CMP ____

COM _____ CTR ____ **Skycrest** ECR _ GCL ____ Docket No. 060368-WS OPC _____ Application to Increase Rates and Charges RCA ____ For a "Class A" Utility In SCR ____ SGA ____ Florida SEC ____ **VOLUME 6** OTH ____

Set 45 of 57

Book 7

Containing
Additional Engineering Requirements

Monthly Operating Reports

Aqua Utilities Florida, Inc.

0000 MENT NUMBER - DATE 00875 JAN 26 & FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Skycrest

| | Tab | Page | | |
|------------|--------|--------|--|--|
| | Number | Number | | |
| Year: 2004 | | _ | | |
| January | 1 | 3 | | |
| February | 2 3 | 5 | | |
| March | | 7 | | |
| April | 4 | 9 | | |
| May | 5 | 11 | | |
| June | 6 | 13 | | |
| July | 7 | 15 | | |
| August | 8 | 17 | | |
| September | 9 | 19 | | |
| October | 10 | 21 | | |
| November | 11 | 23 | | |
| December | 12 | 25 | | |
| | | | | |
| | | | | |
| Year: 2005 | | 27 | | |
| 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 Instructions. General Information for the Month/Year of: January, 2004 A. Public Water System (PWS) Information PWS Name: Sky Crest PWS Identification Number: 3351205 PWS Type: ✓ Community ✓ Non-Transient Non-Community Transient Non-Community Consecutive 296 Number of Service Connections at End of Month 118 Total Population Served at End of Month: PWS Owner: Florida Water Services Contact Person: Craig Anderson Contact Person's Title: **VP Environmental Services** Zip Code: P.O. Box 609520 32860-9520 Contact Person's Mailing Address: City: Orlando State: Florida (407) 598-4199 (407) 598-4217 Contact Person's Telephone Number Contact Person's Fax Number: craiga@florida-water.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** Plant Name: Sky Crest 407-598-4100 Plant Telephone Number: Plant Address: 36815 Skycrest Blvd. City: Fruitland State: Florida Zip Code: 32731 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day 126,000 Plant Category (per subsection 62-699.310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked Licensed Operators Name License Class License Number Lead/Chief Operator: Will Fountaine 6813 Days 1st Shift Other Operators: Brian Heath 5825 Days 1st Shift John Worrell 6597 Days 1st Shift Gary Kissick 7846 Days 1st Shift Mike Ponticelli 8450 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.

| 2/9/2004 0:00 | Will Fountaine | C-6813 |
|--------------------|-----------------------|----------------|
| Signature and Date | Printed or Typed Name | License Number |

| PWS II |); | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|----------|--------------------------|--------------------------|----------------------|--|---------------------------------------|--------------------------|----------------------|--|---------------------------------------|-------------|--|--|----------------------------------|-----------------------------------|
| III. D | aily Data | for the Mo | onth/Year o | f: | January, 2004 | | | | | | | | | |
| | | | | ation/Removal | Free Cl | nlorine Γ | Chlorine Dio | aide [| Ozone | Combi | ned Chlorin | e (Chloramines |) | |
| | raviolet Ra | - | | (Describe): | ,, | , (| morme Dio | aac i | OZONE | Combi | nea Cinora | e (Cinoralinies | , | |
| - | | | | - | ution System: | ▼ Free Chlor | ine [| Combine | d Chlorine (C | 'hloramines |) <u> </u> | Chlorine Dioxi | de | |
| Type C | Distince | tani Kesidu | ai Mailtain | | CT Calculations, | | | | · · · · · · · · · · · · · · · · · · · | | | | GOTAL FOR YEAR | |
| | | | | <u> </u> | 1 Calculations, | or UV Dose, K CT Calc | | Four-LA | g virus mac | cuvation, n | I Applicate | V Dose* | | |
| 1 | | | | - | | | | | | | | | | |
| | . 8 | | | · · | | | Lowest CT | | | | | Minimum UV | | |
| 1 1 | | | | | | Disinfectant | Provided | | | | 1. 12 1. 15 | | | |
| | | | | 1 | Lowest Residual | Contact Time (T) | Before or at | | | 7.5 | 1. 1. 1. | | Lowest Residual | |
| | Days Plant | | Net Quantity | | Disinfectant | at C | First | | | Minimum | Operating | 美国教 | Disinfectant Concentration at | Emergency or Abnormal Operating |
| Day of | Staffed or Visited by | | of Finished Water | , | Concentration (C) Before or at First | Measurement Point During | Customer During Peak | Temp of | l | CT CT | UV Dose | Minimum UV | Remote Point in | |
| the | | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | | pH of Water, | Required, | mW- | Dose Required, | Distribution | that Involves Taking Water System |
| Month | | in Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | | if Applicable | | sec/cm ² | mW-sec/cm2 | | Components Out of Operation **/ |
| 1-1-2- | X | 24.0 | 17,500 | | 1.1 | | | | | | | | 0.8 | |
| _2 | X | 24.0 | 16,000 | | 1.2 | | | | | | | | 0.8 | |
| 3 | | 24.0 | 22,667 | | | | | | | | <u> </u> | · | | |
| 4 | | 24.0 | 22,667 | | | | | | | | <u> </u> | | 0.6 | |
| 5 | X | 24.0 | 22,667 | | 1.0 | | | | | | | | 0.6 | |
| 7 | X | 24.0 | 18,400 | | 1.0 | | | | | | | | 1.1 | |
| 8 | X | 24.0 | 26,900 23,000 | | 1.0 | | | - | [i | | | | 1.2 | |
| 9 | X | 24.0 | 22,300 | | 1.7 | | | | | | <u> </u> | | 1.0 | |
| 10 | | 24.0 | 23,633 | | | | | | | L | | | | |
| ·11. w | | 24.0 | 23,633 | | | | | | | | | | | |
| 12 | Х | 24.0 | 23,633 | | 1.1 | | | | | | L | | 0.8 | |
| 13 | X | 24.0 | 24,400 | | 1.4 | | | | | | | | 1.0 | |
| 14:* | Х | 24.0 | 19,000 | | 1.7 | | | | | | | | 1.4 | |
| 15 16 | X | 24.0 | 19,400 | | 1.8 | | | | | | } | | 1.6 | |
| 17 | Х | 24.0 24.0 | 18,100 22,767 | | 1.8 | | | | | | | | 1.7 | |
| 18 | | 24.0 | 22,767 | | | | | | | | | | 1 | |
| 19 | Х | 24.0 | 22,767 | | 1.7 | | | | | | | | 1.1 | |
| 20 | X | 24.0 | 27,600 | | 1.8 | | | | | | | | 1.4 | |
| 21 | X | 24.0 | 36,200 | | 1.8 | | | | | | | | 1.4 | |
| 22 | X | 24.0 | 18,300 | | 1.9 | | | ļ | | | ļ | ļ | 1.6 | |
| 23 | X | 24.0 | 23,700 | | 1.6 | | <u> </u> | | | | <u> </u> | | 1.3 | |
| 24 | | 24.0 | 23,033 | | | | | <u> </u> | | | | | | |
| 25 26 | - v | 24.0 | 23,033 | | 1.6 | | ļ | } | | | | | 1.3 | |
| 27 | X | 24.0 | 23,033 | | 1.8 | | | | | | | | 1.4 | |
| 28 | X | 24.0 | 32,600 | | 2.0 | | | | | | | | 1.5 | |
| 29 | X | 24.0 | 8,800 | | 1.8 | | | | | | 1 | | 1.3 | |
| 30 | X | 24.0 | 17,100 | | 1.7 | | | | | | | | 1.3 | |
| .31 | | 24.0 | 23,567 | | | | | | | | | | L | |
| Total | Takah Sa | Wall of the State of the | 691,367 | | | | | | | | _ | | | |

