concentration (C)	1. A.	bensini To	Laola muoli	Visited by	10.00
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								April, 2005			onth/Year o			

May, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Piney Woods					PWS Identification Nur	nber:	3351021	
PWS Type:	Community	Non-Transient Non-Comm	iunity	Fransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Month:	175			Total	Population Served at End	l of Month:	613	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number: (1	352) 787-0980			Cont	act Person's Fax Number:	(352) 787-633	3	·····
Contact Person's E-Mail Ad	idress: <u>k</u>	peheath@aquaamerica.co	om						
3. Water Treatment Pla	ant Information								
Plant Name:	Pincy Woods\Spring L	ake Manor				Plant Telephone Numb	er:	352-787-09	80
Plant Address:	2038 Live Oak Drive				City: Fruitland Par	k State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water					<u></u>
Permitted Maximum Day O	perating Capacity of Pl	lant, gallons per day:		216,000					
Plant Category (per subsect	ion 62-699.310(4), F.A	C.): IV			Plant (Class (per subsection 62-6			
Licensed Operators		Name		License Class	License Number		Day(s) / Shift(s)) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift			
Other Operators:	Brian Heath			С	5825	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift		<u></u>	
									·

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

Will Fontaine

Printed or Typed Name

C-6813

License Number

DEP Form 62-555 .900(3)Alternate

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Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components	Lowesi Residual Disinfectant Concentration at	Minimun UV Dose Required,		Minimum CT Required, mg	, pH of Water,		Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Customer During Before or at First Concentration (C) Before or at First Concentration (C)	Wol ^T Year	Met Quantity of Finished Water	nialq swoH	exercited (Place	10 v Uay of
			*oldsoilq4 VU	A ti ,noitevi	Virus Inact	go.J-ruo	and the second second	UV Dose, to I	T Calculations, or	.ว				
		e (Chloram Chlorine D		dmoD –] SnimeroldD)			Chlorine Dic		al: V Free C	ation/Remova (Describe):	Virus Inactiv 7	ig Four-Log adiation	raviolet Re	Nesns c
· · · · · · · · · · · · · · · · · · ·								Xay, 2005		:10	onth/Year o	for the M	aily Data	11' D'

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MTR-INST: WORK-ORDER-REMARKS: MS FRAZIER IS ASKING FOR CALL ABOUT MOVING MTR HER NUMBER IS 352 374 2140 BECAUSE OF SITUATION SHE DOES NOT FEEL SAFE. PLEASE CALL EARLY MORNING												
APP-Time Start End Call-Ahead Ord# 2160727 Type Phone#	Ext # Min-Before 0											



See Pages 4 for Instructions.

1. General Information for the Month/Year of: June, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identification Numb	ber:	3351021	
PWS Type:	Community	Non-Transient Non-Comr	nunity 🔄 1	Fransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Montl	h: 175				Total I	Population Served at End of	of Month:	613	
PWS Owner:	Aqua Utilities Florid	da								
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	Address:	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.c	com							
B. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring	g Lake Manor					Plant Telephone Number		352-787-09	
Plant Address:	2038 Live Oak Driv	re			City:	Fruitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.): IV	r			Plant C	lass (per subsection 62-699			
Licensed Operators		Name		License Class	Licer	nse Number	D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift			
Other Operators:	Brian Heath			С		5825	Days 1st Shift	<u> </u>		
	John Worrell			С		6597	Days 1st Shift			
· · · · · · · · · · · · · · · · · · ·										

