JR CINE

Quail Ridge

Docket No. 060368-WS	CMP
	COM
Application to Increase Rates and Charges For a "Class A" Utility	CTR
In	ECR _
Florida	GCL
	OPC
VOLUME 6	RCA
Book 7	SCR
0.400.4557	SGA
Set 38 of 57	SEC
Containing	OTH
Additional Engineering Requirements	

Aqua Utilities Florida, Inc.

Monthly Operating Reports

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00868 JAN 26 5

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Quail Ridge

	Tab Number	Page Number		
Year: 2004	_	0		
January	1	3		
February	2	5		
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May	5 6	11 13		
June	7	15		
July August	, 8	17		
September	9	19		
October	10	21		
November	11	23		
December	12	25		
Year: 2005				
January	1	27		
February	2	29		
March	3	31		
April	4	33		
May	5	35		
June	6	37		
July	7	39		
August	8	41		
September	9	43		
October	10	45		
November	11	47		
December	12	49		



See Pages 4 for Instru	uctions.							
. General Information		ar of: January, 200	04					
. Public Water System	(PWS) Information	on						
PWS Name:	Quail Ridge					PWS Identification Number:	3354867	
PWS Type:	✓ Community	Non-Transient Non-Commur	nity Tr	ansient Non-Comi	munity	Consecutive		
Number of Service Connect		65			<u> </u>	tal Population Served at End of Month:	163	
PWS Owner:	Florida Water Services							
Contact Person:	Craig Anderson				C	ontact Person's Title: VP Env	ironmental Services	
Contact Person's Mailing A	ddress: P.	O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number: (4	07) 598-4199			Co	ontact Person's Fax Number: (407) 5	98-4217	
Contact Person's E-Mail Ad	ldress: <u>C</u> l	raiga@florida-water.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-098	
Plant Address:	37713 Quail Ridge Cir-				City: Eustis	State: Florida	Zip Code:	32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O	·			468,000	1			
Plant Category (per subsect	ion 62-699.310(4), F.A.					nt Class (per subsection 62-699.310(4),		
Licensed Operators		Name		License Class	License Num		hift(s) Worked	
	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		
	Mike Ponticelli			С	8450	Days 1st Shift		····
								
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	J				-			
	1		·	<u> </u>				
I. Certification by Lead	d/Chief Operator							
		nerator licensed in Florida, a	m the lead/chie	f operator of the	e water treatme	nt 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 m	ny knowledge a	nd belief I cert	ify that all drin	king water treatment chemicals u	ised at this plant	conform to NSF
International Standard	160 or other applies	ble standards referenced in s	ubsection 62.55	55 320(3) F A (Lalco certifi	that the following additional op	erations records	for this plant
wone managed and d	41-4 - 1:	and an atoffed on visited this	nlant during the	month indicate	d obovo: (1) re	cords of amounts of chemicals u	sed and chemical	I feed rates: and
were prepared each da	ly that a licensed op	serator started or visited this	piant during the		u aoove. (1)10	al amount and records to the DW/S	owner so the DV	VS owner can
					tnese addition	al operations records to the PWS	o owner so the r v	V3 Owner can
retain them, together v	with copies of this re	eport, at a convenient locatio	n for at least ter	i years.			•	
		2/9/2004 0:00	Will Fontaine				C-6813	
Signature and Date		<u> </u>	Printed or Typ				License Nu	mber
orginature and Date			rimed or typ	,				

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Out of Operation	System, mg/L	"wo/oos	mw-sec/cm	. ' Naim, "	и Аррисаріє	water, C	J/nim	səmum	Peak Flow, mg/L	Rate, gpd	leg.	Operation	("X"	Month
Involves Taking Water System Components	notablitasid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'2007 LO	Required, mg	INBW TO FIG	0 drug 1	Flow, mg-	Peak Flow,	F Customer During	Peak Flow	Producted,	uı		
Conditions; Repair or Maintenance Work that	ni mio Point in	-Wm				to amaT	During Peak			морд дова			oosld)	art
	At the same of the first of the	Required,		TO muminiM				gnimCl tniof	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	15.56			Customer	Measurement	Сопсепианоп (С)		bonzini To	\	vd bariziV	1
[발하는 2명 호텔 전략적임 전설 : 200 : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Disinfectant	muminiM.	Lowest			. A.	tariT	O is (T)	Disinfectant		Net Quantity	i	To baffist or	1
	Lowest Residual		" 。"第一				Before or at	Contact Time	Lowest Residual	. 71			Days Plant	I
[설문화기하다] 호텔 회사들의 함께 보고 있다.		i sa A	多色的基础			1.5	Provided	Disinfectant			40 50 00 20 50 00			j
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										(Descripe):			traviolet R	
	mes)	с (Сиютат	med Chlorin	I Comp	auozo I	əpixo	Culorine Dic	hlorine						
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								January, 2004		:to	onth/Year	M off the M	aily Data	III' D
			<u></u>				Quail Ridge	Plant Name:		4984855			lentification	
							r: a 1:O	1 10	L	ムフロリンしし		oquanily c	,	1 3/110

 $^{^{\}star}$ Refer to the instructions for this report to determine which plants must provide this information



See Pages 4 for Instr	uctions.								
. General Information	i for the Month/	Year of: February, 20	004						
A. Public Water Systen	n (PWS) Informa	ıtion							
PWS Name:	Quail Ridge					PWS Identification Numb	er: 335	4867	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity T	ransient Non-Comi	munity	Consecutive			
Number of Service Connec						Population Served at End of	f Month: 165		\
PWS Owner:	Florida Water Service								
Contact Person:	Craig Anderson				Conta	ct Person's Title:	VP Environmental S	Services	
Contact Person's Mailing A	Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip	Code: 3	2860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				ct Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com							
3. Water Treatment Pl	ant Information								
Plant Name:	Quail Ridge					Plant Telephone Number:	352	-787-0980	
Plant Address:	37713 Quail Ridge	Zircle			City: Eustis	State: Florida	Zip	Code: 3	2726
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		468,000					
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): V			Plant C	lass (per subsection 62-699		С	
Licensed Operators		Name	para 1996 a	License Class	License Number	Da	ıy(s) / Shift(s) Wo	orked 🚆	
Lead/Chief Operator:	Will Fontaine			C	6813	Days 1st Shift			
Other Operators:	Brian Heath			С	5825	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
	Gary Kissick			С	7846	Days 1st Shift			
	Mike Ponticelli	***************************************		С	8450	Days 1st Shift			
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				<u>i</u>	<u> </u>			 	
I Certification by Lead	d/Chief Operate				_				
				Camanatan action		lant identified in mont	Lofthia managet I	cortify th	at the
		t operator licensed in Florida, a							
		ue and accurate to the best of m							
		icable standards referenced in s							
		operator staffed or visited this p							
(2) if applicable, appro	opriate treatment	process performance records.	Furthermore, I	agree to provide	these additional of	operations records to the	he PWS owner so	the PWS	S owner can
retain them, together v	with copies of this	s report, at a convenient location	n for at least te	n years.					
		2/0/2004 0 00	Will Prode'					5813	
61.		3/9/2004 0:00	Will Fontaine				_	ense Numb	
Signature and Date			Printed or Ty	peu Name			Lic	cuse munio	CI .

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24.0 12.000 1.4	X	74
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005'81 0'77		77
74.0 10,000 1.5	X	17
11 11 000'£1 0'+7	X	70
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Mescurement of Finished Concentration (C) Mescurement Customert Of Finished Series (Concentration at Concentration at Concent	Days Plant Staffed or Visited by Operator (Place "X")	
CT Calculations CT Calculations		
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*		
	Disinfectar	Type of
		_
Residual Maintained in Distribution System: 🔽 Free Chlorine (Chlorime (Chloramines) 🔽 Chlorine Dioxide		Means of

PWS Identification Number:

3354867

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



See Pages 4 for Instr						
l. General Information	for the Month/Year of:	March, 2004				
A. Public Water System	(PWS) Information					
PWS Name:	Quail Ridge	-			PWS Identification Number:	3354867
PWS Type:		t Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connec		64			tal Population Served at End of Month:	160
PWS Owner:	Florida Water Services			· · · · · · · · · · · · · · · · · · ·		
Contact Person:	Craig Anderson			Co	ntact Person's Title: VP Environ	mental Services
Contact Person's Mailing A	Address: P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	Number: (407) 598-4199			Co	ntact Person's Fax Number: (407) 598-4	217
Contact Person's E-Mail A	ddress: craiga@florida-	water.com				
3. Water Treatment Pl	ant Information					
Plant Name:	Quail Ridge				Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge Circle			City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment b	y Plant:	Water Purchased Fir	nished Water			
Permitted Maximum Day (Operating Capacity of Plant, gallons per day		468,000			
	tion 62-699.310(4), F.A.C.):	V			t Class (per subsection 62-699.310(4), F.A.	
Licensed Operators	Name		License Class	License Numb	per Day(s) / Shift	(s) Worked
Lead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift	
Other Operators:	Brian Heath		C	5825	Days 1st Shift	
	John Worrell		C	6597	Days 1st Shift	
	Gary Kissick		C	7846	Days 1st Shift	
A Section 1	Adam Michaelsen			Trainee	Days 1st Shift	
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I Certification by Lead	UChi-af O					
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					at plant identified in part I of this re	
information provided	in this report is true and accurate to	the best of my knowledge	and belief. I cert	ify that all drink	king water treatment chemicals used	at this plant conform to NSF
International Standard	60 or other applicable standards re	ferenced in subsection 62-	555.320(3), F.A.	C. I also certify	that the following additional opera	tions records for this plant
were prepared each da	ry that a licensed operator staffed o	r visited this plant during th	e month indicate	d above: (1) re	cords of amounts of chemicals used	and chemical feed rates; and
(2) if applicable, appr	opriate treatment process performation	nce records. Furthermore,	agree to provide	e these additiona	al operations records to the PWS ov	vner so the PWS owner can
retain them, together v	with copies of this report, at a conve	enient location for at least to	en years.			
	4/8/2004 0:	00 Will Fontain	e			C-6813
Signature and Date		Printed or T	yped Name			License Number
~			•			

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Out of Operation	System, mg/L	zwo/oəs	my>98-Wm	Jaim	arosanddy n) 'INPAA	J/aim	sənuru	Peak Flow, mg/L	Rate, gpd.	gal	Operation		I
Involves Taking Water System Components	Distribution	* red (1886) (1871) (201		Required, mg	is Applicable	O reteW	-gm,wol4	Peak Flow,	Customer During	Peak Flow		7	("X"	dinoM
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Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that	Concentration at	Required,	100 mm	TO muminiM			Customer Deet	Measurement Point During	Concentration (C) Before or at First		Water	Hours plant	Operator	Day of
mitraerO lemondy to transmer	Disinfectant	UV Dose	Lowest	ge - 10 TV			First	Ois(T)	Disinfectant	71	bodsini To]	Visited by	1
	Lowest Residual	muminiM	Table		i		Before or at	Contact Time		ĺ	Vet Quantity		Staffed or	
	lembise d'assure l'						Provided to 10 to 10	Disinfectant	Lowest Residual			1	Days Plant	
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								March, 2004		:10	onth/Year o	for the M	aily Data	III. D
<u></u>							Quail Ridge	Plant Name:		2324867		∴ Number	entificaitor	PI SMd

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



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

See Pages 4 for Instr							
l. General Information	for the Month/	Year of: April, 2004	1				
A. Public Water System	(PWS) Informa	tion					
PWS Name:	Quail Ridge					PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 7	ransient Non-Comr	munity	Consecutive	
Number of Service Connect			,			otal Population Served at End of Mor	nth: 173
PWS Owner:	Florida Water Service	es					
Contact Person:	Craig Anderson				C	Contact Person's Title: VP	Environmental Services
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				Contact Person's Fax Number: (40	7) 598-4217
Contact Person's E-Mail Ac	ldress:	craiga@florida-water.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge (Circle			City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		468,000			
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V			Pla	ant Class (per subsection 62-699.310)	
Licensed Operators		Name		License Class	License Nun	iber Day(s)	/ Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			C	6813	Days 1st Shift	
Other Operators:	Brian Heath			C	5825	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
	Gary Kissick			С	7846	Days 1st Shift	
	Adam Michaelsen				Trainee	Days 1st Shift	
		· · ·					
I Certification by Lead	I/Chief Operator						
			om the lead/ahi	of an amutan of the	ruotan traatma	ent plant identified in part I of	this report. I certify that the
							ils used at this plant conform to NSF
							operations records for this plant
							ls used and chemical feed rates; and
					these addition	nal operations records to the P	WS owner so the PWS owner can
retain them, together w	vith copies of this	report, at a convenient locati	on for at least te	n years.			
		5/7/2004 0:00	Will Fontain	e			C-6813
Signature and Date			Printed or Ty	ped Name			License Number

Page 1

PWS Io	entificaitor	n Number:		3354867		Plant Name:	Quail Ridge							
III. D	aily Data	for the M	lonth/Year	of:		April, 2004								
		-	g Virus Inactiv			*	OLL : D:	•••		<u> </u>				
1	raviolet R		C Other			morne	Chlorine Di	oxide	Uzone	☐ Comb	oined Chlorii	ne (Chloran	nines)	
⊢ `														
Type c	d Disinted	ctant Resid	lual Maintair		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
		1		C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if I				
						CT Calc	ulations				UVI	Oose		
-			1.00						4.4.1	14.5				
						Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
1 100	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	1.44		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		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
2	X	24.0 24.0	14,000		1.0				ļ <u> </u>				0.7	
3	X	24.0	15,000 11,000		1.1								0.7	
4	^_	24.0	19,000		1.3				ļ		 			
5	Х	24.0	19,000		1.0				 			-	0.7	
6	X	24.0	14,000	-	1.1							 	0.8	
7	X	24.0	13,000		1.2			1			· · · · · · · · · · · · · · · · · · ·		0.9	
8	Х	24.0	16,000		1.0								0.7	
9	Х	24.0	15,000		1.1							-	0.8	
10	Х	24.0	17,000		1.2									
11		24.0	16,000											
12	X	24.0	16,000		1.2								0.8	
13	X	24.0	13,000		1.2								0.8	
14	X	24.0	9,000	· · · · · · · · · · · · · · · · · · ·	1.1								0.8	
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17	X	24.0	13,000	-	1.0			-			 		0.7	
18		24.0	19,000		1.2					 				
19	X	24.0	19,000		1.6			 			-		1.3	
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Total		s in each acti	484,000				<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	'			
Avgerag	ela Electric		16,133											
Maximu	m		25,000											