22,302 36,200

Avgerage

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



| See Pages 4 for Instr | uctions. | | | | |
|----------------------------|--|---------------------------------|------------------------|----------------------------------|-----------------------------------|
| l. General Information | for the Month/Year of: February, | 2004 | | | |
| A. Public Water System | (PWS) Information | | | | |
| PWS Name: | Sky Crest | | | PWS Identification Number: | 3351205 |
| PWS Type: | ✓ Community Non-Transient Non-Comm | unity Transient Non-Co | ommunity | Consecutive | |
| Number of Service Connec | | | | Population Served at End of Mont | h: 294 |
| PWS Owner: | Florida Water Services | | | | |
| Contact Person: | Craig Anderson | | Conta | ct Person's Title: VP E | nvironmental Services |
| Contact Person's Mailing A | .ddress: P.O. Box 609520 | | City: Orlando | State: Florida | Zip Code: 32860-9520 |
| Contact Person's Telephone | Number: (407) 598-4199 | | Conta | et Person's Fax Number: (407) | 598-4217 |
| Contact Person's E-Mail Ac | dress: craiga@florida-water.com | | | | |
| 3. Water Treatment Pla | ant Information | | | | |
| Plant Name: | Sky Crest | | | Plant Telephone Number: | 407-598-4100 |
| Plant Address: | 36815 Skycrest Blvd. | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by | | Purchased Finished Water | | | |
| Permitted Maximum Day C | perating Capacity of Plant, gallons per day: | 126,000 | | | |
| | ion 62-699.310(4), F.A.C.): V | | | ass (per subsection 62-699.310(4 | |
| Licensed Operators | | License Cla | ss License Number | 📑 📑 🚐 Day(s) / | Shift(s) Worked |
| Lead/Chief Operator: | Will Fontaine | C | 6813 | Days 1st Shift | |
| | Brian Heath | C | 5825 | Days 1st Shift | |
| THE THE PARTY OF | John Worrell | C | 6597 | Days 1st Shift | |
| | Gary Kissick | C | 7846 | Days 1st Shift | |
| | Mike Ponticelli | C | 8450 | Days 1st Shift | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| "我知识在一人"的"是我们 | <u> </u> | | | <u> </u> | |
| Cortification by Lon | d/Chief Operator | | | | |
| I Certification by Lead | | 4.1.1/1:6. | 4) | lant identified in nort Lofth | rig report. I cortify that the |
| | er treatment plant operator licensed in Florida | | | | |
| | in this report is true and accurate to the best of | | | | |
| | 60 or other applicable standards referenced in | | | | |
| were prepared each da | y that a licensed operator staffed or visited thi | s plant during the month indica | ated above: (1) recor | ds of amounts of chemicals | used and chemical feed rates; and |
| | opriate treatment process performance records | | ide these additional o | perations records to the PW | /S owner so the PWS owner can |
| retain them, together v | with copies of this report, at a convenient locat | ion for at least ten years. | | | |
| | 3/9/2004 0:00 | Will Fontaine | | | C-6813 |
| Signature and Date | 3/7/2004 0.00 | Printed or Typed Name | | | License Number |
| Signature and Date | | Timed of Typed Ivanie | | | Electise Fullion |