II. Certification by Lead/Chief Operator

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Signature and Date

Will Fontaine

Printed or Typed Name

C-6813 License Number

PWS II) :			3351021		Plant Name:	Piney Wood	s\Spring I	ake Manor					
111. D	aily Data	for the M	lonth/Year	of:		June, 2005								
	-		g Virus Inactiv		al: 🔽 Free C	blorine	Chlorine Di	anida	C Ozone	Camb	ined Chlori	a (Chlorow	ninea)	
1	raviolet R			r (Describe):		inoraic 1	Chiorine Di	oxide	1 02010	1 Comb	ined Chioni	ie (Chiorai	mnes)	
h-					ibution System:	Free Chlo		Combin	ad Chlaring	(Chloramine	<u>а Г</u>	Chlorine I	Viarida	
Type o	1 Disinie		iuai Maintai		•									
				C	T Calculations, or			Four-Log	g Virus Inac	tivation, if A				
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						Disinfectant	Provided		n nga sangangan Kanangangangangangangangangangangangangan					
	Days Plant			1. S.	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	•	Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	Required, mg		mW- sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
Month 1	"X") X	Operation 24.0	gal. 35,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	II Applicable	min/I.	mW-sec/cm ²	sec/cm	System, mg/L 1.0	
2	<u>X</u>	24.0	51,000	ł	1.2								1.0	
3	X	24.0	28,700		1.2								0.9	
4	X	24.0	32,000		1.0								0.7	
5		24.0	48,000	1-										
6	Х	24.0	48,000		1.0	·							0.8	
7	X	24.0	43,000		1.0								0.9	
8	Х	24.0	45,300		1.2								1.0	
9	X	24.0	47,000		1.1								1.0	
10	<u>X</u>	24.0	23,000	[1.1		ļ					ļ	0.9	
11	x	24.0	43,000		1.0		L	<u> </u>	<u></u>			ļ	 	
12	x	24.0 24.0	46,500 46,500		1.0		l						0,8	
13	X	24.0	48,300		0.9				·	<u> </u>			0,8	
14	X	24.0	35,000		1.0								0.8	
16	X	24.0	51,000		1.1			+				<u> </u>	0.9	
17	X	24.0	46,000		1.0								0.9	
18	Х	24.0	45,000		1.2			1	1					
19		24.0	52,500	Ì				1						
20	Х	24.0	52,500		1.1		1						0.9	
21	Х	24.0	43,000		1.0							L	0.9	
22	X	24.0	40,000		1.2								1.0	
23	X	24.0	39,000		1.2					ļ. <u></u>			1.0	
24	X	24.0	32,000		1.0								0.8	
25 26	Х	24.0	47,000		0.9				+					
20	x	24.0 24.0	47,500 47,500		1.0								0.8	
28	X	24.0	47,500		1.0			ł	+		·		0.8	
29	X	24.0	37,000		1.0		 						0.9	
30	X	24.0	47,000		1.0		1	<u> </u>	+			<u>† – – – – – – – – – – – – – – – – – – –</u>	0.9	
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Total		a de la seña	1,279,000				1					I	- 1 ,	
Avecrag	e		41 258	1										

Maximum 52,500



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods					PWS Identification Num	ber: 335102	21
PWS Type:	✓ Community	Non-Transient Non-Comm	unity T	ransient Non-Comr	nunity	Consecutive		
Number of Service Connect	tions at End of Mont	h: 175			Total	Population Served at End	of Month: 613	
PWS Owner:	Aqua Utilities Flori	da						
Contact Person:	Brian Heath				Conta	act Person's Title:	Area Manager	
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Co	de: 34749
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>					
B. Water Treatment Pla	ant Information	L						
Plant Name:	Piney Woods\Sprin	g Lake Manor				Plant Telephone Number	r: 352-78	7-0980
Plant Address:	2038 Live Oak Driv	ve			City: Fruitland Par	k State: Florida	Zip Co	de: 32731
Type of Water Treatment by	5	Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C				216,000				
Plant Category (per subsect		F.A.C.): IV				Class (per subsection 62-69		and the second
Licensed Operators		Name		License Class	License Number	· D	Day(s) / Shift(s) Work	ed
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Brian Heath			С	5825	Days 1st Shift		<u> </u>
	John Worrell			С	6597	Days 1st Shift	· · · · · · · · · · · · · · · · · · ·	
								<u></u>
		-						
								<u> </u>
								