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



See Pages 4 for Instr								
. General Information	for the Month/	Year of: May, 20	04					
A. Public Water System	(PWS) Informa	ation						
PWS Name:	Quail Ridge					PWS Identification Number	er: 3354867	
PWS Type:	✓ Community	Non-Transient Non-Com	munity 3	Transient Non-Comr	nunity 🔲 🤇	Consecutive		
Number of Service Connect	tions at End of Mont	h: 69			Total F	opulation Served at End of	f Month: 173	
PWS Owner:	Florida Water Servi	ces	. •			····		
Contact Person:	Craig Anderson				Contac	t Person's Title:	VP Environmental Services	3
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number	(407) 598-4199			Contac	t Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad		craiga@florida-water.com	<u>n</u>					<u>,</u>
B. Water Treatment Pla	ant Information							
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-09	
Plant Address:	37713 Quail Ridge				City: Eustis	State: Florida	Zip Code:	32726
Type of Water Treatment by	<u></u>	✓ Raw Ground Water	Purchased Fir					
Permitted Maximum Day O				468,000				
Plant Category (per subsect	ion 62-699.310(4), F			1		ass (per subsection 62-699		viji siya siya siya siya siya siya siya siy
Licensed Operators		Name		License Class	License Number		y(s) / Shift(s) Worked	
Lead/Chief Operator:				C	6813	Days 1st Shift		
Other Operators:	Brian Heath			C	5825	Days 1st Shift		
	John Worrell			<u>C</u>	6597	Days 1st Shift		
	Gary Kissick			<u>C</u>	7846	Days 1st Shift		
	Adam Michaelsen				Trainee	Days 1st Shift		
				 				
					<u> </u>			
	<u> </u>				l	<u> </u>		
II Certification by Lead	I/Chief Operato	r						
		t operator licensed in Florid	a, am the lead/chi	ef operator of the	water treatment p	lant identified in part	I of this report. I certif	y that the
information provided i	in this report is tr	ue and accurate to the best of	of my knowledge:	and belief. I cert	ify that all drinking	water treatment chen	nicals used at this plant	conform to NSF
International Standard	60 or other appl	icable standards referenced	in subsection 62-	555 320(3) F A (C. Lalso certify tha	the following additi	onal operations records	s for this plant
were prepared each da	v that a licensed	operator staffed or visited th	his plant during th	e month indicate	d above: (1) recor	ds of amounts of chen	nicals used and chemic	al feed rates: and
(2) if applicable, appro	opriate treatment	process performance record	ins plant daring in is Furthermore I	Lagree to provide	these additional o	nerations records to th	he PWS owner so the P	WS owner can
		s report, at a convenient loca			these additional o	perations records to a	ne i wo owner so the i	W S C WHEN CALL
retain them, together v	viai copies of this	s report, at a convenient foca	anon ioi at icast to	on years.				
		6/8/2004 0:00	Will Fontain	ie.			C-6813	
Signature and Date		0/0/2004 0.00	Printed or Ty				License N	umber
organiture and Date			Timice of 1	ypeu rvanie			Bicelise iv	******

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Involves Taking Water System Components	Distribution	-Wm		Required, mg	pri of water,	to data i	-3m ,wol4	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	əti
Conditions, Repair or Maintenance Work that	ni iniog aomañ		Support	TS muminiM	3-41.3-11-	Jo amaT	During Peak	Point During	Before or at First	, rein leen	* * * * * * * * * * * * * * * * * * * *	msiq swoH		
Emergency of Abnormal Operating	Concentration at	Required,					Customer	Measurement	Concentration (C)					To yed
	Disinfectant	UV Dose	Lowest				First	O is (T)			badsini Tio		Visited by	
		mummiM			100			I .	Disinfectant	£	Net Quantity		Staffed or	
	Lowest Residual				1.00	1.1	Before or at	Contact Time	Lowest Residual				Days Plant	
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				<u> </u>				May, 2004		:10	onth/Year o	V adi Tol	aily Data	d JII
							agnist time >							
							Quail Ridge	Plant Name:	L	73842EE		. Митрег	confication	PESMA

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



Public Water System (PWS) Information	See Pages 4 for Instru									
PWS Name Qual Ridge PWS Type 2 Community Non-Translert Non-Community Translert Non-Community Consecutive Number of Service Connections at End of Month: 64 Total Population Served at End of Month: 160	. General Information	for the Month/	Year of: June, 2004							
PWS Name Qual Ridge PWS Type 2 Community Non-Translert Non-Community Translert Non-Community Consecutive Number of Service Connections at End of Month: 64 Total Population Served at End of Month: 160	A. Public Water System	(PWS) Informa	tion					_		
Florate Population Served at End of Month: 160							PWS Identification Number	er: 3354	1867	
Contact Person's Mailing Address P.O. Box 609520 Crisy Orlando State Florida Zip Code 3260-9520	PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Comr	nunity	Consecutive			
Contact Person's Talle VP Environmental Services	Number of Service Connect	tions at End of Month	1: 64			Т	otal Population Served at End of	f Month: 160		
Contact Person's Mailing Address P.O. Box 609520 Ciry Orlando State Florida Zup Code 32860-9520	PWS Owner:	Florida Water Service	ces							
Contact Person's Telephone Number (407) 598-4199 Contact Person's Fax Number (407) 598-4217	Contact Person:	Craig Anderson				C	Contact Person's Title:	VP Environmental S	Services	
Contact Person's E-Mail Address Craiga@florida-water.com	Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip	Code: 32860-9520	
Plant Name Qual Ridge Circle City Eustis State Florida Zip Code 32726	Contact Person's Telephone	Number				C	Contact Person's Fax Number:	(407) 598-4217		
Plant Name: Qual Ridge Plant Address: 37713 Quait Ridge Circle Plant Category (per Subsection 22-699-310(4), F.A.C.) Plant Class (per subsection 62-699-310(4), F.A.C.) C Plant Class (per subsection 62-699-310(4), F.A.C.) C C C C C C C C C			craiga@florida-water.com							
Plant Address 37713 Quall Ridge Circle Qity Eustis State Florida Zip Code: 32726 Type of Water Treatment by Plant. Zij Raw Ground Water Purchased Finished Water Plant Category (per subsection 62-699.310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Name License Class License Number Day(s) / Shiff(s) Worked Lead/Chief Operator: Will Fontaine C 6813 Days Ist Shift Other Operators: Brian Heath C 5822 Days Ist Shift Other Operators: Gary Kissick C 7846 Days Ist Shift Other Operators: Gary Kissick C 7846 Days Ist Shift Office of Companies C C C C In 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 current of the plant operations records for this plant current in them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C C C C C C C C C	B. Water Treatment Pla	ant Information								
Type of Water Treatment by Plant:	Plant Name:	Quail Ridge								
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699-310(4), F.A.C.): Name License Class License Number Day(s) / Shiff(s) Worked Days 1st Shift Day						City: Eustis	State: Florida	Zip	Code: 32726	
Plant Clasgory (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators Will Fontaine C 6813 Days 1st Shift Days 1st Shift Other Operators: Brian Heath C 6597 Days 1st Shift John Worrell Gary Kissick C 7846 Days 1st Shift Gary Kissick C 7846 Days 1st Shift Days 1				Purchased Fini	shed Water					
Licensed Operators Lead/Chief Operator: Will Fontaine C					468,000					
Lead/Chief Operators:		ion 62-699.310(4), F								
Other Operators: Brian Heath Oc 5825 Days 1st Shift John Worrell Gary Kissick C 7846 Days 1st Shift Certification by Lead/Chief Operator			Name					ay(s) / Shift(s) Wo	rked	
John Worrell Gary Kissick C 7846 Days 1st Shift Days 1st Shift Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813										
Gary Kissick C 7846 Days 1st Shift C Retification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	Other Operators:				C					
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813				· · · · · · · · · · · · · · · · · · ·						
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813	L Certification by Lead	VChief Operato	r							
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International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	information provided i	in this report is tr	up and accurate to the best of	my knowledge a	nd belief. I cert	ify that all driv	sking water treatment cher	micals used at this	plant conform to	NSF
were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	International Standard	(04 I	in the standard of the best of the	aubacation 62.5	55 220(2) E A (Tales sortif	St that the following additi	ional operations re	ecords for this plan	ıt
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	international Standard	ou or other appli	icable standards referenced in	subsection 62-3	33.320(3), F.A.	. I also certii	y that the following additi	missle used and ak	contact food rates	and
retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontainc C-6813	were prepared each da	y that a licensed	operator staffed or visited this	plant during the	month indicate	d above: (1) r	ecords of amounts of cher	licais used and ci	the DWC owner of	and
Will Fontaine C-6813						these addition	nal operations records to the	ne PWS owner so	the PWS owner C	111
	retain them, together v	vith copies of this	s report, at a convenient location	on for at least te	n years.					
				Will Fontaine				C-6	5813	
	Signature and Date							Lic	ense Number	

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	L'0						_		0.1		000,£1	24.0	X	7
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Out of Operation	System, mg/L	sec/cm ²	mW-sec/cm ²	J\nim	afdsoilqqA li	Water, ^O C	J/aim	sənuim	Peak Flow, mg/L	Rate, gpd.	gal	Operation	("X"	Month
Involves Taking Water System Components	noitudinisid	-Wm	UV Dose,	Required, mg	pH of Water,	Temp of	-зап., моН	Peak Flow,	Customer During	Реак Пом	Producted,	uı	(Place	ayı
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Remote Point in	Required,	Operating	Minimum CT		4.54	During Peak	Point During	Before or at First		Water	Hours plant	Operator	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Сопсепизиоп (С)		of Finished		Visited by	· [
	Disinfectant	muminiM					าราเปิ	O is (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	- 1
							Provided	Disinfectant				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	əbixoi	Chlorine D	_] (s	(Chloramine:	ed Chlorine	Combin	ine Frince	▼ Free Chlo.	bution System:	ned in Distri	iistnisM lsu	stant Resid	of Disinfe	Дуре о
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	· · ·										vitasent suri V			
								June, 2004		:10	onth/Year	for the M	aily Data	III' D
							Quail Ridge	Plant Name:		7384867		Mumber:	entification	PI SMd

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



See Pages 4 for Instr							
I. General Information	for the Month/	Year of:	July, 2004				
A. Public Water System	(PWS) Informa	ition					
PWS Name:	Quail Ridge					PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transien	t Non-Community	Transient Non-Comi	munity	Consecutive	
Number of Service Connec	tions at End of Month		64			Population Served at End of Month:	160
PWS Owner:	Aqua Utilities Florio	la			1.0	operation out to at Bha of Fronting	
Contact Person:	Brian Heath				Contac	et Person's Title: Area Ma	nager
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number:	(352) 787-0980	· · · · · · · · · · · · · · · · · · ·			et Person's Fax Number: (352) 78°	
Contact Person's E-Mail Ac		beheath@aquaa	america.com				
B. Water Treatment Pla	ant Information						
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge (City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by	<u></u>	✓ Raw Ground W	Vater Purchased	Finished Water			
Permitted Maximum Day O				468,000			
Plant Category (per subsect	ion 62-699.310(4), F.		V		Plant Cl	ass (per subsection 62-699.310(4), F.	A.C.): C
Licensed Operators		Name		License Class	License Number	Day(s) / Sh	nift(s) Worked
Lead/Chief Operator:				С	6813	Days 1st Shift	
Other Operators:	Brian Heath			С	5825	Days 1st Shift	
	John Worrell			C	6597	Days 1st Shift	
			· · · · · · · · · · · · · · · · · · ·				
						<u></u> .	
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		 			, ,		
I Certification by Lead	Chief Operator	r					
			in Florida, am the lead/s	hiaf anarotar of the	water treatment	lant identified in part I of this	remore I contify that the
International Standard	fi uns report is ut	action accurate to	the best of my knowledg	ge and benen. I ceru	ny mai an drinking	water treatment chemicals us	ed at this plant conform to NSF
						t the following additional oper	
(2) if and include	y mai a ncensed o	operator staffed or	visited this plant during	the month indicated	above: (1) record	ds of amounts of chemicals use	ed and chemical feed rates; and
(2) ii applicable, appro	priate treatment	process performan	ce records. Furthermore	e, I agree to provide	these additional of	perations records to the PWS	owner so the PWS owner can
retain them, together w	ith copies of this	report, at a conver	nient location for at least	t ten years.			
			Will Font				C-6813
Signature and Date			Printed or	Typed Name			License Number