| | | | | | | | | | | | 35,350 | Walter Commence | <u> </u> | mmixaM |
|--|------------------|------------------------|------------|--------------|-------------------|----------------|-----------------|---------------------------------------|--|--------------|-----------------|---|--------------|----------|
| | | | | | | | | | | | 74,862 | 的现在分词 | | Avgerage |
| | | | | | | | | | | | 721,000 | 12 To 12 10 10 10 10 10 10 10 10 10 10 10 10 10 | 等な 出口計算 | LetoT |
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| | <u> </u> | | | | <u> </u> | ļ | | | | | | | | 1 1 1 |
| | | | | | ļ | | <u> </u> | | | | 25,100 | 24.0 | | 57 |
| | | | | 1 | ļ | | | | | | 25,100 | 24.0 | | 82 |
| | S.I | | | | <u> </u> | | ļ | | 8'1 | | 20,400 | 24.0 | X | ,72 |
| | 2.1 | | | | | | <u> </u> | | L'I | | 008,12 | 24.0 | X | 97 |
| | 1.1 | | | | ļ | L | L | | 21 | | 33,400 | 24.0 | Х | 52 |
| | 0.1 | | | | | | <u> </u> | | 9.1 | | 20,800 | 24.0 | Х | 74 |
| | 6.0 | | | | | | | | 4.1 | | 798,4E | 24.0 | Х | 73 |
| | | | | | | | | | | | 798,45 | 24.0 | | . 22 |
| | | | | | | | | | | | 748,4E | 0.4.0 | | 12 |
| | 7.1 | | | | ļ | | 1 | | LI | | 007,22 | 0.4.0 | X | 70 |
| | 1.2 | | | L | | | | | 91 | | 008,02 | 24.0 | Х | 61 |
| | 7 · I | | | | | | | | 8.1 | | 000,22 | 0.42 | Х | 81 |
| | S.I | | | | | | | | 0.0 | | 22,100 | 24.0 | X | LI |
| | £.1 | | | | | | ļ | | 6.1 | | 22,733 | 24.0 | X | 91 |
| | | | | | | | | | | | 22,733 | 24.0 | | SI |
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| | 1.2 | | L | L | | | | | 8.1 | | 23,600 | 24.0 | X | ΕI |
| | 1.4 | İ | | | | | | | 61 | | 006,71 | 24.0 | X | 71 |
| | 1 .1 | | | | | | | | 61 | | 007,92 | 24.0 | Х | 11 |
| | 2.1 | | | | | | | | 8.1 | | 16,200 | 24.0 | X | 01 |
| | 91 | | | | | | | | 1.2 | | 22,433 | 0.4.0 | X | 6 |
| | | | | | | | | | | | 52,433 | 0.42 | | 8 |
| | | | | | | | | | | | 22,433 | 0.4.0 | | L |
| | \$`I | | | | | | | | L'I | | 006'51 | 24.0 | Х | 9 |
| | 7.1 | | | | | | | | 8.1 | | 23,800 | 24.0 | X | S |
| | 91 | | | | | | | | 6.1 | | 006'97 | 24.0 | X | 7 |
| | ζ.I | | | | | | | | 1.2 | | 005,61 | 24.0 | X | ε |
| | 5.1 | | | | | | | | 0.2 | | 35,350 | 24.0 | X | 7 |
| | | | | | | | | | | | 058,25 | 0.42 | | 1 |
| Components Out of Operation | System, mg/L | mW-sec/cm ² | zocycu, | J/mim-gm | oldsoilgqA li | ⊃ _o | J/uim | səmuru | Peak Flow, mg/L | Rate, gpd. | हिन्न | in Operation | (Visice A) | Month |
| that Involves Taking Water System | Distribution | Dose Reduired, | -Wm | Kednired, | pH of Water, | | Flow, mg- | Peak Flow, | Customer During | Peak Flow | Producted, | Hours plant | Operator | ətt |
| Conditions; Repair or Maintenance Work | Remote Point in | VU muminiM | UV Dose, | TO . | | Temp of | During Peak | Point During | Before or at First | | Water | | Visited by | Day of |
| Emergency or Abnormal Operating | Concentration at | | Operating | muminiM | | JJ. | Customer | Measurement | (2) notatinasino | | bədzini To | | Staffed or | 3 |
| | nisinfectant | 24.54 | 1.0west | | | | First | O tis | Disinfectant | | Net Quantity | | Days Plant | 7 |
| ##################################### | Lowest Residual | | | | | T . T | Before or at | Contact Time (T) | and the second s | | | | | 1.5 |
| | | | 2.5 | | | | Provided | Disinfectant | | | | | | |
| | | | | | | | LOWest CT | | | | l | | | |
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| | | > Soul \ | | | | | | CT Calcul | | - | | | | 11 11 11 |
| | | | Applicabl | i noitsvit | seni suriv g | Four-Lo | Demostate | or UV Dose, to | T Calculations, o |) | 1 | | | |
| | əj | Chlorine Dioxic | | | D) əniroldD b | | | Free Chlorin | ution System: | | ai Maintain | udisəx insi | DISIDIEC | rype o |
| | | | | | | | | | | _ | | | | |
| | | e (Chloramines) | пса стюпп | namoa 1 | 20070 | 1 200 | Volce and love | 2 1 | | (Descripe): | | | raviolet Ra | |
| | | | | | - Ozone | | xoi U əni ə old | 2 — suitoli | Free Cl | tion/Removal | svirus Inactiva | g Four-Log | nivəidəA 10 | Means |
| | | | | | | | | | February, 2004 | : | o res (/din | old satrof | aily Data | III D |
| | | | | | | | | Sky Crest | | | | | | |
| | | | F4.4. 1.4. | - interest | | | | 1397 742 | Plant Mame | | 3321205 | | | II SMd |