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

Will Fontaine

Printed or Typed Name

C-6813

License Number

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Out of Operation	System, mg/L	zwo/oos	mo/ose-Wm	.Ilaim	əldsəilqqA li	Water, C	J/nim	sənnim	Peak Flow, mg/L	Rate, gpd.	Bal	Operation	("X.	quu
Involves Taking Water System Components	поцибітгі	-Wm		Required, mg	pH of Water,	io đuja i	-3m ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	u.	(Place	əų
Conditions, Repair or Maintenance Work that				TO muminiM		5	During Peak	Point During	Before or at First		Water	nnelq zwoH		
Emergency or Abnormal Operating	Concentration at		Isowest				Customer	Measurement	Concentration (C)		of Finished		Visited by	
	Disinfectant	Minimum					tznił) 16 (T)	Disinfectant		Net Quantity		Staffed or	1
	Lowest Residual						Before or at	Contact Time	Lowest Residual		이 가슴 가슴		mald sysU	
그는 가슴 옷을 물건을 다 물질	요즘 감독을						Provided	Disinfectant			14 - 14 A.			
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	알고 그 가슴감													
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	oproc			-					pution System:		IIBJUIBIVI IBD	DISƏM 1UP1		10.20
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods						PWS Identifica	ation Numb	er:	3351021	
PWS Type:	Community	Non-Transient Non-Comm	unity T	ransient Non-Com	munity		Consecutive				
Number of Service Connect		175			· · · ·		Population Serv	ed at End c	of Month:	613	
PWS Owner:	Aqua Utilities Florida	a									
Contact Person:	Brian Heath	· · · · · · · · · · · · · · · · · · ·				Conta	ct Person's Title	:	Area Manage	r	
Contact Person's Mailing A	ddress:	PO Box 490310			City:	Leesburg	State: Florid	la		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's Fax	Number:	(352) 787-63	33	
Contact Person's E-Mail Ac	ldress:	beheath@aquaamerica.co	om								
B. Water Treatment Pla	ant Information										
Plant Name:	Piney Woods\Spring	Lake Manor					Plant Telephor	ne Number		352-787-09	80
Plant Address:	2038 Live Oak Drive	•			City:	Fruitland Park	State: Florid	la		Zip Code:	32731
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C	Derating Capacity of I	Plant, gallons per day:		216,000							
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): IV				Plant C	lass (per subsec		9.310(4), F.A.C		
Licensed Operators		Name	a the first	License Class	Lice	nse Number		D	ay(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С		6813	Days 1st Shift				
Other Operators:	Brian Heath			С		5825	Days 1st Shift				
	John Worrell			С		6597	Days 1st Shift				
											<u> </u>
		<u> </u>	· · · · · · · · · · · · · · · · · · ·								
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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

Will Fontaine

Printed or Typed Name

C-6813

License Number

PWS II	VS ID: 3351021 Plant Name: Pincy Woods\Spring Lake Manor													
ПП. D	III. Daily Data for the Month/Year of: August, 2005													
	······		g Virus Inacti		white the second									
	traviolet R	-	-	er (Describe):		niorine	Chlorine Di	oxide	C Ozone	Comt	oined Chloriu	ne (Chlorar	nines)	
- ·														
Type of	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chlo				(Chloramine	•· · ·	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	g Virus Inac	tivation, if	Applicable*	K		
					and the second second	CT Calc	ulations			$\left\{ \left i \right\rangle \in \mathcal{J}_{r}^{2}$	UVI	Dose		
		1.1									영화 공기에서	Γ		
						Disinfectant	Lowest CT Provided							
	Days Plant	1			Lowest Residual	Contact Time	Before or at				and and a second se Second second second Second second		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1.	X	24.0	50,500		1.0				ļ				0.7	
2	X	24.0	36,000		0.9							L	0.7	
4	X X	24.0	40,000	ļ	0.9		 	ļ		 		<u> </u>	0.8	
5	<u> </u>	24.0	42,000		1.2	·							1.0	
6	x	24.0		ŧ	1.4								1.1	
7		24.0	40,000	<u> </u>	1.4			<u> </u>				 	<u> </u>	
8	x	24.0	45,000		1.1					f		 	0.8	
9	X	24.0	38,000		1.0	·					<u> </u>		0,8	
10	x	24.0	40,000		1.1			†					0.9	
11	Х	24.0	42,100		1.2								1.0	
12	Х	24.0	58,000		1.0			1					0.9	
13	X	24.0	43,000		1.2			Ĺ						
14		24.0	53,500											
15	X	24.0	53,500		1.0								0.8	
16	X	24.0	40,000		1.0		.	ļ					0.9	
17	X	24.0	46,000		1.1			ļ	ļ	ļ			0.9	
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23	X	24.0	32,000		1.2		<u> </u>					<u> </u>	1.0	
24	X	24.0	55,000		1.3								1.1	
25	Х	24.0	43,000		1.0			t	<u> </u>	1			0.9	
26	Х	24.0	35,000		1.1				1	1			0.9	
27	X	24.0	47,000		1.2									
28		24.0	58,000											
29	X	24.0	58,000		0.9								0.7	
30	X	24.0	35,000		1.0								0.7	
31	X	24.0	40,000				<u> </u>				İ	L	0.9	
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods		····				PWS Identification Number	er:	3351021	
PWS Type:	Community	Non-Transient Non-Com	munity 🛄 Ti	ransient Non-Comn	nunity		Consecutive			
Number of Service Connect	tions at End of Month:	175				Total P	opulation Served at End of	f Month:	613	
PWS Owner:	Aqua Utilities Florida	· · · · ·								
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager	_	
Contact Person's Mailing A	ddress: PO) Box 490310			City: Le	esburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number: (3	52) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac	idress: <u>b</u>	eheath@aquaamerica.c	com							
3. Water Treatment Pla	ant Information									
Plant Name:	Piney Woods\Spring L	ake Manor					Plant Telephone Number:		352-787-09	
Plant Address:	2038 Live Oak Drive				City: Fr	uitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Operating Capacity of Pla	ant, gallons per day:		216,000						
Plant Category (per subsect		C.): IV	/				ass (per subsection 62-699			
Licensed Operators		Name		License Class	License	e Number	Da	ıy(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6	5813	Days 1st Shift			
Other Operators:	Brian Heath			С	5	5825	Days 1st Shift			
	John Worrell			С	6	5597	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