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											896'†1	18.24.34		Avgerage
											000'197	87 - 3 - 65	-, -,	lstoT
											12,000	24.0	X	18
	1.1								9'1		12,000	24.0	X	30
	7.1								τl		12,000	0.4.0	X	67
	11					Ī			\$.I		11,000	0.42	Х	-82
	L'0								0.1		000,01	0.4.0	X	7.7
	1.0								7.1		005,21	24.0	X	97
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	0.1								t I		13,000	24.0	X	23
	I.I								Þ.I		000,81	24.0	X	77
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	1.2			1]				S.I		000,6	24.0	X	50
	Z.I								S.I		000,81	24.0	X	61
					-						000,81	24.0		81
							1		S.I		000,8	74.0	X	41
	2.1								S.I		000,81	0.42	X	91
	11								S'I		000'61	24.0	X	ŞĪ
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	2.1								S'I		000'41	24.0	X	13
	1.1								5.1		000,22	0.42	X	15
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nousrado to tuo	System, mg/L	zec/cm ²	mW-sec/cm ²	: /1/arta	sidesilqqA li	Water, C	J/nim	səmunu	Peak Flow, mg/L	Rate, gpd.	Esp	Operation	("X"	Month
Involves Taking Water System Components	Distribution	-Wm		Required, mg	pri or water,	o dinor	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	ui	Place	etire)
Conditions, Repair or Maintenance Work that	Remote Point in	Required,	Obergung	TO muminiM	***	Jo daloj,	During Peak	Point During	Before or at First	11.10	Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		of Finished	Lucia antoH	Visited by	1 TO YELL
	Disinfectant	muminiM each VIII	Donio 1				First	O is (T)	Disinfectant		Net Quantity	i		
▲ 이 많은 사람이 가는 사람들이 되었다. 그 중앙 하는 그리고 있는 사람이 모든 모든 모든 기본이	Lowest Residual	unuiuiya					Before or at	Contact Time	Lowest Residual	-14	vitines O to M	ŀ	Staffed or	
							L.		lembised trewro I		F	ŀ	Days Plant	
						13.5	Provided	Disinfectant						
[이 유럽도 볼 이 하는 동안 하나 모든 모든	·	* * * * * * * * * * * * * * * * * * *		A section			Lowest CT					ì '		i i
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										(Descripe):			raviolet R	
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							·········							
L								4002 , ylul		:10	onth/Year	I/ od) 101	stsO vlis	u III
							Quail Ridge	Plant Name:		1984865		Number:	entification	PI SMd

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



See Pages 4 for Instru	uctions.						
. General Information	for the Month/	Year of: August, 200	04				
A. Public Water System	(PWS) Informa	ıtion					
	Quail Ridge					PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Tr	ansient Non-Comr	nunity	Consecutive	
Number of Service Connect						tal Population Served at End of Month:	160
	Aqua Utilities Florid						
Contact Person:	Brian Heath				ICo	ntact Person's Title: Area N	/lanager
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number:	(352) 787-0980			<u> </u>	ntact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.cor	m		·		
B. Water Treatment Pla	ent Information						
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge (Circle			City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis	shed Water			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		468,000			
Plant Category (per subsecti	ion 62-699.310(4), F.					t Class (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Numb	per 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>				L	<u> </u>	
I Certification by Lead	I/Chief Operate						
			om the lead/chie	f operator of the	water treatmen	nt plant identified in part I of thi	is report. I certify that the
							used at this plant conform to NSF
	* *				-	that the following additional of	
							used and chemical feed rates; and
	-	-			these additiona	al operations records to the PW	S owner so the PWS owner can
retain them, together w	vith copies of this	s report, at a convenient location	on for at least ten	years.			
			Will Fontaine				C-6813
Signature and Date			Printed or Typ	ed Name			License Number
organiture and Date			rimica or Typ	ed rame			District Control

PWS I	dentificaito	n Number:		3354867		Plant Name:	Quail Ridge							
III. D	aily Data	for the N	lonth/Year	of:		August, 2004								
			g Virus Inacti											
1	traviolet R			r (Describe):		hlorine [Chlorine Di	oxide	Ozone	☐ Comb	oined Chlorin	ne (Chloran	nines)	
-														
Type (of Disinfe	ctant Resid	lual Maintai		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
	}		14.5	C	CT Calculations, or	UV Dose, to	Demostate l	our-Log	Virus Inac	tivation, if	Applicable*			
						CT Calc	ulations				UVI	Oose		
	1		Note the sale					- 41 - 4 C						
						Disinfectant	Lowest CT Provided						1 1 VA	
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	[[] 이 생활하고 얼마나 얼마나 이 있는데
	Visited by		of Finished		Concentration (C)	Measurement	Customer			医套连虫 人	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	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 1	"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
2	Х	24.0	12,500 12,500		1.2					ļ				
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5	Х	24.0	14,000		1.0							 	0.9	
6	X	24.0	12,000		1.0								0.8	
7	X	24.0	9,000		1.2									
8		24.0	14,500											
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10	X	24.0 24.0	10,000		1.2					L			0.8	
12	X	24.0	11,000		1.3								1.0	
13	X	24.0	12,000		1.4				<u></u>				1.0	
14	X	24.0	11,000		1.2								1.1	
15		24.0	14,500	, , , , ,									1.0	
16	Х	24.0	14,500		1.2								1.1	
17	X	24.0	15,000		1.6								1.2	
18	X	24.0	16,000		1.5								1.2	
19 20	X	24.0 24.0	14,000		1.1								0.9	
21	X	24.0	13,000		2.2								1.8	
22		24.0	14,000		2.0								1.7	
23	Х	24.0	14,000		2.2				·				2.0	
24	Х	24.0	17,000		2.0								1.8	
25	Х	24.0	10,000		1.6								1.4	
26	X	24.0	8,000		1.2								1.2	
27	X	24.0	14,000		1.1								1.0	
28 29	X	24.0	8,000		1.0									
30	X	24.0 24.0	14,000											
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Total		24,0	386,000								L		l	
Аурегар			12.452											

17,000

Maximum

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



See Pages 4 for Instr									
1. General Information	for the Month/	Year of: September, 2	2004						
A. Public Water System	ı (PWS) Informa	ation							
PWS Name:	Quail Ridge				·	PWS Identification Number		3354867	
PWS Type:	∠ Community	Non-Transient Non-Communit	ty 📙 Tı	ransient Non-Comi	nunity	Consecutive			
Number of Service Connec	tions at End of Month	h: 64				Population Served at End of	Month:	160	
PWS Owner:	Aqua Utilities Florio	da						•	
Contact Person:	Brian Heath				Contac	et Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980			Contac	et Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac		beheath@aquaamerica.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Quail Ridge					Plant Telephone Number:		352-787-098	i0
Plant Address:	37713 Quail Ridge (City: Eustis	State: Florida		Zip Code:	32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day C				468,000				-	
Plant Category (per subsect						ass (per subsection 62-699.)		С	
Licensed Operators		Name Name		License Class	License Number		y(s) / Shift(s)	Worked	
Lead/Chief Operator:				C	6813	Days 1st Shift			
Other Operators:	Marty Neal			С	10027	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
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			·						
Land State of the State Asset Con-				!		i		_	
II. Certification by Leac	I/Chief Operator	r							
		t operator licensed in Florida, am	the lead/chie	f operator of the	water treatment p	lant identified in part I	of this report	. I certify	that the
		ue and accurate to the best of my							
		icable standards referenced in su							
		operator staffed or visited this pl							
		process performance records. Fi							
					mese additional o	perations records to the	e r w 3 Owner	SO the F w	75 GWIIGI Cali
retain mem, together w	viui copies oi tiiis	report, at a convenient location	ior at least ter	i years.					
			Will Fontaine					C-6813	
Signature and Date			Printed or Typ					License Nun	nber
0			Timed of Typ					processo run	

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											343,000	and the little		Total
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	0.1								٤ ا		16,000	0.42	X	87
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											11,000	0.42		97
									₱'I		12,000	0.4.0	X	52
	I.I		i						p.I		000,81	24.0	X	74
	1.1		ļ —						٤,1		000,81	0.4.0	Х	23
	1.2								<i>\$</i> `I		10,000	0.42	X	77
	ħ.I								9.1		10,000	0.4.0	X	- 17
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Involves Taking Water System Components	noitudintaid	-Wm	UV Dose,	Required, mg	pH of Water,	Temp of	-зт , моГТ	Peak Flow,	Customer During	Peak Flow	Producted,	ni	(Place	arp.
Conditions, Repair or Maintenance Work that	Remote Point in	Reduired,		Minimum CT		. –	During Peak	Point During	Before or at First		Water	Homa plant	Operator	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest			·	Customer	Measurement	(О) поцытоэтоЭ		bədzini4 to		Visited by	N .
## 1. j :	Disinfectant	mummin.			1 1		tzriŦ	(T) at C	Disinfectant		Net Quantity	ł i	Staffed or	
	Lowest Residual			far d	- "		Before or at	Contact Time	Lowest Residual				Days Plant	
				l ·			Provided	Disinfectant						
							Lowest CT							. V.
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	The state of the state of	9SO(ΩΛ.D				snoitslu	CT Calcu						
		100	pplicable*	vation, if	Virus Inact	our-Log	Demostate F	UV Dose, to I	T Calculations, or	5				
	anivol	Chlorine D		Chloramine:				∇ Free Chlo	pntion System:		neiniem isu	STAIL KESIG	o insinie	1 Abe o
		G 5444147	<u> </u>					-10 -1 <u>51</u>						-1
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	(səui	e (Chloram	nined Chlorin	Comb	əuozO 🗍	pixide	Chlorine Dio	hlorine	al: 🔽 Free C	vom5A\noits	vitas Inactiv	ng Four-Log	iivəidəA 10	Means o
							7	September, 200		:30	onth/Year	for the M	aily Data	III' D
							Quail Ridge	Plant Mame	L	738 <u>4</u> 867		zedmill r	entificaitor	PI 2/Md

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



See Pages 4 for Instr								
I. General Information	for the Month/	Year of: October, 20	004					
A. Public Water System	(PWS) Informa	ntion						
PWS Name:	Quail Ridge					PWS Identification Number:	335486	7
PWS Type:	✓ Community	Non-Transient Non-Commu	nity T	ransient Non-Comi	munity	Consecutive		
Number of Service Connect		·				tal Population Served at End of Mon	th: 160	
PWS Owner:	Aqua Utilities Florio	la						
Contact Person:	Brian Heath				Co	ntact Person's Title: Area	a Manager	
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: Leesburg	State: Florida	Zip Coo	de: 34748
Contact Person's Telephone	Number:	(352) 787-0980			Co	ntact Person's Fax Number: (352	2) 787-6333	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	m					
B. Water Treatment Pla	nt Information							
Plant Name:	Quail Ridge					Plant Telephone Number:	352-78	
Plant Address:	37713 Quail Ridge	Circle			City: Eustis	State: Florida	Zip Coo	de: 32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	ished Water	*. 04.00			
Permitted Maximum Day O				468,000				
Plant Category (per subsect	ion 62-699.310(4), F					t Class (per subsection 62-699.310(2		
Licensed Operators		Name		License Class	License Numb		/ Shift(s) Worke	ed ·
Lead/Chief Operator:				С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift	·	
1011	John Worrell			С	6597	Days 1st Shift		
:							·	
				-				
							···	
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II Certification by Lead	I/Chief Operato	r						
I, the undersigned water	er treatment plan	t operator licensed in Florida,	am the lead/chie	of operator of the	water treatmer	t plant identified in part I of t	his report. I cer	tify that the
information provided i	n this report is tr	ue and accurate to the best of i	ny knowledge a	nd belief. I cert	ify that all drink	ing water treatment chemical	s used at this pla	ant conform to NSF
International Standard	60 or other appli	icable standards referenced in	subsection 62-5	55.320(3), F.A.(C. I also certify	that the following additional	operations reco	rds for this plant
		operator staffed or visited this						
		process performance records.						
	•	report, at a convenient location			diese addition	operations 1000145 to 1110 1		
retain them, together w	vitil copies of this	report, at a convenient location	on for at least ter	ii years.				
			Will Fontaine				C-6813	}
Signature and Date			Printed or Ty					e Number
5.5nature and Date			Timed of Ty	ped manne				

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	9.0								8.0		14,000	24.0	X	67
	T.0								6.0		13,000	24.0	X	87
	I'I								⊅^!		000'11	24.0	X	LT
	0.1								\$.I		000,12	24.0	Х	97
	8.0								T'I		12,000	24.0	Х	57
							T		S.I		15,000	24.0	Х	74
					1		[12,000	24.0		23
	0.1								2.1		000'6	24.0	Х	77
	I'I								† 1		11,000	0.4.0	X	17
	1.1								51		16,000	24.0	X	50
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											18,000	0.4.0		
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	6.0								1.2		12,000	24.0	X	I
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Involves Taking Water System Components	noitudittaid	-Wm	UV Dose,	Required, mg	,1918W To Hq	Temp of	-gm ,wolfl	Peak Flow,	Customer During	Peak Flow	Producted,	, ui	Place	əqı
Conditions; Repair of Maintenance Work that	Remote Point in	Reduired,		Minimum CT			During Peak	gurnuG mioq	Before or at First		Water	Hours plant	Operator	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)	2.27	bedsini To		Visited by	1
	Disinfectant	mmmmiM	73.		74.1		First	Ous(T)	Disinfectant		Net Quantity		Staffed or	
도 그렇게 기계적 시간 그릇 그리고 하였다. 요	Lowest Residual	1			10.0 Te		Before or at	Contact Time	Lowest Residual				Days Plant	1
h 보다가 얼마당하다 하다라는 하는데 말하다			194				Provided	Disinfectant	1 1: 4 1	t falls	8.4	1	Land and	
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		l	18.2		DATE YES		Lowest CT	102				1	l	
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	(səui	e (Chloram	ined Chlorin	L Combi	orone _	əpixo	Chlorine Dic	plorine 🗀			virus Inactiv			
								October, 2004		:10	onth/Year	/ adt 101	ete(I vlig	U III
							Quail Ridge	Plant Name:		7384867		:тэфши у	entificaiton	PI SMd