^{*} 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: March, 20 | 004 | | | | | |
| A. Public Water System | (PWS) Informa | ation | | | | | | |
| PWS Name: | Sky Crest | | | | | PWS Identification Numb | per: 3351205 | |
| PWS Type: | ✓ Community | ✓ Non-Transient Non-Comm | nunity T | ransient Non-Com | munity | Consecutive | · · · · · · · · · · · · · · · · · · · | ***** |
| Number of Service Connect | | The state of the s | | | | otal Population Served at End of | of Month: 291 | |
| PWS Owner: | Florida Water Service | ces | | | | | | |
| Contact Person: | Craig Anderson | | | | C | Contact Person's Title: | VP Environmental Service | s |
| Contact Person's Mailing A | ddress: | P.O. Box 609520 | | | City: Orlando | State: Florida | Zip Code: | 32860-9520 |
| Contact Person's Telephone | : Number: | (407) 598-4199 | | | C | Contact Person's Fax Number: | (407) 598-4217 | |
| Contact Person's E-Mail Ac | ldress: | craiga@florida-water.com | 1 | | | | | |
| 3. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number | : 407-598-4 | 100 |
| Plant Address: | 36815 Skycrest Blvd | d. | | | City: Fruitland | State: Florida | Zip Code: | 32731 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | Purchased Fin | ished Water | | | | |
| Permitted Maximum Day O | perating Capacity of | Plant, gallons per day: | | 126,000 | | | | |
| Plant Category (per subsect | ion 62-699.310(4), F. | .A.C.): V | | | Pla | ant Class (per subsection 62-699 | | |
| Licensed Operators | | Name | | License Class | License Num | iber Date D | ay(s) / Shift(s) Worked | |
| Lead/Chief Operator. | Will Fontaine | | | С | 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 | | | | Traince | Days 1st Shift | | |
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| I Certification by Lead | | | | | | | T C.1 | |
| _ | • | t operator licensed in Florida | | • | | | _ | * |
| | | rue and accurate to the best of | | | | | | |
| | | icable standards referenced in | | | | | | |
| were prepared each da | y that a licensed | operator staffed or visited thi | is plant during the | month indicate | d above: (1) re | ecords of amounts of cher | micals used and chemical | al feed rates; and |
| (2) if applicable, appro | opriate treatment | process performance records | s. Furthermore, I | agree to provide | these addition | nal operations records to t | he PWS owner so the P | WS owner can |
| retain them, together v | with copies of this | s report, at a convenient locat | tion for at least ter | n years. | | | | |
| | | 4/8/2004 0:00 | Will Fontaine | | | | C-6813 | |
| Signature and Date | | 110120010100 | Printed or Ty | | | | License N | umber |
| 6 | | | | r | | | | • |

Page 1

| PWS II |): | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|--------|---------------------|--------------|------------------|---------------|--------------------|------------------|-----------------------|--|--|---------------|--|--|------------------|--|
| · | | for the Me | onth/Year o | ıf. | March, 2004 | | | | | | | | | |
| | | | | | | | | | | | | | · | |
| | | | | ation/Removal | Free C | niorine [(| Chlorine Diox | ade (| Ozone | Combi | ned Chlorir | ne (Chloramines |) | |
| | | | ☐ Other | | | | | | | | | | | |
| Туре | f Disinfec | tant Residu | ial Maintain | ed in Distrib | oution System: | ▼ Free Chlor | ine 🗀 | Combine | d Chlorine (C | Chloramines |) <u> </u> | Chlorine Dioxi | de | |
| | | | | | CT Calculations, | | | Four-Lo | og Virus Ina | ctivation, il | Applicab | le* | | |
| 1 | i taka d | | | | | | | | - | ratia | i ar | V Dose | | |
| | | | [| | | | Fig. Bright | | | i i | 5.5 | . Dr. (2 4 . + | | |
| | | | | | | | Lowest CT | | | * | 4 / 121 | | | |
| | | 1 | [| | | Disinfectant | Provided | | | | | | Lowest Residual | |
| 1 | Days Plant | | Net Quantity | | Lowest Residual a | Contact Time (T) | Before or at First | | | | Lowest | 44.44.61 | Disinfectant | |
| | Staffed or | | of Finished | | Concentration (C) | Measurement | Customer | | | Minimum | Operating | | Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | Conditions, Repair or Maintenance Work |
| the | the second second | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow | Flow, mg- | Water, | pH of Water, | Required, | mW- | Dose Required, | Distribution | that Involves Taking Water System - |
| 1 | | in Operation | gal. | Rate, gpd | Peak Flow, mg/L | minutes | min/L | °C | if Applicable | | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| 1 | Х | 24.0 | 25,100 | | 1.5 | | | | | | | | 1.1 | |
| 2 | X | 24.0 | 17,600 | | 1.6 | | | | | | | | 1.2 | |
| 3 | Х | 24.0 | 37,000 | | 1.6 | | | ļ | | | | ļ | 1.4 | |
| 4 | X | 24.0 | 20,400 | | 1.5 | | | | | | | | 1.2 | |
| 5 | X | 24.0 | 29,400 | ļ <u>.</u> | 1.7 | | | | | | | | 1.4 | |
| 6 | | 24.0 | 25,233 | | | <u> </u> | | - | | | | | | |
| 8 | X | 24.0 | 25,233 25,233 | | 1.8 | | | | | | | | 1.4 | |
| 9 | X | 24.0 | 23,233 | | 2.1 | | | - | } | | | | 1.8 | |
| 10 | X | 24.0 | 31,000 | | 1.7 | | | | | | | | 1.4 | |
| 11 | $\frac{\lambda}{X}$ | 24.0 | 22,200 | | 1.4 | | | i | | | | | 1.1 | |
| 12 | X | 24.0 | 24,100 | | 1.8 | 4 | | | j | | | | 1.3 | |
| 13 | | 24.0 | | | | | | | | | | | | |
| 14 | | 24.0 | 27,567 | | | | | | | | | | | |
| 15 | X | 24.0 | | | 1.5 | | | | | | | | 1.1 | |
| 16 | X | 24.0 | | | 2.1 | | | <u> </u> | <u> </u> | | | ļ | 1.8 | |
| 17 | X | 24.0 | | | 1.1 | | | | | | | | 0.8 | |
| 18 | X | 24.0 | | | 0.9 | | ļ | | ļ | | | | 0.8 | |
| 19 | X | 24.0 | | | 1.4 | | ļ | | | | | | 1.1 | |
| 20 | | 24.0 | | | | | | | | | | | | |
| 22 | х | 24.0 | | | 1.5 | | | | | | | | 1.1 | |
| 23 | X | 24.0 | | | 1.5 | | ļ | | | | | | 1.0 | |
| 24 | X | 24.0 | | | 1.5 | | | | | | | <u> </u> | 1.1 | |
| 25 | X | 24.0 | | | 1.0 | | | | | | | | 0.8 | |
| 26 | X | 24.0 | | 1 | 1.5 | | | | | | | | 1.1 | |
| 27 | | 24.0 | | | | | | | | | | | | |
| 28 | | 24.0 | | | | | | | 1 | | <u> </u> | | <u> </u> | |
| 29 | Х | 24.0 | | | 1.4 | | ļ | | <u> </u> | ļ | | ļ | 1.0 | |
| 30 | X | 24.0 | | | 1.3 | | l | | ļ | ļ | <u> </u> | | 0.8 | <u> </u> |
| 31 | <u> </u> | 24.0 | | <u> </u> | 1.3 | J | L | <u> </u> | <u></u> | l | <u> </u> | L | 1.0 | <u> </u> |
| Total | | | 693,300 | 4 | | | | | | | | | | |
| Avgera | | | 22,365 | 4 | | | | | | | | | | |
| Maxim | m - | | 37,000 | 1 | | | | | | | | | | |