Will Fontaine

Printed or Typed Name

C-6813

License Number

ASTAW GEREALION REPORT FOR PW"SS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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	L'0								2.1	-	000'57	0.42	X	LZ
	L'0								11		005'75	54.0	X	92
										<u> </u>	005'75	54.0		52
									£'1	<u> </u>	41'000	54.0	x	54
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Out of Operation	System, mg/L	z ^{uio/oos}	² mɔ/ɔəɛ-Wm	J/nim	əldaəilqqA li	D ⁰ , JaleW	J/nim	səmuim	Peak Flow, mg/L	Rate, gpd.	leg	Operation	("X"	ψυογγ
Involves Taking Water System Components	Distribution	-Wm	UV Dose,	Required, mg	, nater, Hq	Temp of	-3m, wolf	Peak Flow,	Customer During	Peak Flow	Producted,	m	- 936IA)	ગ્પા
Conditions; Repair of Maintenance Work that	Remote Point in	Required,	Operating	TO muminiM			During Peak		Before or at First		Vater	nus plant		Day of
Emergency of Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	(D) nonsentration (C)		bedrini To		Visited by	22 전 -
	Disinfectant	muminiM					First	⊃ № (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
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							<u> </u>	September, 2005		:10	o neo L'Atno	for the M	ered vlie	11° D4
							sbooW yaniq	Plant Name		1201555				al sma
	_							1 10	· · · · · · · · · · · · · · · · · · ·					~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

PWS I	WS ID: 3351021 Plant Name: Spring Lake Manor													
III. D	III. Daily Data for the Month/Year of: September, 2005													
			g Virus Inactiv				Chlorine Di		F 0	– – – – – – – – – – – – – – – – – – –		(01)		
1	traviolet R	-	-	r (Describe):		попше 1	Chlorine Di	oxide	Core Ozone	[Comb	ined Chlorii	he (Chloran	nines)	
-						Fin an			1.011	(0)	<u> </u>	<u></u>		
Type	Disinte	ctant Resi	dual Maintai		ibution System:	Free Chic				(Chloramine	-	Chlorine I	Dioxide	
- ⁻	1 d . 1	1		<u> </u>	T Calculations, or			Four-Log	g Virus Inac	tivation, if A				
1.1		E.E.				CT Calc	ulations				UVI	Dose		
							Lowest CT							
						Disinfectant	Provided							
· · ·	Days Plant	t ·			Lowest Residual	Contact Time	Before or at						Lowest Residual	
1	Staffed or	1 .	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
l leui	Visited by		of Finished	1	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of the	Operator (Place	Hours plant in	Water Producted,	Deals Flaur	Before or at First	Point During	During Peak			Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that
Month	(Flace "X")	Operation	gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	Required, mg min/L	mW-sec/cm ²		Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1	x	24.0	But	ruic, gpu.	1.1	minues					la w-sourchi	Scorein	0.9	
2	Х	24.0			1.2								0.9	· · · · · · · · · · · · · · · · · · ·
3	х	24.0			1.2									
4		24.0												
5	X	24.0			1.2							ļ	1.0	
6	X	24.0			1.1			 	ļ			ļ	0.8	
8	X	24.0	300		0.9								0.9	
9	x	24.0			1.0	· · · · ·		<u> </u>					0.9	
10	x	24.0		···-	1.1					· · · · ·	· · · · · · · · · · · · · · · · · · ·			
11		24.0							1					
12	X	24.0			0.7								0.6	
13	X	24.0		···	0.8			ļ					0.7	
14 15	X X	24.0 24.0			1.1	· · · ·				-			0.8	
16	X	24.0	· · · · · · · · · · · · · · · · · · ·		1.7								1.3	· · · · · · · · · · · · · · · · · · ·
17	x	24.0			1.6		· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·
18		24.0												
19	Х	24.0			1.6								1.2	
20	X	24.0			1.4								1.2	
21	X	24.0			1.1					l			1.0	
22 23	X X	24.0		l	1.1				<u> </u>				0.9	
23	X	24.0			1.2			+					0.9	
25		24.0			1.2					<u> </u>				
26	X	24.0			0.8			<u> </u>	1	 		 	0.7	
27	Х	24.0			0.9								0.7	
28	X	24.0			1.1								0.9	
29	<u>X</u>	24.0			1.3		ļ		 			L	1.0	
30 31	X	24.0 24,0			1.3			ł	<u> </u>				1.1	
Total	5 .		300	·					1		L	<u> </u>	L	l
Avgerag			10											
Maximu			300											