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



Public Water System (PWS) Information	See Pages 4 for Instru	uctions.							
PMS Name Quaid Ridge Q	I. General Information	for the Month/	Year of: November	, 2004					
PMS Name Quaid Ridge Q	A. Public Water System	(PWS) Informa	ition						
Institute of Service Commencions at Earl of Month: 64 Total Popularion Served at End of Month: 160			To a produce the contract of t				PWS Identification Number:	3354867	
Number of Severse Connections at End of Month 160			Non-Transient Non-Commi	unity Tr	ansient Non-Comr	nunity	Consecutive		
Every Ever							al Population Served at End of Mor	nth: 160	
Contact Person's Mailing Address 2315 Griffin Rd City Leesburg State Florida Zip Code: 34748									
Contact Person's Mailing, Address 2315 Griffin Rd City Leesburg State Florida Zip Code 24748	Contact Person:	Brian Heath		··· · · · · · · · · · · · · · · · · ·		Cor	tact Person's Title: Are	ea Manager	
Contact Person's E-Mail Address Setter Plant Telephone Number 352-787-0980	Contact Person's Mailing A	ddress:	2315 Griffin Rd		· · · · · · · · · · · · · · · · · · ·	City: Leesburg	State: Florida	Zip Code:	34748
Plant Name Quail Ridge Circle City Eustis State Florida Zip Code: 32726	Contact Person's Telephone	Number:	(352) 787-0980			Cor	tact Person's Fax Number: (35	2) 787-6333	
Plant Name: Qualt Ridge Plant Address 37713 Qualt Ridge Circle 21p Code: 352-787-0980 21p Code: 37713 Qualt Ridge Circle 21p Code: 37713 Qualt Ridge Circle 22p Code: 37713 Qualt Ridge Circle 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 22p Code: 37726 2	Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	om					
Plant Address 37713 Quail Ridge Circle Type of Water Treatment by Plant: State: Florida Zip Code: 32726	B. Water Treatment Pla	ant Information							
Purchased Finished Water Purchased Finished	Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-09	80
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) V Plant Class (per subsection 62-699 310(4), F.A.C.) C License Operators Name License Class License Number Day(s) / Shift(s) Worked License Operators Will Fontaine C 6813 Days 1st Shift Other Operators: Marty Neal C 10027 Days 1st Shift John Worrell C 6597 Days 1st Shift John Worrell C 6597 Days 1st Shift License Operators Day (st Shift Day (s	Plant Address:	37713 Quail Ridge (Circle			City: Eustis	State: Florida	Zip Code:	32726
Plant Class (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operators: Will Fontaine C 6813 Days 1st Shift Other Operators: Marty Neal C 10027 Days 1st Shift John Worrell C 6597 Days 1st Shift	Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Finis	shed Water				
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked	Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		468,000				
Lead/Chief Operators: Marty Neal	Plant Category (per subsecti	ion 62-699.310(4), F.	.A.C.): V			Plant			
Other Operators: Marty Neal C 10027 Days 1st Shift	Licensed Operators		Name		License Class	License Numb	er Day(s)) / Shift(s) Worked	
John Worrell C G G G G S Days 1st Shift Days 1st Shift	Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	Other Operators:	Marty Neal			С	10027	Days 1st Shift		
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine Will Fontaine C-6813		V.C.I							
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International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	I, the undersigned water	er treatment plant	t operator licensed in Florida,	am the lead/chie	t operator of the	water treatmen	t plant identified in part I of	this report. I certify	that the
were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	information provided i	in this report is tr	ue and accurate to the best of	my knowledge ar	nd belief. I cert	ify that all drink	ing water treatment chemica	ils used at this plant	conform to NSF
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	International Standard	60 or other appli	icable standards referenced in	subsection 62-55	55.320(3), F.A.(C. I also certify	that the following additiona	l operations records	for this plant
retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	were prepared each da	y that a licensed	operator staffed or visited this	s plant during the	month indicated	d above: (1) rec	ords of amounts of chemica	Is used and chemica	I feed rates; and
retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813	(2) if applicable, appro	opriate treatment	process performance records.	Furthermore, I	agree to provide	these additiona	l operations records to the P	WS owner so the PV	WS owner can
THE CONTAINS									
Signature and Date Printed or Typed Name License Number				Will Fontaine				C-6813	
	Signature and Date			Printed or Typ	oed Name			License Nu	mber

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											11,000	24.0	 	82
						-			4 .1		000,21	0.42	X	- ZZ
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											20,000	24.0		17
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	2.1								b .1		000,61	24.0	X	71
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	1.3			 									X	6
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noisisqO to inO	System, mg/L	zec/cm ^z	mW-sec/cm ²	4 Jaim	əldsəilqqA li	Water, ^{OC}	J\nim	səmunu	Peak Flow, mg/L	Rate, gpd.	.leg	Operation	("X"	Month
Involves Taking Water System Components	noindinaid	-Wm	UV Dose,	Required, mg	pH of Water,	temp of	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	эці
Conditions, Repair or Maintenance Work that	Remote Point in	Required,		Minimum CT			During Peak	Point During	Before or at First		Water	Hours plant	Орстагог	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Сопсспизноп (С)		bədzini4 10		Visited by	
	Disinfectant	muminiM					izn ⁻ T	Ons (T)	Disinfectant	4 F. F	Net Quantity		Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
[연설명] 이 사이 사회 회사 교육 가는 것 같						7.50	Provided	Disinfectant			in the			
[[생활] 그는 발생하는 사고 하는데	ļ	l			使声数影点		Lowest CT	l						
					열의 남학급했다				4. 4.4.4.1		48 J.A.			. 1
)OSC	IAN			19 A	suonstr	CT Calcu						
							Jemostate F	UV Dose, to I	T Calculations, or	<u> </u>	1			
	<u></u>				•						I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DICON MINN	2011110101	o adf r
	abixoi.	Chlorine D	(5	Chloramines	ed Chlorine	Combine		V Free Chlo	ibution System:	ratoia ni h9t	rietnieM lau	hisaA tust	ognisiO J	o anvT
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i	(səni	e (Chloram	ninoldO bəni	Ц Сошр	əuozO 🔟	əbixo	Chlorine Dio	hlorine [virus Inactiv		оі үсрівліі	Means
							<u>v</u>	November, 200		.,,(onth/Year o	Madt sol	ote(I vlig	d III
							Quail Ridge	Plant Name:		1984SEE		:тэфшиИ г	lentificatior	PI SMd

Раве 2

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



Polymer Page 3 Due in December

DEP Form 62-555 900(3)Alternate

See Pages 4 for Instr										
I. General Information	for the Month/Y	ear of: December,	2004							
A. Public Water System	(PWS) Informa	tion								
PWS Name:	Quail Ridge						PWS Identification Num	iber:	3354867	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity T	ransient Non-Comi	munity		Consecutive			
Number of Service Connect	tions at End of Month					Total 1	Population Served at End	of Month:	160	
PWS Owner:	Aqua Utilities Florid	a					·····			
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Rd			City: I	Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad		beheath@aquaamerica.con	<u>n</u>							
B. Water Treatment Pla	ant Information									
Plant Name:	Quail Ridge						Plant Telephone Numbe	r:	352-787-09	80
Plant Address:	37713 Quail Ridge (Circle			City: I	Eustis	State: Florida		Zip Code:	32726
Type of Water Treatment by		✓ Raw Ground Water	_] Purchased Fini	ished Water						
Permitted Maximum Day O				468,000						
Plant Category (per subsecti	on 62-699.310(4), F.	 					lass (per subsection 62-69		С	
Licensed Operators		Name		License Class	Licens	se Number	<u> </u>	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:			···	С		6813	Days 1st Shift			
Other Operators:	Marty Neal			С		10027	Days 1st Shift			
A THE WAY TO SEE	John Worrell		**************************************	С		6597	Days 1st Shift			
						<u>.</u>				
		<u> </u>	······································							
					<u> </u>					
II. Certification by Lead	Chief Operator									
		operator licensed in Florida, a	4l 1 1/-1-	C C41 -	4	<u> </u>	lant i lantification con	4 I of this non-a-	t Loomtifu	that the
		e and accurate to the best of m								
		cable standards referenced in s								
		operator staffed or visited this p								
		process performance records.			these a	additional o	perations records to	the PWS owne	r so the PV	VS owner can
retain them, together w	ith copies of this	report, at a convenient location	n for at least ter	n years.						
			Will Fontaine						C-6813	
Signature and Date			Printed or Typ	oed Name				_	License Nu	mber
			٠.							

Page 1

11. Data Data Or Res North-New Foundation Control (Describe) Control (Describe)	PWS Id	lentificaito	n Number:		3354867		Plant Name:	Quail Ridge	:						
Means of Achbeving Four-Loy Virus Instrictant Residual Maintainer of in Districtant Residual Maintainer of Indiana Residual Maintainer Residual Maintainer Maintainer Residual Maintainer Residual Maintainer Maintainer Residual Maintainer R	III. D	aily Data	for the N	lonth/Year	of:		December, 200)4							
Company Comp						val:									
Type of Disinfectant Residual Maintained in Distribution System: Fire Chlorine Combined Chlorine (Chloramics) Chlorine Disside Chlorine Chloramics Chlorine Chloramics Ch	1		-	-		• • • • • • • •	mornie	Chlorine Di	oxide	I Ozone	1 Comb	ined Chlori	ne (Chloran	nines)	
Days Plant Salffold or Wilston Post Plant Salffold or Wilston Post Plant Salffold or Wilston Post Plant Po	-														
Park	Type o	of Disinfe	ctant Resid	dual Maintai										Dioxide	
Day Flate Sufficience Su	'				(CT Calculations, or					tivation, if	Applicable ⁴	•		
Day of D	1 4						CT Calc	culations	7-3 - 1-5-10-13			UVI	Oose		[영화학교] 등 학생 그리는 학생들은 학교 이 나는 다시다.
Day of D									G : 450					l magazia	
Days Plant Suffice	1		0.0		1		Dissert	The second of the second of							[문화로 보고] 등 경기를 받는다
Number N	1	Days Plant			<u> </u>	Lowest Pacidual		2.0				持		,	
Visited by volume Post of Control Post of	i		1 2 2 2 2	Net Quantity				.1 . No. 1.12.5					Minimum	The second of the second of the	
Day of Deput Pose Pose		1			1	1		100000000000000000000000000000000000000				Lowest	4 (1.46)	and the second s	Emergency or Absormal Operating
Policy P	Day of		المناف والهجر ويسائدا						\$2		Minimum CT	The second second		 A transfer of the first section of the	16 : #P.C. 12 C.P.C. 특성 2 기본 150kg - 14.6 (1924년 11 년 년 12 년 년 구 :) - [- [
Month Ye Openion gal			1000	the first service of the con-	Peak Flow					pH of Water				 Section Section (Section 2) 	■ もっちした 成成的 がはるを機能を発して 下記の もの 間前が発発し続ける とうりゃりょう
1	Month	"X")	Operation	gal	Rate, gpd				Water, OC	if Applicable	min/L		sec/cm ²	The state of the s	
3	1	Х	24.0	11,000							i		-		
4				12,000		1.3			1					0.8	
5 240 15,000 15 6 X 240 15,000 1.5 7 X 240 11,000 1.4 8 X 240 11,000 1.5 9 X 240 15,000 1.7 10 X 240 12,000 1.5 11 X 240 12,000 1.5 12 2 240 14,000 1.5 12 2 240 14,000 1.5 13 X 240 14,000 1.5 13 X 240 14,000 1.5 13 X 240 14,000 1.5 14 X 240 11,000 1.4 15 X 240 11,000 1.4 16 X 240 11,000 1.4 18 X 240 13,000 1.6 19 240 15,500 <th< td=""><td></td><td></td><td></td><td></td><td></td><td>1.6</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>1.0</td><td></td></th<>						1.6			-					1.0	
6		X				1.5									
7															
8 X 240 10,000 1.5 1.2 1.2 1.5 1.5 1.5 1.5 1.5 1.5 1.4 1.5 1.4 1.2 1.2 1.4 1.2															
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16								 		 					
17 X 240 13,000 1.6 1.6 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.5 1.5 1.5 1.0 1	16							 	 	 	-				
18 X 24.0 15,000 1.4 1.9 1.4 1.5 1.5 1.0	17									 			_		
19	18									 	 	·		1	<u> </u>
21 X 240 11,000 1.6 1.5 22 X 240 12,000 1.5 1.3 23 X 240 12,000 1.4 1.1 24 X 240 9,000 1.4 1.2 25 240 10,000 1.3 1.2 26 X 240 10,000 1.3 1.0 27 X 240 13,000 1.3 1.0 28 X 240 10,000 1.3 1.0 29 X 240 10,000 1.2 1.0 30 X 240 13,000 1.0 0.9 31 X 240 13,000 1.0 0.9 Total 370,000 1.0 0.9 0.9	19		24.0						l —	T				1	
21 X 240 11,000 1.6 1.6 1.5 1.5 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.1 1.3 1.1 1.4 1.4 1.5 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.2 1.2 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.3 1	20		24.0	15,500		1.3								1.0	
23 X 24.0 12.000 1.4						1.6									
24 X 24.0 9,000 1.4 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.3 1.0 1						1.5								1.3	
25						1.4								1.1	
26 X 24.0 10,000 1.3 1.0 1.0 27 X 24.0 13,000 1.3 1.0 1.1 28 X 24.0 8,000 1.3 1.1 1.1 29 X 24.0 10,000 1.2 1.0 1.0 1.0 30 X 24.0 13,000 1.0 <		X				1.4								1.2	
27 X 24.0 13,000 13 10 10 28 X 24.0 8,000 13 11 11 29 X 24.0 10,000 12 10 10 30 X 24.0 13,000 10 10 10 10 31 X 24.0 13,000 10															
28 X 24.0 8,000 1.3 1.1 29 X 24.0 10,000 1.2 1.0 30 X 24.0 13,000 1.0 0.9 31 X 24.0 13,000 0.9 Total*														<u> </u>	
29 X 24.0 10,000 1.2 110 110 120 130 150 150 150 150 150 150 150 150 150 15									ļ	ļ					
30 X 24.0 13.000 1.0 0.9 31 X 24.0 13.000 0.9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5									ļ						
31 X 24.0 13,000 Total: 370,000									<u> </u>	ļ					
Total 370,000						1.0		<u> </u>	 		ļ			0.9	
		_ ^ _					<u> </u>	L	<u> </u>	L	L		L	L	L
	Avgerage			11,935											