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



| | See Pages 4 for Instructions. | |
|----|--|-------------|
| Ι. | General Information for the Month/Year of: | April, 2004 |

| . General Information | for the Month/Year of: April, 2004 | | | | |
|--|--|------------------------------|-----------------------|--------------------------------------|---------------------------------|
| A. Public Water System | (PWS) Information | | | | _ |
| PWS Name: | Sky Crest | | | PWS Identification Number: | 3351205 |
| PWS Type: | Community Non-Transient Non-Community | y Transient Non-Com | munity | Consecutive | |
| Number of Service Connec | tions at End of Month: 114 | | Total I | Population Served at End of Month: | 286 |
| PWS Owner: | Florida Water Services | | | | |
| Contact Person: | Craig Anderson | | Contac | ct Person's Title: VP Envi | ronmental Services |
| Contact Person's Mailing A | | | City: Orlando | State: Florida | Zip Code: 32860-9520 |
| Contact Person's Telephone | () / 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Contac | ct Person's Fax Number: (407) 59 | 8-4217 |
| Contact Person's E-Mail Ac | | | | | |
| 3. Water Treatment Pla | | | | | |
| Plant Name: | Sky Crest | | | Plant Telephone Number: | 407-598-4100 |
| Plant Address: | 36815 Skycrest Blvd. | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by | | Purchased Finished Water | | | |
| | Operating Capacity of Plant, gallons per day: | 126,000 | | | |
| Plant Category (per subsect | | | Plant Cl | ass (per subsection 62-699.310(4), F | .A.C.): D |
| Licensed Operators | Name | License Class | License Number | Day(s) / Sh | uift(s) Worked |
| | Will Fontaine | C | 6813 | Days 1st Shift | |
| Other Operators: | Brian Heath | C | 5825 | Days 1st Shift | |
| | John Worrell | C | 6597 | Days 1st Shift | |
| The transport of | Gary Kissick | C | 7846 | Days 1st Shift | |
| THE NEW YORK OF THE PARTY OF TH | Adam Michaelsen | | Trainee | Days 1st Shift | |
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| | | | | | |
| | VOLLAG | | | | |
| Certification by Leac | | | | | |
| | er treatment plant operator licensed in Florida, am | | | | |
| | in this report is true and accurate to the best of my | | | | |
| International Standard | 60 or other applicable standards referenced in sub | section 62-555.320(3), F.A.0 | C. I also certify tha | t the following additional ope | rations records for this plant |
| | y that a licensed operator staffed or visited this pla | | | | |
| | opriate treatment process performance records. Fu | | | | |
| retain them, together v | with copies of this report, at a convenient location 1 | for at least ten years | mose dadinonal of | perations records to une r vi s | owner so the target owner built |
| , | The second secon | at the total total fourth. | | | |
| | 5/7/2004 0:00 | Will Fontaine | | | C (912 |
| Signature and Date | 31112004 0.00 | | | | C-6813 |
| Signature and Date | | Printed or Typed Name | | | License Number |