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods							PWS Identification Num	ber:	3351021	
PWS Type:	 Community 	Non-1	Fransient Non-Co	ommunity	Transient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	h:	175				Total P	opulation Served at End of	of Month:	613	
PWS Owner:	Aqua Utilities Florid	da	·	· <u>-</u>							
Contact Person:	Brian Heath						Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	Address:	PO Box 4903	310	· ·		City: L	eesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-09	80				Contac	t Person's Fax Number:	(352) 787-6333	<u> </u>	
Contact Person's E-Mail Ad	ddress:	beheath@	Daquaameric	a.com							
3. Water Treatment Pla	ant Information										
Plant Name:	Piney Woods\Spring	g Lake Manor						Plant Telephone Number		352-787-09	
Plant Address:	2038 Live Oak Driv	re				City: Fi	ruitland Park	State: Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	🗹 Raw C	Fround Water	Purchased I	inished Water						
Permitted Maximum Day O	Operating Capacity of	Plant, gallons	per day:		216,000						
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.):		IV				ass (per subsection 62-69	9.310(4), F.A.C.):	<u> </u>	
Licensed Operators		ala ang ang ang ang ang ang ang ang ang an	Name		License Class	Licens	e Number	D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine				С		6813	Days 1st Shift			
Other Operators:	Brian Heath				С		5825	Days 1st Shift		<u></u>	
	John Worrell				С		6597	Days 1st Shift			
										. <u></u>	
											_
- 1997년 1월 br>1997년 1월 1997년 1월 19 1997년 1월 1997년 1월 19											

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

Will Fontaine

Printed or Typed Name

C-6813

License Number

PWSI	D:			3351021		Plant Name:	Piney Wood	s					·····	
	aily Data	for the N	lonth/Year	of		October, 2005	·····					-		
			-			hlorine	Chlorine Di	oxide	C Ozone	☐ Comb	ined Chlori	ne (Chloran	nines)	
μυ	traviolet R	adiation	C Othe	r (Describe):										
Type of	of Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	rine Г	Combin	ed Chlorine	(Chloramine	s) 🗖	Chlorine I	Dioxide	
					T Calculations, or									
1.00					ci Calculationis, or		ulations	rour-Log	, viius illac	divation, 117	UVI			
									<u> </u>			1050		
							Lowest CT							
						Disinfectant	Provided							전 모양 옷 나는 것이 말 물건물 물건물
· ·	Days Plant]	Lowest Residual	Contact Time	Before or at		-				Lowest Residual	
1 .	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	r.	1 .		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak	T		Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the Month	(Place "X")	in Operation	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	Required, mg		mW-	Distribution	Involves Taking Water System Components
1	x) X	24.0	gal. 54,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	II Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	<u> </u>	24.0	62,500		1.5									
3	х	24.0	62,500		1.3			{	 				0.9	
4	x	24.0	47,000		1.5		l			<u> </u>			1.1	
5	X	24.0	53,000	<u> </u>	1.4		· · · · · · · · · · · · · · · · · · ·		<u>+</u>				1.0	
6	х	24.0	38,000		1.3								1.0	
7	х	24.0	52,000		1.4		<u> </u>						1.0	
8	Х	24.0	34,000		1.4				<u> </u>					
9.		24.0	54,000			·····	1			1				
10	Х	24.0	54,000		1.3								0.9	
11	X	24.0	53,000		1.3								0.8	
12	X	24.0	44,000		1.4								0.9	
13	<u>x</u>	24.0	44,000		1.4				ļ				1.0	
14	X	24.0	62,000		1.4		 		ļ				0.9	
15 16	x	24.0	54,000		1.4					· · · · · · · · · · · · · · · · · · ·				
10	x	24.0 24.0	59,500 59,500		1.5				 				10	
18	- <u>^</u> X	24.0	50,000		1.5				<u> </u>			<u> </u>	1.0	
19	X	24.0	59,000		1.4		ł		├ ────				1.0	
20	- <u>x</u>	24.0	63,000		1.4			<u> </u>	<u> </u>				0.8	
21	X	24.0	68,000		1.5				<u> </u>	<u> </u>			1.0	
22		24.0	44,500				<u> </u>		t					
23	Х	24.0	44,500		1.2			<u> </u>	<u> </u>					
24	Х	24.0	58,000		1.1	· · · · · · ·	<u> </u>	1		1			0.8	
25	X	24.0	45,000		1.1					1			0.7	
26	X	24.0	41,000		1.2								0.7	
27	Х	24.0	41,000		1.1								0.8	
28	X	24.0	46,000		1.4								1.0	
29	X	24.0	52,000		1.4									
30		24.0	54,000						ļ			L	L	
31	x	24.0	54,000		1.3		l	L		L		L	0.9	l
Total			1,607,000											
Avgerag Maximu			51,839											
presaring	ua	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	68,000											