15,500

Maximum

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



DEP Form 62-555. 900(3)Alternate

See Pages 4 for Instruct								
l. General Information fo	or the Month/Ye	ar of: January, 200	05					
A. Public Water System (F	PWS) Information	on						
	uail Ridge	74	7.007 7.11			PWS Identification Number	3354867	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity Tr	ansient Non-Comr	nunity	Consecutive		
Number of Service Connection	ns at End of Month:	64	. •			Population Served at End of I	Month: 160	
PWS Owner: Ac	qua Utilities Florida							
Contact Person: Br	rian Heath				Conta	act Person's Title:	Area Manager	
Contact Person's Mailing Addr		O Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Nu	umber: (3	52) 787-0980			Conta	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Addre		eheath@aquaamerica.com	1					
B. Water Treatment Plant	t Information							
Plant Name: Qu	uail Ridge					Plant Telephone Number:	352-787-098	.0
Plant Address: 37	713 Quail Ridge Cir				City: Eustis	State: Florida	Zip Code:	32726
Type of Water Treatment by Pl		Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day Oper				468,000				
Plant Category (per subsection	62-699.310(4), F.A.					class (per subsection 62-699.3		
Licensed Operators		Name		License Class	License Number		r(s) / Shift(s) Worked	
	ill Fontaine			С	6813	Days 1st Shift	<u> </u>	
· - —	arty Neal			С	10027	Days 1st Shift		
Joh	hn Worrell			С	6597	Days 1st Shift		
1 1 1								
1								
1								
	······································							
I. Certification by Lead/C	Chief Operator							
···		perator licensed in Florida, a	m the lead/chiet	f operator of the	water treatment i	plant identified in part L	of this report. L certify	that the
	•	and accurate to the best of m		•		•	-	
	-	ble standards referenced in si			*	-	_	
	• •	erator staffed or visited this p		` ''	•	_	•	•
		ocess performance records. I						
					tnese additional o	operations records to the	e Pws owner so the Pw	5 Owner Can
retain them, together with	copies of this re	eport, at a convenient location	i for at least ten	years.				
							0.000	
0		 	Will Fontaine				C-6813	
Signature and Date			Printed or Typ	ed Name			License Num	iber

Page 1

PWS I	dentification	n Number:		3354867		Plant Name:	Quail Ridge					_		
	aily Data	for the N	lonth/Year	of:		January, 2005								
_			g Virus Inacti		/al: ▼ Free C		Chlorine Di	arida	<u> </u>	-	. 1011	(0) 1		
ľ	traviolet R			er (Describe):		inornie į	Chlorine Di	oxide	Ozone	Comb	oinea Uniorii	ne (Chioran	nines)	
F.					ibution System:	▼ Free Chlo		Combin	ad Chlarina	(Chloramine		Chlorine I	Nanda.	
Type	T DISHIEC	Tant Resid	iuai Maintai										Dioxide	
					T Calculations, or			our-Log	Virus Inac	tivation, if				
]				*		CT Calc	ulations				UV			
i i							Lowest CT							
		- 1				Disinfectant	Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Ma Alexander	Minimum	Disinfectant	
1	Visited by		of Finished		Concentration (C)	Measurement	Customer	- 2			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	the second of the second of the		Before or at First	Point During	During Peak	12000		Minimum CT		Required,	Remote Point in	Conditions, Repair of Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"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
2	Х	24.0 24.0	10,000		1.3									
3	x	24.0	16,500 16,500		1.2							<u> </u>		
4	x	24.0	13,000		1.2								0.9	
5	x	24.0	11,000		1.3		-						0.8	
6	x	24.0	11,000	[- 	1.4					 			1.1	
7	х	24.0	16,000		1.4				 	 	·		1.1	
8	х	24.0	11,000		1.4		<u> </u>			 			1.1	
9		24.0	15,500	····-						†				
10	X	24.0	15,500		1.4	. , , , , , , , , , , , , , , , , , , ,				<u> </u>			1.0	
11	х	24.0	11,000		1.4								1.0	
12	X	24.0	11,000		1,3						-		0.9	
13	х	24.0	12,000		1.2								0.9	
14	х	24.0	11,000		1.2								1.0	
15	x	24.0	10,000		1.3				L			_		
16 17		24.0	11,500			·				ļ				
18	X X	24.0 24.0	11,500 20,000		1.3		ļ			<u> </u>	<u> </u>		1.0	
19	x	24.0	10,000	-	1.3		ļ	 					1.2	
20	x	24.0	10,000		1.3				 				1.3	
21	x	24.0	15,000		1.5		·		 		 		1.3	
22	х	24.0	13,000		1.5						 		1.3	
23		24.0	13,500							<u> </u>				
24	х	24.0	13,500		1.4								1.2	
25	х	24.0	11,000		1.4								1.1	
26	х	24.0	11,000		1.5								1.3	
27	х	24.0	16,000		1.6								1.4	
28	х	24.0	14,000		1.3								1.2	
29	х	24.0	12,000		1.3									
30 31		24.0	12,000				ļ							
Total	1	24.0	12,000				L	L	L	L	<u> </u>	L	<u> </u>	
Aveerae			397,000 12,806											

Page 2

20,000

Maximum

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



See Pages 4 for Instr							
l. General Information	for the Month/Y	fear of: February, 20	05				
A. Public Water System	(PWS) Informa	tion					
PWS Name:	Quail Ridge					PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Communi	ity T	ransient Non-Comr	nunity	Consecutive	
Number of Service Connect	tions at End of Month		,			al Population Served at End of Month:	231
PWS Owner:	Aqua Utilities Florida	a				* *************************************	
Contact Person:	Brian Heath				Con	tact Person's Title: Area Ma	nager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980			Con	tact Person's Fax Number: (352) 78	7-6333
Contact Person's E-Mail Ac		beheath@aquaamerica.com]				
3. Water Treatment Pla	ant Information						
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge C				City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water			
Permitted Maximum Day O				468,000			
Plant Category (per subsect	ion 62-699.310(4), F./					Class (per subsection 62-699.310(4), F	
Licensed Operators		Name		License Class	License Number		nift(s) Worked
	Will Fontaine			C	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
							
			···				
						·· •	the same of the sa
			 	1			
I Certification by Lead	I/Chief Operator						
I, the undersigned water	er treatment plant	operator licensed in Florida, an	n the lead/chie	f operator of the	water treatment	plant identified in part I of this	report. I certify that the
information provided i	n this report is tru	e and accurate to the best of m	y knowledge ar	nd belief. I certi	fy that all drinki	ng water treatment chemicals us	ed at this plant conform to NSF
						hat the following additional ope	
						ords of amounts of chemicals us	
						operations records to the PWS	
		report, at a convenient location		_ ,		operational vector and it will	o mer to the time of the
			Will Fontaine				C-6813
Signature and Date			Printed or Typ	oed Name			License Number

PWS I	dentificaito	n Number:		3354867		Plant Name:	Quail Ridge	;						
Ш. Г	aily Data	for the N	lonth/Year	of:		February, 2005								
			g Virus Inacti		val: TAIR of									
	traviolet R			er (Describe):		niorine [Chlorine D	ioxide	☐ Ozone	☐ Comb	oined Chlori	ne (Chlorai	nines)	
-														
Type	of Disinfe	ctant Resid	dual Maintai	ined in Distr	ibution System:	▼ Free Chk	orine [Combin	ned Chlorine	(Chloramine	es) 「	Chlorine l	Dioxide	
		1.00			T Calculations, or	r UV Dose, to	Demostate	Four-Los	Virus Inac	tivation, if	Applicable	k	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
							culations	1014440	in the second second	,		Dose		
	1		100		i		118999-4-1	16.62	250	T	- 0,	0030		
				ŀ	· .		Lowest CT			1		100		
	Days Plant					Disinfectant	Provided							
1	Staffed or		Net Quantity		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Visited by		of Finished	J. G. William	Disinfectant Concentration (C)	(T) at C	First					Minimum	Disinfectant	
Day of	Operator	Hours plant			Before or at First	Measurement Point During	Customer During Peak			Minimum CT	Lowest Operating	UV Dose	Concentration at	Emergency or Abnormal Operating
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow.	Flow, mg-	Temp of	nH of Water	Required, mg		Required, mW-		Conditions, Repair or Maintenance Work tha
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water o	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
1	X	24.0	16,000		1.2				та примения	111112	III W-SCOCIII	secrent	1.0	Out of Operation
2	Х	24.0	10,000		1.2								0.9	
3	Х	24.0	9,000		1.2				†				1.0	
4	Х	24.0	12,000		1.3								1.0	
5	Х	24.0	10,000		1.4									
6		24.0	15,000											
8	X	24.0	15,000		1.3								1.0	
9	X	24.0	10,000		1.4								1.2	
10	X	24.0 24.0	11,000		1.4								1.1	
11	X	24.0	13,000		1.3								1.1	
12	X	24.0	11,000	<u> </u>	1.3				 				1.0	
13		24.0	15,000		1.3									
14	X	24.0	15,000		1.3		ļ — —		ļ				1.0	
15	Х	24.0	11,000		1.4	<u></u>							1.0	
16	Х	24.0	11,000		1.4		 		 	 			1.1	
17	X	24.0	13,000		1.3								1.1	
18	X	24.0	16,000		1.4				1				1.1	
19	X	24.0	14,000		1.4									
20		24.0	15,500										l	
21	X	24.0	15,500		1.4								1.2	
22	X	24.0	8,000		1.3								1.1	
23	X	24.0	19,000		1.2								1.0	
25	X	24.0	14,000		1.2								0.9	
26	^	24.0	14,000		1.2								0.9	
27	x	24.0	12,000		1.1									
28	$\frac{\lambda}{X}$	24.0	15,000		1.1		-							
29		24.0	15,000										0.9	
30		24.0												
31		24.0												
Total	ee ou gewy	Sept Server	365,000										L	
Avgerage		1 4 4 1 1 146 14 14 14 14 14 14 14 14 14 14 14 14 14	11,774											
Maximur	n		19,000											

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



See Pages 4 for Instr							
. General Information	for the Month/Y	ear of: March, 2005					
A. Public Water System	(PWS) Informa	tion					
PWS Name:	Quail Ridge				PWS Identification Numb	per: 3354867	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comn	nunity []	Consecutive		
Number of Service Connect	ions at End of Month	. 77		Total P	opulation Served at End o	of Month: 231	
PWS Owner:	Aqua Utilities Florida	a					
Contact Person:	Brian Heath			Contac	et Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida		34749
Contact Person's Telephone	Number:	(352) 787-0980		Contac	t Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad		beheath@aquaamerica.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Quail Ridge				Plant Telephone Number:		
Plant Address:	37713 Quail Ridge C			City: Eustis	State: Florida	Zip Code:	32726
Type of Water Treatment by			Finished Water				
Permitted Maximum Day C			468,000				
Plant Category (per subsect	ion 62-699.310(4), F.				ass (per subsection 62-699		et and early and
Licensed Operators		Name	License Class	License Number		ay(s) / Shift(s) Worked	gottus et et Mark
Lead/Chief Operator:			С	6813	Days 1st Shift		
Other Operators:	Marty Neal		С	10027	Days 1st Shift		
	John Worrell		С	6597	Days 1st Shift		
The first spirit spirit spirit							
I Certification by Lead	/Chief Operator						
		operator licensed in Florida, am the lead/o	shief operator of the	water treatment n	lant identified in part	Lof this report Legrify	that the
i, the undersigned wat	er treatment plant	operator neensed in Florida, and the lead/o	The Derator of the	water treatment p	- water treatment abo	micals used at this plant of	onform to NSF
information provided	in this report is tri	ue and accurate to the best of my knowledg	ge and belief. I certi	ily that all drinking	g water treatment che	similars used at this plant c	ontoin to 1451
International Standard	60 or other appli	cable standards referenced in subsection 6	2-555.320(3), F.A.C	3. I also certify the	at the following addit	ional operations records i	or uns plant
were prepared each da	y that a licensed of	operator staffed or visited this plant during	the month indicated	d above: (1) recor	ds of amounts of cher	micals used and chemical	reed rates; and
(2) if applicable, appro	opriate treatment	process performance records. Furthermore	e, I agree to provide	these additional o	perations records to t	the PWS owner so the PW	S owner can
retain them, together v	vith copies of this	report, at a convenient location for at least	t ten years.				
		Will Font	aine			C-6813	
Ciarata A Data			r Typed Name			License Num	nber
Signature and Date		Printed of	гурец мате			License Nun	

Quail Ridge

Plant Name:

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											14,484	Water Today and But the second	Alpha Brok	Avgerage
											000'677	Charles 1988	(that is the	Total
									T		000,£1	0.42	X	18
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	p .I								6.1		12,000	0.42	Х	67
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	-										005,41	0.42	 ^ 	72
	<u> </u>								č.I	 	000,11	24.0	X	97
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	£.1								2.1		14,000	0.42	X	74
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											21,000	24.0	ļ	50
			L						†·I		000'6	24.0	X	61
	7.1								b .[10,000	24.0	X	-81
	٤٦		<u> </u>						č.I		20,000	0.42	X	LT.
	1.3		ļ						č.I		14,000	0.42	X	91
	1.2								1.5		20,000	24.0	X	۶I
	1.2								S.I		18,500	0.42	X	14
											18,500	0,42		13
					L				1.5		000,11	24.0	X	71
	1.1								5.1		13,000	0.42	X	П.
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	8.0						-		p.I		13,000	0.42	X	7
	8.0								1.1		14,000	24.0	Х	11
Out of Operation	System, mg/L	zec/cm ²	mW-sec/cm	J/nim	oldsoilggA ii	Water, C	J/nim	səmunu	Peak Flow, mg/L	Rate, gpd.	Bal	Operation	("X"	Month
Involves Taking Water System Components	noituditizia	-Wm		Required, mg	TOTAL OF THE	to dynar	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	əth.
Conditions, Repair or Maintenance Work that		1 to 10 to 1		TO muminim		To amaT	During Peak	Point During	Before or at First	IZ Joed		1	1	
		Required,	X 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. J. containing	-	4 - 4 - 10 -		4 Table 1 C 12 15		1	Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			Customer	Measurement	Concentration (C)	İ	benzini To		Visited by	
넓성하는 사람들은 사람들이 되었다.	Diginfectant	mummiN		j.		ļ	triiT	One (T)	Disinfectant		Net Quantity		Staffed or	
erregion in the territoria	Lowest Residual			l maria			Before or at	Contact Time	Lowest Residual	}			Days Plant	
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	(cour	umiouro) o	uniouio pour	amos I	20076	205%	NG MINOUS			. (Descripe):			raviolet Ra	
	(29ai	(U.J) #	nired Chlorin		onosO _		Chlorine Dio	mlorine m	ID aar I 🔽 Free Cl		Virus Inactiv			
				****				COOZ 'UDIRIAI		11/	OUTH/1 CAF	141 3113 101	PIRCE ALLE	C .1111