DEP Form 62-555, 900(3)Alternate Page 1

| | | | 2251205 | | Plant Name: | Sky Crest | | | | | | | | |
|------------------|--------------------------|---|-----------------------------|---------------|--------------------|----------------------------------|-----------------------|--|---------------|--|---------------------|--|---------------------|--|
| PWS ID | | | 3351205 | | <u> </u> | JKy Cicsi | | | | | | | | |
| | | | nth/Year o | | April, 2004 | | | | | | | | | |
| Means o | f Achievin | g Four-Log V | | tion/Removal: | Free Ch | lorine 🗀 (| Chlorine Diox | ide [| Ozone | Combin | ned Chlorin | e (Chloramines) |) | |
| ┌ Ult | raviolet Ra | diation | Cther | (Describe): | | | | | | | | | | |
| | | | al Maintain | ed in Distrib | ution System: | ▼ Free Chlor: | | | d Chlorine (C | | , | Chlorine Dioxid | de | |
| 1)000 | | | | (| CT Calculations, o | or UV Dose, to | Demostate | Four-Lo | g Virus Inac | tivation, if | Applicabl | e* _ i / | | |
| 4.47 | | | | | | CT Calc | | | No. 1947 | | U) | 7 Dose | | |
| | | | N. | | | | | | | | | | | |
| | | | | | | | Lowest CT Provided | 17. 44 | | | 1 | | | |
| 1. 186.5 | | | | | Lowest Residual | Disinfectant Contact Time (T) | Before or at | | | | | | Lowest Residual | |
| | - n | | ATes Oceans | | Disinfectant | at C | First | | | | Lowest | | Disinfectant | The transfer of the Contract of |
| | Days Plant Staffed or | | Net Quantity of Finished | | Concentration (C) | Measurement | Customer | | | Minimum | | | Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | Conditions, Repair or Maintenance Work |
| the | | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | Water, | pH of Water, | Required, | mW- | Dose Required, mW-sec/cm ² | Distribution | that Involves Taking:Water System Components Out of Operation |
| | | in Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | °C | if Applicable | mg-min/L | sec/cm ² | mW-sec/cm | System, mg/L 0.7 | Components Out of Operation |
| 1 | X | 24.0 | 22,600 | | 0.9 | | | | | | | | 1.1 | |
| 2 | X | 24.0 | 23,400 | | 1.5 | | | ļ | | | | | | |
| 3 | | 24.0 | 28,667 | | <u> </u> | | | | | | | | | |
| 4 | | 24.0 | 28,667 28,667 | | 1.2 | | | | | | | | 0.8 | |
| 5 | X | 24.0 | 23,800 | | 1.2 | | | | | | | | 0.9 | |
| 7 | X | 24.0 | 34,400 | | 1.3 | | - | <u> </u> | | | | | 1.1 | |
| -8 | X | 24.0 | 31,800 | | 1.0 | | | | | | | | 0.8 | |
| 9 | X | 24.0 | 19,200 | | 1.8 | | | | | | | | 1.4 | |
| 10 | | 24.0 | 28,867 | | | | | | ļ <u>-</u> | | | | | |
| 11 | | 24.0 | 28,867 | | | | | ļ | | | | | 1.5 | |
| 12 | X | 24.0 | | | 1.9 | | | <u> </u> | | | | | 0.9 | |
| 13 | Х | 24.0 | | | 1.3 | | | | | | | | 1.4 | |
| 14 | X | 24.0 | | | 1.8 | | | | | | | | 0.9 | |
| 15 | X | 24.0 | | | 1.5 | | | | 1 | - | | | 1.1 | |
| 16 | | 24.0 | | | | | | | | | | | | |
| 18 | <u> </u> | 24.0 | | 1 | | | | | | | | | \ | |
| 19 | X | 24.0 | | | 1.0 | | | | | | | | 0.7 | |
| 20 | X | 24.0 | 27,400 | | 1.7 | | | <u> </u> | | | | | 1.4 | |
| 217 | X | 24.0 | | | 2.1 | | - | | | - | | <u> </u> | 0.8 | |
| 22 | X | 24.0 | | | 1,2 | | | ┼ | - | | | | 1.0 | |
| 23 | X | 24.0 | | | 1.3 | | | | | | | | | |
| 24 | | 24.0 | | <u> </u> | | | | | 1 | | | | | |
| 25 | X | 24.0 | | | 1.1 | | | | | | | | 0.8 | |
| 27 | X | 24.0 | | | 1.8 | _ | | | | | | | 1,3 | |
| 28 | X | 24.0 | | | 1,0 | | | | | _ | | <u> </u> | 0.7 | |
| 29 | X | 24.0 | | | 1.1 | | ļ | | ļ | | | | 0.7 | |
| - 30 | Х | 24.0 | 27,800 | | 1.0 | _ | <u> </u> | _ | | | + | | 1 - 0.7 | |
| - 6 37 - 5 37 | | | <u> </u> | _ | | L | 1 | | 1 | 1 | 1 | | | 1 |
| | | 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | | ⊣ | | | | | | | | | | |
| Avgera | œ | 1373 | 27,960 | | | | | | | | | | | |