PWS I	D:			3351021		Plant Name:	Spring Lake	Manor						
HILD	aily Data	for the N	lonth/Year	of		October, 2005								
			g Virus Inacti											
1						Chlorine	Chlorine Di	ioxide	☐ Ozone	Coml	oined Chloria	ne (Chlorai	nines)	
F	traviolet R		■ Othe											
Туре	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	🔽 Free Chlo	orine 🔽	Combir	ed Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
				C	T Calculations, or	r UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable*	4		
1				Sector and the			ulations				UVI			
							Alter Sugar							가는 것이 있는 것이 같은 것은 것이 있는 것이 있는 것이다. 같은 것은 것이 있는 것이 있는 것이 같은 것이 없는 것이 없는 것이다.
						Disinfectant	Lowest CT Provided					• • • • •		
	Days Plant				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	
1.	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CI	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
the	(Place	10.	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	x	24.0	L		1.3									
2		24.0												
3	X	24.0			1.2					l			0.9	
4	X X	24.0			1.3								1,1	
6	X	24.0			1.2			<u> </u>					1.0	
7	X	24.0	500		1.1			┨────					1.0	
8	x	24.0	500		1.2			<u> </u>					1.0	
9		24.0		}	1.2									· · · · · · · · · · · · · · · · · · ·
10	х	24.0			t.1								0.9	
11	Х	24.0			1.1			1					0.8	
12	Х	24.0			1.1			1		1			0.9	
13	Х	24.0	-		1.1								1.0	
14	Х	24.0			1,1								0.9	
15	X	24.0			1.0									
16 17	v	24.0							·					
18	X X	24.0			1.2					<u> </u>			1.0	
19	X	24.0			1.2			1					1.0	
20	X	24.0			1.1					•			0.8	
21	X	24.0	· · · · · · · · · · · · · · · · · · ·		1.0					· · ·			1.0	······································
22		24.0						<u> </u>		<u> </u>				
23	х	24.0			1.1									· · · · · · · · · · · · · · · · · · ·
24	Х	24.0			1.0			1					0.8	
25	Х	24.0			0.9								0.7	
26	X	24.0			0.9								0.7	
27	Х	24.0			0.9								0.8	
28	X	24.0			1.1					<u> </u>			1.0	
29 30	х	24.0	_		1.0	·			<u> </u>					
30	x	24.0 24.0							I	<u> </u>				
Total	^	24.0	500	l	1.1					L	1	l	0.9	L
Avgerag	Bridge State		16											
Maximu			500											



See Pages 4 for Instructions. I. General Information for the Month/Year of: November, 2005 A. Public Water System (PWS) Information