7354867

PWS Identification Number:

Page 2

32

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



See Pages 4 for Instr	uctions				•		
. General Information		'ear of: April, 2005					
. General information	TOT THE MOUTH!	Car 01. April, 2003	· · · · · · · · · · · · · · · · · · ·				
A. Public Water System	(PWS) Informa	tion					
PWS Name:	Quail Ridge				·	PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Commu	unity 🔲 Ti	ransient Non-Comi	munity	Consecutive	
Number of Service Connect	tions at End of Month	77			Tota	l Population Served at End of Month:	231
PWS Owner:	Aqua Utilities Florida	a					
Contact Person:	Brian Heath				Con	tact Person's Title: Area M	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Con	tact Person's Fax Number: (352) 7	787-6333
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>				
B. Water Treatment Pla	ant Information						
	Quail Ridge					Plant Telephone Number:	352-787-0980
	37713 Quail Ridge C				City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water			
Permitted Maximum Day O				468,000			
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				Class (per subsection 62-699.310(4),	
Licensed Operators		Name	·	License Class	License Number	T Day(s) / S	Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
· ·	John Worrell			С	6597	Days 1st Shift	
		Access to the second se					
			<u></u>				
					l	<u></u>	
I. Certification by Lead	/Chief Operator						
			om the lead/ship	f aparatar of the	water treatment	plant identified in part I of thi	s report. I certify that the
						ng water treatment chemicals u	
International Standard	60 or other applic	cable standards referenced in	subsection 62-5	55.320(3), F.A.C	. I also certify t	hat the following additional or	berations records for this plant
						ords of amounts of chemicals u	
					these additional	operations records to the PWS	S owner so the PWS owner car
retain them, together w	vith copies of this	report, at a convenient location	on for at least ter	n years.			
			Will Fontaine				C-6813
Signature and Data			-				License Number
Signature and Date			Printed or Typ	oed Name			Piccuse infiliner

PWS I	lentificaito	n Number:		3354867		Plant Name:	Quail Ridge							
III. D	aily Data	for the N	lonth/Year	of:		April, 2005								
			g Virus Inactiv		ul. ET e							-		
1		-	-		•	niorine [Chlorine Di	oxide	☐ Ozone	☐ Comb	ined Chlorii	ne (Chloran	nines)	
⊢ `	traviolet R			er (Describe):										
Type o	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	▼ Free Chle	orine Γ	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
				I . c	T Calculations, or	IIV Dose to	Demostate l	Four-Los	Virus Inac	tivation if A	Annlicable ³	Note that the	america.	
			i	1 1/2/21		CT Calc		Our Dog	, virus mac	arvacion, 112	UV			
			•			Ci Calc	liations .	1			∪ γ ει	loose		
		1	1				Lowest CT	l						
				į		Disinfectant	Provided	İ			To the country			[] - 이 - 이 - 이 스펙(() 1. 1
1	Days Plant				Lowest Residual	Contact Time	Before or at	i					Lowest Residual	
1-	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
l	Visited by		of Finished		Concentration (C)	Measurement	Customer	l ·			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	(.		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	ın	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		∌ mW-	Distribution :	Involves Taking Water System Components
Month	"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	18,000		1.4								1.2	
2	Х	24.0 24.0	13,000		1.4				.					Manual Transfer of the Control of th
4	Х	24.0	18,500 18,500						ļ	ļ				
5	X	24.0	13,000		1.3			ļ		-			1.0	
6	X	24.0	15,000		1.5			<u> </u>	ļ	-			1.3	
7	X	24.0	18,000		1.3								1.2	
8	X	24.0	14,000		1.4			 	 				1.1	
9	_^_	24.0	17,000	ļ	1.2			-	.		-	-	1.0	
10	Х	24.0	17,000	 	1.3				 			<u> </u>		
11	X	24.0	22,000		1.2		-	 					1.0	
12	X	24.0	16,000		1.2			 					1.0	
13	X	24,0	15,000		1.1				 	1		-	1.1	
14	X	24.0	13,000		1.2				 			 	1.1	
15	Х	24.0	16,000		1.4								1.2	
16	Х	24.0	10,000		1.4	<u> </u>								
17		24.0	22,500											
18	Х	24.0	22,500		1.4				1	1			1.2	
19	Х	24.0	20,000		1.3								1.2	
20	X	24.0	18,000		1.5								1.3	
21	Х	24.0	22,000		1.4								1.3	
22	X	24.0	30,000		1.3								1,1	
23	X	24.0	24,000		1.4									
24		24.0	18,000											
25	X	24.0	18,000		1.0								0.8	
26	Х	24.0	15,000		1.3								1.0	
27	Х	24.0	10,000		1.7								1.3	
28:	X	24.0	20,000		1.8				ļ				1.5	
29	X	24.0	24,000		1.7				ļ				1.5	
30	X	24.0	21,000		1.6				<u></u>			ļ		
31		24.0	520.000				<u> </u>	L		1		I	<u> </u>	
Total			539,000											
Avgerag Maximu			17,387 30.000											
waxiiiiu	141		30,000	I										

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



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

See Pages 4 for Instru						
l. General Information	for the Month/	Year of: May, 2005				
A. Public Water System	(PWS) Informa	ation				
	Quail Ridge				PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity [Consecutive	
Number of Service Connect	tions at End of Month	h: 77		Total P	Opulation Served at End of Month:	270
PWS Owner:	Aqua Utilities Florid	da				
Contact Person:	Brian Heath			Contac	et Person's Title: Area Mar	nager
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980		Contac	et Person's Fax Number: (352) 787	7-6333
Contact Person's E-Mail Ad		beheath@aquaamerica.com				
B. Water Treatment Pla	ant Information					
Plant Name:	Quail Ridge				Plant Telephone Number:	352-787-0980
	37713 Quail Ridge			City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by			inished Water			
Permitted Maximum Day O			468,000			
Plant Category (per subsecti	ion 62-699.310(4), F				ass (per subsection 62-699.310(4), F.	. '
Licensed Operators		Name	License Class	License Number		ift(s) Worked
Lead/Chief Operator:			С	6813	Days 1st Shift	
Other Operators:	Marty Neal		С	10027	Days 1st Shift	
	John Worrell		C	6597	Days 1st Shift	
						· · · · · · · · · · · · · · · · · · ·
						
	<u> </u>				<u> </u>	
I Certification by Lead	/Chief Operato	r				
		t operator licensed in Florida, am the lead/ch	nief operator of the	water treatment n	lant identified in part L of this	report. I certify that the
		rue and accurate to the best of my knowledge				
		icable standards referenced in subsection 62-				
		operator staffed or visited this plant during t				
	-	process performance records. Furthermore,		these additional of	perations records to the PWS	owner so the PWS owner can
retain them, together w	vith copies of this	s report, at a convenient location for at least	ten years.			
		MOR Cont.	ine			C-6813
Signature and Date		Will Fontai				License Number
orginature and Date		Printed or	Typed Name			Freelige Manager

Page 1

Quail Ridge

Plant Name:

1984888

PWS Identification Number:

											000 98	13000 300	u	mmixeM
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											000,728	Robert Commen	c 200 - 1	IstoT
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	2.1								t'I		002,82	0.42	Х	30
	-										002,82	24.0		.67
									s·t		17,000	0.42	Х	87
	7.1		-						SI		000,82	24.0	X	LT
	2.1		<u> </u>						p'l		000,22	0.42	X	92
			 	-					8.0		24,000	24.0	X	72
	L'0								€.1	 	24,000	24.0	X	74
	1.1		_	<u> </u>					£.1		24,000	24.0	x	
	0.1								ξ!				 ^	23
		ļ							a.,		75,000	24.0		33:
									€.1	ļ 	23,000	24.0	X	-17
	1.1		ļ						£.I		000'9ε	0.42	X	50
	7.1	<u> </u>							1.3		000,61	0.42	X	61
	1.2								€.1		17,000	0.42	Х	81
	2.1								p.l		14,000	0.4.0	X	71
	0.1								1.3		23,000	24.0	Х	91
											23,000	24.0		SI
			1						£.1		000,81	24.0	Х	ÞΙ
	0.1		·						7.1		13,000	24.0	Х	ΙЗ
	1.2	<u> </u>							£.1		000,£1	24.0	X	71
	b .1				,,				S.I		000,91	24.0	Х	11
	0.1								£.1		000,12	24.0	X	10
	0.1			 			· · · · · · · · · · · · · · · · · · ·		£.1		71,500	0.42	Х	6
	01										21,500	24.0		8
			 	i			·	-	S.I		000,11	24.0	X	L
	2.1	 	 			<u> </u>			t'1		000,7	24.0	X	9
	2.1	-	 	<u> </u>					5.1	 	000,41	0.42	X	5
			 			<u> </u>	 		9.1		000,41	0.42	X	
	7.1	 	ļ						S.I		000,61	0.42		7
	2.1		<u> </u>				ļ			 			X	3
	1.1	 	<u> </u>			<u> </u>			£.1	 	58,000	0.42	X	7
				ļ. ——				5 	- 0 (28,000	24.0		1
notheration of Operation		zmɔ/ɔəs	my-sec/cm		əldsəilqqA Yi	Oo rater O	Jaim	səmunu	Peak Flow, mg/L	Rate, gpd	lsg	Operation	("X"	hnoM
Involves Taking Water System Components	nonudinzid	-Wm		Required, mg		Temp of	-gm ,wol4	Peak Flow,	Customer During	Peak Flow	Producted,	uı	Place	the
Conditions; Repair or Maintenance Work that		Required,	Operating	TO muminiM			During Peak	garind mio4	Iziri Is no enoled		Water	Hours plant		Day of
Emergency or Abnormal Operating	Soncentration at	NA Dose	Lowest	1.0	1.		Customer	Measurement	Concentration (C)		bədzini To		Visited by	2.5
[HATTER FOR HELD HELD HER SERVER	Disinfectant	mminiM					trit	Om(T)	Disinfectant		Met Quantity		Staffed or	
	Lowest Residual				}		Before or at	Contact Time	Lowest Residual	l		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Days Plant	
[1884] - 1884 - 1884 - 1884 - 1884 - 1884							Provided	Disinfectant	1.0	ì	1			
					i i		Lowest CT							1.5
	[다음 : 현기기를	- \$1.50 mm	<u>T</u>	 	<u> </u>	L	CHORSE	DOMO TO	<u> </u>	ł	-	1	ļ	
		The same of the same of the same of	$\overline{\mathbf{M}}$	<u> </u>	25		T-12 - Table	CT Calcu			1			
		K	*sldssilq	A li .noitsvi	Virus Inact	90.1-no	4 stateomsC	UV Dose, to I	T Calculations, or	. <u>)</u>	<u> </u>			<u> </u>
	opixoi	Chlorine D) [(9	Chloramines	d Chlorine (Combine	l ənir	☑ Free Chlor	bution System:	insid ni bə	nistnisM leu	tant Resid	Disinfec	Type of
										(Descripe):			raviolet Ra	_
	(com	nikionia) a	unionia pau	ionioa i	20070	aprv.	ora annoma	T eninolh						
1	(seui	۰۰۰۰۰۰ ۱۹۵۱) ۱	minold') ben	:J	20020	- ebive	Chloring	- aninold	Dang T		vitas Inactiv			
								COOT 'SPIAT		• • •	0. 193 1 /11110	141 300 101	Dillor Arm	207 1117

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



DEP Form 62-555. 900(3)Alternate

See Pages 4 for Insti					_		
l. General Information	n for the Month/	Year of: June, 2005	5				
A. Public Water Systen	n (PWS) Informa	ıtion					
PWS Name:	Quail Ridge					PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Commu	unity	ransient Non-Comr	nunity	Consecutive	
Number of Service Connec						Population Served at End of Month	: 270
PWS Owner:	Aqua Utilities Florid	la					
Contact Person:	Brian Heath				Conta	ct Person's Title: Area N	Manager
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352)	787-6333
Contact Person's E-Mail A		beheath@aquaamerica.co	<u>m</u>				
3. Water Treatment Pl	ant Information						
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge (City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day (468,000			
Plant Category (per subsec		.A.C.): V				lass (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Number		Shift(s) Worked
Lead/Chief Operator:				С	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
	John Worrell		······································	С	6597	Days 1st Shift	
							And the second s
				<u> </u>			
						<u> </u>	
I Certification by Lea	d/Chief Operate						
				C - Ctl-		lant identified in most I of the	is report. I contify that the
		t operator licensed in Florida,					
							used at this plant conform to NSF
							perations records for this plant
							used and chemical feed rates; and
(2) if applicable, appr	opriate treatment	process performance records.	Furthermore, I	agree to provide	these additional of	perations records to the PW	S owner so the PWS owner can
retain them, together v	with copies of this	report, at a convenient location	on for at least te	n years.			
			Will Fontaine	:			C-6813
Signature and Date			Printed or Ty			· · · · · · · · · · · · · · · · · · ·	License Number
gatare and Date			rimed or ry	ped Maine			2.22.00