35,800

Maximum

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



| See Pages 4 for Instru | | | | | | | | |
|-------------------------------------|-----------------------|-------------------------------|------------------------|-------------------|--|--|-----------------------------|--|
| I. General Information | for the Month/Y | Year of: May, 20 | 04 | | <u>. </u> | | | |
| A. Public Water System | (PWS) Informa | tion | | | | | | |
| | Sky Crest | | | | ···- | PWS Identification Numb | er: 3351205 | |
| PWS Type: | ✓ Community | Non-Transient Non-Com | munity Tr | ansient Non-Comr | munity | Consecutive | | |
| Number of Service Connect | | | | | | Population Served at End o | f Month: 284 | |
| PWS Owner: | Florida Water Servic | | | | | • | | |
| Contact Person: | Craig Anderson | | | | Cont | act 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 | | | Con | act Person's Fax Number: | (407) 598-4217 | |
| Contact Person's E-Mail Ad | ldress: | craiga@florida-water.co | m | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number: | 407-598-41 | 00 |
| Plant Address: | 36815 Skycrest Blvd | | | | City: Fruitland | State: Florida | Zip Code: | 32731 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | Purchased Finis | shed Water | | | <u> </u> | |
| Permitted Maximum Day O | | | | 126,000 | | | | |
| Plant Category (per subsect | | | <u> </u> | | | Class (per subsection 62-699 | | The contract of the second of the second |
| Licensed Operators | | Name | | | License Numbe | | ay(s) / Shift(s) Worked | 3世末16年8 |
| Lead/Chief Operator: | Will Fontaine | | | С | 6813 | Days 1st Shift | | |
| Other Operators: | Brian Heath | | | С | 5825 | Days 1st Shift | | |
| | John Worrell | | · | С | 6597 | Days 1st Shift | | |
| | Gary Kissick | | | С | 7846 | Days 1st Shift | | |
| · "我没有看到,一样的知识 | Adam Michaelsen | | | | Trainee | Days 1st Shift | | |
| Manager agriculture et d'alors d'al | | | | <u> </u> | | | | |
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| | <u> </u> | | | L | L | | | |
| II Certification by Lead | I/Chief Operator | r | | | | | | |
| L the undersioned wat | er treatment plant | t operator licensed in Floric | la am the lead/chie | f operator of the | water treatment | plant identified in part | I of this report. I certify | that the |
| information provided | in this report is tr | ue and accurate to the best | of my knowledge a | nd belief I cert | ify that all drinki | ng water treatment chei | micals used at this plant | conform to NSF |
| International Standard | If this report is the | icable standards referenced | in subsection 62-54 | 55 320(3) FA (| Lalso certify t | hat the following additi | ional operations records | for this plant |
| micriational Standard | outle appli | operator staffed or visited t | his plant during the | month indicate | d above: (1) reco | ords of amounts of cher | nicals used and chemica | I feed rates: and |
| (2) :Cara lia la | iy tilat a licelised | process performance record | nis piant during the | area ta pravida | these additional | operations records to t | he PWS owner so the PV | WS owner can |
| | | | | | tilese additional | operations records to t | tic i wo owner so the i | WS OWNER Can |
| retain them, together v | with copies of this | s report, at a convenient loc | ation for at least ter | i years. | | | | |
| | | 6/8/2004 0:00 | Will Fontaine | | | | C-6813 | |
| Signature and Date | | 0/0/2004 0.00 | Printed or Typ | | | | License Nu | ımber |
| Signature and Date | | | rimed or Typ | JUG INZINE | | | Election 140 | |

| | | | | | | | | | | | 007,74 | | , ₁ . w | umixaM |
|---|---|-----------------|----------------------------------|---------------------------|-----------------------------|----------|--|--|--|-------------|--|-----------------------------|--|----------------------|
| | | | | | | | | | | | 32,113 | | 2 | двтэд∨А |
| | | | | | | | | | | | 005,266 | 1,1,1 | | IstoT |
| | 1.0 | | | | | | | | £"1 | | ££1,8£ | 74.0 | X | 31 |
| | | | | | | | | | | | ££1,8£ | 0.4.0 | | 30 |
| | | | | | | | | | | | EE1,8E | 0,4,0 | | 67 |
| | 8.0 | | | | | | | | 71 | | 002,15 | 0,40 | X | 87 |
| | 8.0 | | | | | | | | TT | | 007,74 | 0.4.0 | X | LZ |
| | 0.1 | | | | | | | | ٤.1 | | 001,54 | 24.0 | X | 97 |
| | L'0 | | | | | | | | U | | 21,000 | 0.4.0 | X | 57 |
| | 9.0 | | | | | | | | 0.1 | | 558,25 | 24.0 | X | 74 |
| | | | | | | | | | | | 32,833 | 0.42 | | 73 |
| | | | | | | | | | | | 558,25 | 24.0 | | 77 |
| | 9.0 | | | | | | | | 11 | | 34,700 | 24.0 | X | 17 |
| | 8.0 | | | | | | | | 7.1 | | 905,35 | 24.0 | X | 07 |
| | 6.0 | | | | | | | | 7.1 | | 002,62 | 0.4.0 | X | 61 |
| | 1 .1 | | | | | | | | 1.8 | | 20,100 | 24.0 | X | 81 |
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| | 0.1 | | | | | | | | ₱ [°] I | | 007,04 | 24.0 | X | EF |
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| | 8.0 | | | | | | | | I'I | | 009'91 | 24.0 | X | L |
| | 6.0 | | | | | | | | €.1 | | 30,800 | 24.0 | X | 9 |
| | 8.0 | | | | | | | | 1.2 | | 001'44 | 24.0 | X | ς |
| | 1.0 | | | | ļ | | | | p.I | | 17,400 | 24.0 | X | Þ |
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| Emergency or Abnormal Operating: Conditions, Repair or Maintenance Work that Anvolves Taking Water System Components Gut of Operation | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | Lowest Operating UV Doos, Fig.V- | Minimum CT Required | pH of Water, | Temp of | Lowest CT Provided Before or at First Customer During Peak Flow, mg- | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest Residual Disinfectant Concentration (C) Before or at Burst Customer During The Control of | Peak Flow | Net Quantity of Finished Water Producted, | Hours plant in Operation | Days Plant Staffed or Visited by Operator | Day of the the |
| | | Dose | | | | | | CT Calcu | · (aa | | 1 | | | |
| | | *9 | IdsoilaaA | ii .noitevii: | seni suriV a | Four-Lo | Demostate | or UV Dose, to | T Calculations, o | | <u>. </u> | | | |
| | əį | Chlorine Dioxic | (| hloramines) | Ohlorine (C | omidmo |) əu | ▼ Free Chloria | ution System: | | | ubisəA tnat | əəlnisiQ 1 | о эдүТ] |
| | | / | | | | | | - | | (Describe): | | | raviolet Ra | 1 |
| | | e (Chloramines) | minoldD bac | Combin | oroso - | ide 「 | xoi O sninold | orinol | | | virus Inactiva | | | |
| | | | | | | | | | May, 2004 | | nth/Year of | of adt vol | | |
| | | | | | | | | Sky Crest | Plant Name: | | 3331205 | | :(| II SMa |