PWS Name:	Piney Woods					PWS Id	entification Num	iber:	3351021	
PWS Type:	Community	Non-Transient Non-Co	mmunity 🔄 🗌 T	Fransient Non-Comn	nunity	Consecu	utive			
Number of Service Connect	tions at End of Month	n: 175			Tot	al Populatio	on Served at End	of Month:	613	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath				Cor	tact Person	n's Title:	Area Manager		
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State:	Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			Со	itact Person	n's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac		beheath@aquaamerica	a.com							
. Water Treatment Pla	ant Information									· · · · · · · · · · · · · · · · · · ·
Plant Name:	Piney Woods\Spring	g Lake Manor				Plant T	elephone Numbe	r:	352-787-09	80
Plant Address:	2038 Live Oak Driv	e			City: Fruitland P	ark State:	Florida		Zip Code:	32731
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect			IV		Plan	Class (per		99.310(4), F.A.C.):		
Licensed Operators			IV	License Class	Plan License Numb			99.310(4), F.A.C.): Day(s) / Shift(s)		
Licensed Operators Lead/Chief Operator:		.A.C.):	IV	License Class			1			
Licensed Operators		.A.C.):	IV	License Class C C	License Numb	er	st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine	.A.C.):	IV	License Class C C C	License Numb 6813	er Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):	IV	License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):	IV	License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):	IV	License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):	IV	License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):	IV	License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):		License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st Shift			
Licensed Operators Lead/Chief Operator:	Will Fontaine Brian Heath	.A.C.):		License Class C C C	License Numb 6813 5825	er Days 1s Days 1s Days 1s	t Shift st Shift st 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

Will Fontaine Printed or Typed Name C-6813

License Number

ΑЭТАW GƏH2INIƏ GƏ2AHЭЯU9 ЯО ЯЭТАW GNUO9Ə WAЯ ƏNITAƏЯТ 22"W9 ЯОЭ ТЯО9ЭЯ NOITAЯЭ9О Y JHTNOM

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											915'67			
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	EI		<u> </u>							<u> </u>	+	54.0		15
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	111								91		34'000	24.0	X	- 67
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	0.1								£'I		000'05	54.0	X	55
	6.0					L			£'I		000'19	54.0	X	517
		I	L								000'19	54.0		50
									£.1		000'17	54.0	x	61
	6.0								£.1		000 [°] L†	54.0	X	81
	0.1								†'I		000'25	54.0	X	41
	8.0								5.1		000'55	0.42	x	91
	6.0								£1		41,000	54.0	x	-
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				t		t			E'I	· [000'87	54.0		13
	6.0		1		1				5.1			54.0	X	15
	0.1			+					E 1	<u> </u>	000'85	54.0	X	11
	0.1		1								000'67	54.0	X	10
	6'0		<u>+</u>						†`[+	\$2,000	54.0	X	6
	6'0	+	t						1.4		000'55	54'0	X	. 8 .
			t	+			<u> </u>	· · · · · · · · · · · · · · · · · · ·	4.1		000'19	54.0	Х	L.
		t	f								000'19	54.0		9
······································	0.1	<u> </u>							5.1		34'000	24.0	X	S
	0.1	<u> </u>							1.4		44,000	54.0	X	1
	8.0		<u> </u>						1.4		000'85	24.0	X	3
			{			L	ļ		5.1		4 0'000	54.0	X	- 7
monniedo to mosterie	8.0	1 2000 1000 10							1.2		000'87	54.0	Х	C. I.
Out of Operation	System, mg/L	zec/cun2	² mɔ/ɔəɛ-Wm	J/nim	if Applicable	Water, ⁰ C	J/aun	Səinnim	Peak Flow, mg/L	Rate, gpd.	Eal	Operation	("X"	Month
Involves Taking Water System Components	noinudirteid	-Wm	UV Dose,	Required, mg	PH of Water,	Temp of	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	əqt
Conditions, Repair or Maintenance Work that	Remote Point in			TO muminiM			During Peak	Point During	Before or at First		Water	tuelq smoll		Day of
Emergency or Abnormal Operating	Concentration at	DA Dose	rowest				Customer	Measurement	Concentration (C)	1	benziniH to		Visited by	To well.
	Disinfectant	minim					First	D 18(T)	Disinfectant	1. S. 1.		ala di Serte Cara. Ngangan		See.
	Lowest Residual						Before or at	Sontact Time	- 1		Vet Quantity	1946 - Marine	Staffed or	
					1. 1. 1974 (A)			and the start of the second	Lowest Residual				Days Plant	al se anno 1997. Tagairtí
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gining Open Strong Stro				1										
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							Piney Woods	Plant Name:		1201255				(II SMd