Page 1

PWS I	dentificaito	n Number:		3354867		Plant Name:	Quail Ridge						-	
III. D	aily Data	for the N	Ionth/Year	of:		June, 2005								
			g Virus Inactiv		al: ▼ Free C		Chlorine Di	· ,						
	traviolet R			r (Describe):		morate [Chlorine Di	oxide	☐ Ozone	1 Comb	ined Chlorii	ne (Chloran	nines)	
)-						▽ Free Chlo			1.011	(OLL :	· –	O11 1 F		
Type o	or Distilled	ciam Resid	luai Maintai							(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or			Four-Log	Virus Inac	tivation, if A				
1			•			CT Calc	ulations				UVI	Dose		
i	ļ			- 1			Lowest CT							
						Disinfectant	Provided		n el digitale					
ļ	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
l	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum		
	Visited by		of Finished		Concentration (C)	Measurement	Customer	100		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	4 4 4 5 5 5 6 7 6 7		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 1	"X") 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
2	X	24.0 24.0	15,000 20,000		1.5								1.2	
3	X	24.0	19,000		1.5					-			1.3	
4	X	24.0	15,000		1.5							 	1.3	
5	<u> </u>	24.0	20,000		1.5									
6	Х	24.0	20,000		1.3								1.0	
7	Х	24.0	22,000		1.4								1.1	
8	X	24.0	19,000		1.2								1.0	
9	X	24.0	17,000		1.4								1.1	
10	X	24.0	14,000		1.3								1.0	
11	X	24.0	11,000		1.2		<u> </u>							
12	х	24.0	14,000											
14	X	24.0 24.0	14,000 18,000		0.8								0.6	
15	X	24.0	16,000		1.0					_			0.7	
16	X	24.0	19,000		1.3								0.7	
17	Х	24.0	14,000		1.3					 			1.0	
18	Х	24.0	13,000		1.3									
19		24.0	17,000											
20	X	24.0	17,000		1.3								1.0	
. 21	Х	24.0	13,000		1.2								0.9	
22	X	24.0	15,000		0.6								0.8	
23	X	24.0	25,000		0.8								0.6	
25	X	24.0	13,000		0.8							\	0.6	
26		24.0 24.0	10,000		1.1					<u> </u>			 	
27	Х	24.0	16,000		1.0							<u> </u>	0.7	
28	X	24.0	10,000		0.9					ļ		 	0.7	
29	X	24.0	10,000		1.0								0.7	
30	X	24.0	12,000		1.3			· · · · · · · · · · · · · · · · · · ·					0.8	
- 31		24.0												
Total			474,000											
Avgerag			15,290											
Maximu	m		25,000											

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



See Pages 4 for Instr							
. General Information	for the Month/	Year of: July, 2005					
A. Public Water System	ı (PWS) Informa	ation					
PWS Name:	Quail Ridge		· · · · · · · · · · · · · · · · · · ·			PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-Commu	unity	Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month					al Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florid	la					
Contact Person:	Brian Heath				Cor	ntact Person's Title: Area M	1anager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Cor	ntact Person's Fax Number: (352) 7	787-6333
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>				
B. Water Treatment Pla	ant Information						
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge	· · · • · · · · · · · · · · · · · · · ·			City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased F	inished Water_			
Permitted Maximum Day C				468,000			
Plant Category (per subsect						Class (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Number		Shift(s) Worked
Lead/Chief Operator:				С	6813	Days 1st Shift	
Other Operators:	Marty Neal		·	С	10027	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
							
							
							
							
	L						
I Certification by Lead	I/Chief Operato	r					
I, the undersigned wat	er treatment plant	t operator licensed in Florida,	am the lead/ch	ief operator of the	water treatment	plant identified in part I of this	s report. I certify that the
information provided i	in this report is tr	ue and accurate to the best of	my knowledge	and belief. I cert	ify that all drink	ing water treatment chemicals u	used at this plant conform to NSF
						that the following additional or	
							ised and chemical feed rates; and
	-	-			` '		S owner so the PWS owner can
	-	report, at a convenient location					
,,	p unb		on to at least t	, 			
			Will Fontain	ne			C-6813
Signature and Date				Typed Name			License Number
0				AF 1			-

											005,91	A CARAGO		iumixsM
											14,548	全线 器		Avgerage
											000,124		· 2000年 2000年	latoT
											12,000	0.4.0		31
									E.I		19,000	24.0	X	30
	£.1								ÞΊ	1	11,000	24.0	X	56
	0.1								1.2		000,81	24.0	X	87
	6.0								7.1		14,000	0.42	X	LT
	6.0				T				1.3		13,000	0.42	X	97
	6.0						•		0.1		005,91	24.0	X	52
											008,91	24.0		7₹
					T		7		τΊ		000'51	24.0	X	73
	0.1								E.I		14,000	0.42	X	77
	0.1				T				E.I		15,000	24.0	X	17
	8.0			Ī					7.1		12,000	24.0	X	- 07
	T'I								£.1	1	16,000	24.0	X	61
	7.1						1		⊅`I		000,61	24.0	X	81
				1			T		T		000'61	24.0	T	ZI
	1			1	1				S.I		12,000	0.42	X	91
	2.1				1	Τ			S.I	ì	12,000	0.42	X	SI
	7.1								ÞΊ		000'91	24.0	Х	14
	6.0					1	1		2.1		12,000	0.42	X	ΕĪ
	8.0						1		11		13,000	24.0	X	15
	8.0							_	01		005, £1	0.42	X	- []
				1							13,500	0.4.0		10
									<i>L</i> '1		11,000	0.42	X	6
	þ'l						1		L'I		000,61	0.42	X	. 8
	LI	1							7.1		13,000	24.0	Х	L
	L'0								0.1		000,71	74.0	Х	9
	L'0								1.1		000,81	0.42	X	ς
	9.0								0.1		000, £1	0.42	Х	1
									6.0		005'6	24.0	X	ε
											005'6	24.0		7
	2.1								8.1		12,000	24.0	Х	T.
To To To To To To To To To To To To To T	System, mg/L	zec/cm ²	mW-sec/cm ²	J/nim	oldsoilqqA li	Water, ^{OC}	J/aim	sənnim	Peak Flow, mg/L	Rate, gpd	. [ga]	Operation	("X"	Month
Involves Taking Water System Components	Distribution	-Wm	UV Dose,	Required, mg			-gm ,wolf	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	эцз
Conditions, repair of maintenance work that	Remote Point in	Rednited,		Minimum CT			During Peak	Point During	Before or at First		Water	Hours plant		Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	4		19.54	Customer	Measurement	Concentration (C)	·	bodzini To		Visited by	
Emergency or Abnormal Operating.	Disinfectant	muminiM					tenii	Ons (T)	Disinfectant	-	Net Quantity		Staffed or	ŀ
	Lowest Residual		4.5				Before or at		Lowest Residual				Days Plant	
l 성하는 모양을 하는데 그 말을 해 보였다.		ł	L A				Provided	Disinfectant	1 1: 4 1	}	1.0		nada and	1
Probability 등 등 등 등 하는 기가 되었다.		1	1.72		Marin Land		74.5	tretpetrizid			2		. '	ł
		į.	la di di				Lowest CT							l
Emergency or Abnormal Operating		əso	IAI				suonen	CT Calcu	<u> </u>			1.00		
				W 11-11011PAI	DOBIN SUNA	go.1-mo			T Calculations, or	3			l	ľ
<u> </u>	<u> </u>			•								L	<u> 1</u>	1.6
	ioxide	Chlorine D	(Chloramines	d Chlorine (Combine		▶ Free Chlor	bution System:			tant Resid	əəfnisid f	Type o
										(Descripe):	L Other	noitaibu	raviolet Ra	ao ⊿¯
	(səui	e (Chloram	nined Chlorin	[_ Combi	əuozo 🗕	l sbix	Chlorine Dio	nlorine 🖵 (η: <u>L</u> Free Cl	ation/Remova	Virus Inactiv	g Four-Log	имэічээ м	Means o
								July, 2005			onth/) ear o			
1							Quan Kidge	Jant Name:	rl .	1984666		: IAUMDOCE:	сиппечиои	LWDIG

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



See Pages 4 for Instru	uctions.								
I. General Information	for the Month/Y	Year of: August, 200	5						
A. Public Water System	(PWS) Informa	tion							
	Quail Ridge					PWS Identification Number:	-	3354867	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity Tr	ansient Non-Comr	nunity	Consecutive			
Number of Service Connect	ions at End of Month	1: 77	· · · · · · · · · · · · · · · · · · ·		Total I	opulation Served at End of M	onth:	270	
PWS Owner:	Aqua Utilities Florid	a							
Contact Person:	Brian Heath				Contac	et Person's Title: A	rea Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	[:	Zip Code: 34749	
Contact Person's Telephone	Number:	(352) 787-0980			Contac	et Person's Fax Number: (3	352) 787-6333		
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.com	<u>n</u>		_ -,				
B. Water Treatment Pla	nt Information								
Plant Name:	Quail Ridge					Plant Telephone Number:		352-787-0980	
Plant Address:	37713 Quail Ridge C	Dircle			City: Eustis	State: Florida		Zip Code: 32726	
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fini	shed Water			***************************************		
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		468,000					
Plant Category (per subsecti	ion 62-699.310(4), F.	A.C.): V				ass (per subsection 62-699.31		С	
Licensed Operators		Name		License Class	License Number	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift			
Other Operators:	Marty Neal			С	10027	Days 1st Shift			
	John Worrell			С	6597	Days 1st Shift			
14 1 1									
						, , , , , , , , , , , , , , , , , , ,	-11		
					<u> </u>				
II. Certification by Lead	I/Chief Operator								
		t operator licensed in Florida, a	m the lead/ship	f aparatar of the	water treatment n	lant identified in part I o	of this report	L certify that the	
i, the undersigned water	er treatment plant	operator needsed in Florida, a	1 1	a operator or the	: water treatment p	vanetar trootment chemic	rale used at t	this plant conform t	o NSF
information provided i	n this report is tru	ue and accurate to the best of m	ny knowledge a	na benet. I cert	ny mai an drinking	g water treatment chemic	al anamation	uns plant combined	ant
International Standard	60 or other appli	cable standards referenced in s	subsection 62-5	55.320(3), F.A.C	. I also ceruly the	at the following addition	ai operation	s records for this pr	ant ar and
were prepared each da	y that a licensed of	operator staffed or visited this p	plant during the	month indicated	d above: (1) recor	ds of amounts of chemic	cais used and	the DWG	s, and
		process performance records.			these additional o	perations records to the	PWS owner	so the PWS owner	can
retain them, together w	vith copies of this	report, at a convenient location	n for at least ter	n years.					
			Will Fontaine					C-6813	
Signature and Date			Printed or Typ					License Number	
DENAME AND DATE			Times of Typ	oca . mine					

PWS Id	lentificaito	n Number:		3354867		Plant Name:	Quail Ridge							
III. D	aily Data	for the N	lonth/Year	of:		August, 2005								
			g Virus Inacti		/al: ▽ Free C						 			
1	traviolet R			r (Describe):		morine	Chlorine Di	ioxide	C Ozone	☐ Comb	oined Chlorii	ne (Chlorar	nines)	
-														
1 ype o	of Disinfe	ctant Resid	dual Maintai		ibution System:	▼ Free Chlo			ned Chlorine	-	. *	Chlorine I	Dioxide	
		·			CT Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable ⁴			
						CT Calc	ulations				UV	Oose		
				1.50			T CTT		(2) A 1-34		A. (1)			
1						Disinfectant	Lowest CT Provided							
İ	Days Plant]	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	1	Net Quantity		Disinfectant	(T) at C	First	2 - 2				Minimum	Disinfectant	
	Visited by	100	of Finished	Mar Nove	Concentration (C)	Measurement	Customer		14275.04		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, o	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
<u> 1</u>	X	24.0			1.0								0.8	
2 3	X	24.0	12,000	ļ	1.0								0.7	
4	X	24.0	13,000 17,000		1.1		ļ <u></u>	ļ	 	ļ			1.0	
5	X	24.0		<u> </u>	1.1			 					0.9	
6	X	24.0	12,000		1.4			 	 				1.1	
7		24,0			1,4		 	 	 					
8	Х	24,0	17,500		1.2		 		 				1.0	
9	Х	24.0	14,000		1.3				<u> </u>		 		1.0	
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11	X	24.0	16,000		1.2								1.1	
12	X	24.0	12,000		1.2								1.0	
13	X	24.0	14,000		I.1									
14		24.0	22,500						ļ					
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22	X	24.0	16,500		1.3								1.2	
23	X	24.0	15,000		1.4								1.2	
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25 26	X	24.0	17,000		1.4			L					1.2	
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28		24.0 24.0	10,000 17,500		1.3			-	ļ					
29	X	24.0	17,500		1.3		<u> </u>	 	 				10	
30	$\frac{\lambda}{x}$	24.0	15,000		1.3				 		<u> </u>		1.0	
31	X	24.0	10,000		1.3				 	<u> </u>	 		1.0	
Total	NATING S		480,000					·			I		L	
Avecence		The Committee	15.494											

22,500

Maximum

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



See Pages 4 for Instr										
I. General Information	for the Month/	Year of:	September,	2005						
A. Public Water System	ı (PWS) Informa	ation								
PWS Name:	Quail Ridge							PWS Identification Number	: 335	54867
PWS Type:	✓ Community	Non-Transient	Non-Commu	nity	ransient Non-Com	munity		Consecutive		
Number of Service Connec	tions at End of Montl	a:	77				Total I	Population Served at End of N	Month: 270)
PWS Owner:	Aqua Utilities Florid	ia								
Contact Person:	Brian Heath				_		Contac	et Person's Title:	Area Manager	
Contact Person's Mailing A		PO Box 490310				City: Lee	sburg	State: Florida	Zip	Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980					Contac	ct Person's Fax Number: ((352) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaa	america.cor	<u>n</u>						
B. Water Treatment Pla	ant Information									
Plant Name:	Quail Ridge							Plant Telephone Number:	352	2-787-0980
Plant Address:	37713 Quail Ridge					City: Eus	stis	State: Florida	Zip	Code: 32726
Type of Water Treatment by	<u> </u>	✓ Raw Ground W	/ater	Purchased Fini	shed Water					
Permitted Maximum Day C					468,000					
Plant Category (per subsect	ion 62-699.310(4), F		V					lass (per subsection 62-699.3		C
Licensed Operators		Name			License Class				(s) / Shift(s) Wo	orked
Lead/Chief Operator:					С	68	13	Days 1st Shift		
Other Operators:	Marty Neal				С	100	027	Days 1st Shift	4.7	
	John Worrell				С	65	97	Days 1st Shift	***************************************	
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II Certification by Leac	/Chief Operate	7								
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								water treatment chemi		
								at the following addition		
								ds of amounts of chemic		
						these add	ditional o	perations records to the	PWS owner so	the PWS owner can
retain them, together w	vith copies of this	report, at a conver	nient locatio	n for at least ter	ı years.					
				Will Fontaine					C-6	6813
Signature and Date			_	Printed or Typ	oed Name				Lic	cense Number