PWS I	D:			3351021		Plant Name:	Spring Lake	Manor	······································					
HI. D	aily Data	for the N	lonth/Year	of:		November, 200							•••••	
-			g Virus Inactiv										· · · · ·	
	traviolet R						Chlorine Di	oxide	C Ozone	☐ Comb	oined Chlori	ne (Chloran	nines)	
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Type of	of Disinfe	ctant Resid			ibution System:					(Chloramine		Chlorine I	Dioxide	
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							Lowest CT	20.2						
	ing in the					Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at		date interes				Lowest Residual	
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	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	 The second s	Hours plant	 A state of the state of the state 		Before or at First	Point During	During Peak		는 20 EL 2010.	Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X") X	Operation 24.0	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	Out of Operation
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3	X	24.0			1.1			<u> </u>					0.8	
4	X	24.0			1.1								1.0	
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6		24.0			· · · · · · · · · · · · · · · · · · ·			1						
7	X	24.0			1.1								0.9	
	X	24.0			1.2								0.9	
9	X	24.0	200		1.2								1.0	
10	X X	24.0	300		1.2								1.0	
12	X	24.0			1,1								0.9	
13	<u>_</u>	24.0			K.1									
14	х	24.0			1.2				<u> </u>				0.9	
15	Х	24.0			1.1								0.9	
16	X	24.0			1.1								0.8	
17	Х	24.0			1.3								1.0	
18	X	24.0			1.1								0.9	
19 20	X	24.0			1.2									
20	x	24.0 24.0			1,1									
22	<u>x</u>	24.0			1.1								0.9	
23	x	24.0			1.1								1.0	
24	х	24.0		·····	1.4								1.1	
25	х	24.0			1.4								1.2	
26	Х	24.0			1.4									
- 27		24.0												
28	<u>X</u>	24.0			1.3								1.1	
29 30	<u>x</u>	24.0			1.4								1.1	
30	x	24.0 24.0			1.4								1.1	
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 Maximum
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 * Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

December, 2005

A. Public Water System (PWS) Information

PWS Name:	Piney Woods				PWS Identification Nurr	iber: 3351021	
PWS Type:	Community Non-Tr	ransient Non-Community	ansient Non-Comm	nunity	Consecutive		
Number of Service Connect	tions at End of Month:	175		Tot	al Population Served at End	of Month: 613	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Cor	tact Person's Title:	Area Manager	
Contact Person's Mailing A	ddress: PO Box 49031	10		City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number: (352) 787-098	30		Cor	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		aquaamerica.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Piney Woods\Spring Lake Manor				Plant Telephone Numbe	r: 352-787-0	980
Plant Address:	2038 Live Oak Drive		-	City: Fruitland Pa	rk State: Florida	Zip Code:	32731
Type of Water Treatment by	y Plant: 🗹 Raw Gr	round Water Purchased Fin	shed Water				
Permitted Maximum Day O	perating Capacity of Plant, gallons [per day:	216,000				
Plant Category (per subsect	ion 62-699.310(4), F.A.C.):	IV			Class (per subsection 62-64		
Licensed Operators		Name	License Class	License Numb	er I	Day(s) / Shift(s) Worked	
Lead/Chief Operator:		Name	License Class	License Numb 6813	Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator:		Name	License Class C C			Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	Name	License Class C C C	6813	Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine Brian Heath	Name	License Class C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine Brian Heath	Name	License Class C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine Brian Heath	Name	License Class C C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine Brian Heath	Name	License Class C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine Brian Heath	Name	License Class C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator: Other Operators:	Will Fontaine Brian Heath	Name	License Class C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	
Lead/Chief Operator: Other Operators:	Will Fontaine Brian Heath	Name	License Class C C C	6813 5825	Days 1st Shift Days 1st Shift	Day(s) / Shift(s) Worked	

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

Will Fontaine

Printed or Typed Name

C-6813 License Number

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Emergency or Abnormal Operating Conditions; Repair of Maintenance Work that is Involves Taking Water System Components	Lowest Residual "Disinfectant Concentration at	mW- Mumun Mumund Mumund	Lowest Derating UV Dose,	Minimum CT Required, mg	PH of Water.	Temp of	Lowest CT Provided Before or at First Customer During Peak	Pisinfectant Contact Time Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Реак Пом	Net Quantity of Finished Water	tnalq zwoH	Days Plant Staffed or Visited by	
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