Plant Name: Quail Ridge

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	£.1								S.I	<u> </u>	15,000	24.0	X	LZ
	1.2								S.I	ļ	005,71	0.42	X	97
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not operation	System, mg/L	sec/cm ²	mW-sec/cm ²		oldsoilqqA li	Water, ^o C	J\nim	Sənuru	Peak Flow, mg/L	Rate, gpd.	gal	Operation	("X"	Month
Involves Taking Water System Components	noitudinteiQ	-Wm		Required, mg		Temp of	-gm ,wolfl	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	əqı
Conditions, Repair or Maintenance Work that	ni mio Point in	Required,	Operating	TO muminiM			During Peak		Before or at First	ĺ	Water	Insig stuoH	Орегатог	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)	ļ	badaini To		vd batiziV	
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	(səni	e (Chloram	ined Chlorin	L Combi	enozO	əbix	Chlorine Dic	lorine	η: <u>L</u> Free Cl	апоп/Кетоу	Virus Inactiv			
								September, 200.			onth/Year o			
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1984888

PWS Identification Number:

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



See Pages 4 for Instr							,
I. General Information	for the Month/	Year of: Oct	tober, 2005				
A. Public Water System	(PWS) Informa	ation					
PWS Name:	Quail Ridge					PWS Identification Number:	3354867
PWS Type:	✓ Community	Non-Transient Non-	-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Montl	h: 77			1	otal Population Served at End of Mo.	nth: 270
PWS Owner:	Aqua Utilities Florid	da					
Contact Person:	Brian Heath				(Contact Person's Title: Are	ea Manager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980			C	Contact Person's Fax Number: (35	2) 787-6333
Contact Person's E-Mail Ad		beheath@aquaamer	rica.com				
B. Water Treatment Pla							
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge	<u></u>			City: Eustis	State: Florida	Zip Code: 32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fi	nished Water			
Permitted Maximum Day O				468,000			
Plant Category (per subsection	ion 62-699.310(4), F		V			ant Class (per subsection 62-699.310)	
Licensed Operators		Name		License Class	License Nun	<u> </u>	/ Shift(s) Worked
Lead/Chief Operator:				С	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
	John Worrell			С	6597	Days 1st Shift	
Avgra de la Companya							
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그 강선이 나는 그 그릇이다				 			
				<u> </u>			
I Certification by Lead	/Chief Operato	r		·			
	· · · · · · · · · · · · · · · · · · ·		orida am the lead/chi	ef operator of the	water treatme	ent plant identified in part I of	this report. I certify that the
							als used at this plant conform to NSF
							l operations records for this plant
							ls used and chemical feed rates; and
	-				these addition	nal operations records to the P	WS owner so the PWS owner can
retain them, together w	ith copies of this	report, at a convenient	location for at least to	en years.			
			Will Fontain	e			C-6813 .
Signature and Date							License Number
Signature and Date			Printed or Ty	ped Name			License number

Quail Ridge

Plant Name:

7384867

PWS Identification Number:

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1												LL9'\$1	200	7 ja <u>.</u>	дкгэд∨А
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1												18,500	0.42		30
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Application Comparison Co		IΊ								€.1		12,000	0.42	X	LZ
1		LI						<u> </u>		1't		17,000	24.0	X	76
17		1.2								\$'I		000,61	24.0	X	72
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Means of Achieving Four-Log Virus Inactivation/Removal: Type of Disinfectant Residual Maintained in Distribution System: Type of Disinfectant Residual Maintained in Distribution System: Type of Disinfectant Residual Maintained in Distribution System: Type of Distributio															9
Means of Achieving Four-Log Virus Insertivation/Removal: Ultraviolet Radiation						<u></u>							24.0	X	ς
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Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Continue Characterity Continue Characteri		6.0						ļ <u></u>		7.1				X	ε
Means of Achieving Four-Log Virus Inactivation/Removal: Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable in Virus Inactivation is gall Rain or Maintenance Water or at Irinshed or Offinished Post Inactivation (C) Water, or Inactivation is gall Rain Rain Rain Rain Rain Rain Rain Rain															7
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Means of Achieving Four-Log Virus Inactivation/Removal: Tultraviolet Radiation Tultraviolet Radiation Tultraviolet Radiation CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* Consect Fine Days Plant Days Plant Demost Residual Disinfectant Disinfectant Disinfectant Disinfectant Tultum Disinfectant Disinfectant Disinfectant Disinfectant Tultum Disinfectant Disinfectan			Contract to the second	1 * 25 * 11. T * 1.	TO muminiM				And the Control of the Control				Hours plant		Day of
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Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine 🔲 Chlorine Dioxide 🧻 Ozone 🦵 Combined Chlorine (Chloramines)		-ioxide	Chlorine D	(s	Chloramine:	ed Chlorine	onidmoO		old Desired VI	bution System:	intaiA ni bər	rietnieM leu	tant Resid	of Disinfec	o agyT
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pa	iges 4	for	Instr	uctions.
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See Pages 4 for Instr								
I. General Information	for the Month/Y	rear of: November,	, 2005					
A. Public Water System	(PWS) Informa	tion						-
PWS Name:	Quail Ridge					PWS Identification Number:	3354867	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	munity	Consecutive	3334007	
Number of Service Connec	tions at End of Month			ansiene worr com		otal Population Served at End of Mor	nth: 270	
PWS Owner:	Aqua Utilities Florid	a				star i oparation dorived at the or ivior	270	
Contact Person:	Brian Heath				C	ontact Person's Title: Are	a Manager	
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		(352) 787-0980			C	ontact Person's Fax Number: (352	2) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.com	<u>m</u>		_			
B. Water Treatment Pla								
Plant Name:	Quail Ridge					Plant Telephone Number:	352-787-098	30
Plant Address:	37713 Quail Ridge C				City: Eustis	State: Florida	Zip Code:	32726
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		468,000				
Plant Category (per subsect	ion 62-699.310(4), F.					nt Class (per subsection 62-699.310(
Licensed Operators		Name		License Class	License Num	ber Day(s)	/ Shift(s) Worked	
Lead/Chief Operator:		· · · · · · · · · · · · · · · · · · ·		С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell	· ·		C	6597	Days 1st Shift		
								·
	<u> </u>							
		·····						
I Certification by Lead	Chief Operator							
			om the lead/ship	f amount an afth	uvoton trootes or	nt plant identified in part I of t	this name of I soutific	that the
information provided i	n this report is tru	a and accurate to the heat of	ani me lead/cine	operator of the	water treatmen	nt plant identified in part I of the	inis report. I ceruity	that the
International Standard	on and report is the	e and accurate to the best of h	ny knowledge ar	nd bellet. I cert	iry that all drini	king water treatment chemical	is used at this plant c	conform to NSF
						that the following additional		
were prepared each day	y that a licensed o	perator staffed or visited this	plant during the	month indicated	dabove: (1) re	cords of amounts of chemical	s used and chemical	feed rates; and
(2) if applicable, appro	priate treatment p	process performance records.	Furthermore, I a	agree to provide	these additiona	al operations records to the PV	WS owner so the PW	/S owner can
retain them, together w	of this	report, at a convenient locatio	on for at least ten	years.				
Ci.			Will Fontaine	·			C-6813	······
Signature and Date			Printed or Typ	ed Name			License Nun	nber

PWS I	dentificaito	n Number:		3354867		Plant Name:	Quail Ridge	;						
	aily Data	for the N	lonth/Year	of:		November, 200								
			g Virus Inacti			<u> </u>			.					
	traviolet R			er (Describe):		Chlorine	Chlorine Di	ioxide	☐ Ozone	☐ Comt	oined Chlorii	ne (Chlorar	nines)	
Type	of Disinfe	ctant Resid	dual Maintai	ined in Distr	ibution System:	Free Chlo	rine [Combin	ned Chlorine	(Chloramine	es) Γ	Chlorine I	Dioxide	
		447.40											La sa trades de la ca	4243 - 41. 424 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if								Dose		
				2. 2. 2		Creare	Allauons	l second		394				
1				Harry Barry			Lowest CT			1				
	Days Plant					Disinfectant	Provided							
	Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time	Before or at				arty at 1		Lowest Residual	
	Visited by	1 1/4 1/21/21	of Finished		Concentration (C)	(T) at C Measurement	First Customer				Lowest	Minimum UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24.0	14,000		1.3								1.1	
3	X	24.0	13,000		1.3	·		<u> </u>					1.1	
4	X	24.0	14,000 10,000		1.3								1.0	
5	X	24.0	14,000		1.3								1.1	
6		24.0	18,000		1.3				ļ					
7	Х	24.0	18,000		1.3				 				1.0	
8	X	24.0	19,000		1.3								1.0	
9	X	24.0	14,000		1.5				 				1.1	
10	Х	24.0	16,000		1.5								1.3	
11	X	24.0	14,000		1.5								1.1	
12	X	24.0 24.0	14,000		1.5			ļ						
14	х	24.0	19,500 19,500		1.5									
15	X	24.0	11,000		1.5 1.4			<u> </u>		-			1.3	
16	X	24.0	12,000		1.0								0.8	
17 :	Х	24.0	15,000		1.2			-					0.8	
18	Х	24.0	11,000		1.2								0.8	
19	X	24.0	12,000		1.3								1	
20		24.0	17,500											
21 22	X	24.0	17,500		1.3								1.0	
23	X	24.0 24.0	11,000		1.4								1.0	
24	X	24.0	14,000		1.3								1.0	
25	X	24.0	16,000		1.3			 					1.1	
26	Х	24.0	18,000		1.3								1.2	
27		24.0	17,000										<u> </u>	
28	X	24.0	17,000		1.8								1.6	
29	Х	24.0	11,000		1.5								1.3	
30	X	24.0	10,000		1.3								1.1	
31 Total	. 82 - 12 -	24.0	427.000					L						
Avgerage	<u> </u>		437,000											

19,500

Maximum

^{*} 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. General Information for the Month/Year of: December, 2005 A. Public Water System (PWS) Information 3354867 PWS Name: PWS Identification Number: **Ouail Ridge** PWS Type: ✓ Community Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 270 77 Total Population Served at End of Month: PWS Owner Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com **B. Water Treatment Plant Information** Plant Name: 352-787-0980 Quail Ridge Plant Telephone Number Zip Code: 32726 Plant Address: Florida 37713 Quail Ridge Circle City: Eustis State: Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): ν Day(s) / Shift(s) Worked Licensed Operators License Class License Number Name Lead/Chief Operator: Will Fontaine Days 1st Shift 6813 Other Operators: Marty Neal 10027 Days 1st Shift John Worrell 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. C-6813 Will Fontaine Printed or Typed Name License Number Signature and Date

Page 1

PWS I	dentificaito	n Number:		3354867	· · · · · · · · · · · · · · · · · · ·	Plant Name:	Quail Ridge	:			····			
III. D	aily Data	for the N	lonth/Year	of:		December, 200	5							
			g Virus Inacti		val: ▼ Free C		Chlorine Di		☐ Ozone		. 1011 .	(0)		
	traviolet R			r (Describe):		anorme	Chionne Di	oxide	Ozone	Comb	ined Chlorir	ne (Chlorar	nines)	
-						FI Com Chi		Combin	ad Chlasina	(Chl.,		Chl.: r	>: :1	
Type	Tolsille	T	luai Maintai	ned in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Dioxide	
					CT Calculations, or									
		1,30		CT Calculations UV Dose										
ļ					4	1 1	Lowest CT							
				1 12 6 12		Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant :	
D	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of the	Operator (Place	Hours plant in		D 1 71	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
Month	"X")	Operation	Producted,	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water Oc	pH of Water, if Applicable	Required, mg min/L		mW- sec/cm ²	Distribution	Involves Taking Water System Components
1	X	24.0	15,000	Rate, gpu.	1.2	minutes	min/L	water, C	т Аррисаоте	min/L	mW-sec/cm ²	sec/cm	System, mg/L	Out of Operation
2	Х	24.0	13,000	 	1.2			 					0.9	
3	Х	24.0	11,000		1.3			1					0.7	
4		24.0	16,000											
5	X	24.0	16,000		1.3								0.9	
6	Х	24.0	12,000		1.5								1.1	
7	X	24.0	14,000		1.5								1.2	
8	X	24.0	12,000		1.5			ļ					1.1	
10	X	24.0 24.0	11,000 9,000		1.5			ļ		·			1.1	
11		24.0	16,000		1.5					ļ				
12	X	24.0	16,000		1.5								1.2	
13	Х	24.0	12,000		1.6		 						1.1	
14	Х	24.0	11,000		1.7								1.5	
15	X	24.0	13,000		1.6								1.4	
16	X	24.0	12,000		1.5								1.3	
17	X	24.0	14,000		1.5									
18		24.0	14,500											
20	X	24.0 24.0	14,500 11,000		1.5	ļ	ļ	ļ	ļ				1.3	
21	X	24.0	13,000		1.5			 	 			<u>-</u>	1.2	
22	X	24.0	17,000		1.6								1.4	
23	Х	24.0	13,000		1.6			 					1.3	
24	X	24.0	11,000		1.5	·		 						
25		24.0	15,500											
26	X	24.0	15,500		1.5								1.3	
-27	Х	24.0	17,000		1.5								1.3	
28	X	24.0	9,000		1.4								1.2	
29 30	X	24.0 24.0	17,000		1.5								1.3	
31	X	24.0	12,000 10,000		1.5		<u> </u>			<u> </u>			1.2	
	A Description	24.0	413,000				L	L	L			L	J	
Avgerag			13,323											

17,000

Maximum

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