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: June. 2004 A. Public Water System (PWS) Information 3351205 PWS Identification Number: PWS Name: Sky Crest ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Total Population Served at End of Month: 298 Number of Service Connections at End of Month: 118 PWS Owner: Florida Water Services VP Environmental Services Contact Person's Title: Contact Person: Craig Anderson State: Florida Zip Code: 32860-9520 Contact Person's Mailing Address: P.O. Box 609520 City: Orlando (407) 598-4199 Contact Person's Fax Number: (407) 598-4217 Contact Person's Telephone Number: Contact Person's E-Mail Address: craiga@florida-water.com **B. Water Treatment Plant Information** 407-598-4100 Plant Name: Sky Crest Plant Telephone Number: Zip Code: 32731 Plant Address: 36815 Skycrest Blvd. Fruitland State: Florida City: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000 Plant Class (per subsection 62-699.310(4), F.A.C.) V Plant Category (per subsection 62-699.310(4), F.A.C.): License Class License Number Day(s) / Shift(s) Worked Licensed Operators Name Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift Other Operators: 5825 Days 1st Shift Brian Heath John Worrell 6597 Days 1st Shift Days 1st Shift 7846 Gary Kissick Days 1st Shift Adam Michealsen - Trainee 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 License Number Signature and Date Printed or Typed Name

| | | | | | | | | | | | 788,62 00E,E2 | | | Vectage |
|--|---|---|---------------------|---------------|---------------|-------------------------------|---------------|------------------|--------------------|---------------|------------------|--------------|--|----------|
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| | 7.1 | | | ├ | | | | | t'I | | 25,500 | 24.0 | X | 30 |
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| | | | | | | | | | | | 22,800 | 24.0 | | 77 |
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| | 1.1 | | - | | 1 | | | | τl | | 21,500 | 24.0 | X | 72 |
| | 2.1 | | ļ | | | | <u> </u> | | 5.1 | | 30,300 | 24.0 | X | 24 |
| | 0.1 | | | | | | | | 3.1 | | 009,52 | 24.0 | X | 23 |
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| , | 1.1 | | | | <u> </u> | | | | νl | | 24,000 | 24.0 | X | 81 |
| | 0.1 | | | | | | | | 5'[| | 000,62 | 0.42 | X | <u> </u> |
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| | €.1 | | | | | | | | 91 | | 001,82 | 24.0 | X | 8 |
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| | | | | | | | | | | | 40,433 | 24.0 | | S |
| · · · · · · · · · · · · · · · · · · · | 1.1 | | L | | | | | | 5.I | | 27,300 | 24.0 | X | 7 |
| | 11 | | | | | | | | 11 | | 009,24 | 24.0 | X | |
| | 1.1 | | | | | | | | 7 E | | 005,52 | 24.0 | X | ε |
| | I'I | | | | | | | | 5.1 | | 35,200 | 24.0 | x | - 2 |
| Components Out of Operation | System, mg/L | mW-sec/cm ² | zec/cm ² | .J/mm-gm | əldsəilqqA ti | _{1,2} ⊃ ₀ | J/nim | minutes | Peak Flow, mg/L | Rate, gpd | | in Operation | | I |
| that Involves Taking Water System | nonudinisig | Dose Required, | -Wm | Required, | pH of Water, | , TOJEW | Flow, mg- | Peak Flow, | Customer During | Peak Flow | Producted, | Hours plant | Operator | |
| Conditions, Repair or Maintenance Work | Remote Point in | VU muminiM | UV Dose, | TO | | lemp of | During Peak | Point During | Before or at First | | TSJBW | 1-1-1-1-1 | | the the |
| Emergency or Abnormal Operating | Concentration at | | Operating | muminiM: | | ## T | Customer | Measurement | Concentration (C) | | bədzini To | | Visited by | Day of |
| Epusiscies of Abnormal Oberating | Disinfectant | | Lowest | | | | izni | 2 is | Disinfectant | | Net Quantity | 1 4 4 4 4 | Days Plant Staffed or | - |
| | Lowest Residual | | | | | | в то этогэЯ | Contact Time (T) | | 4.5 | · · · · · · | | trefa sued | 1 1 |
| | in the | | | | | 2 | Provided | Disinfectant | | 4 | | (| | |
| | | | | | | | Lowest CT | | | | | | | |
| | | 2007 | | | CARL STATE | | | iv e | | 23.1 | | | | |
| | | Dose | | | | | | CT Calcu | | | | 1 | | 1 1 |
| | 211 | *9 | Applicab | ti ,noitevito | senI striiV g | 6-moA | Demostate | or UV Dose, to | T Calculations, |) | | | | |
| | əp | Chlorine Dioxio | | Chloramines |) SniroldO t | comprise | ne i | ▼ Free Chloria | | | HIPHIPIAL IN | DDICON NO | 22111121 = 1 | 0.000 |
| | | | | | . 1107 | | | | ution System: | | | | | _, |
| | (| e (Chloramines | иеа Сијоги | iquion I | 20070 | | VOLCE OUR LOW | 2 1 | | | L Other | | raviolet Ra | յլը ၂] |
| | ` | . 1107 | . 1157 | | - | 3 abi | Norine Diox | hlorine Γ | D Erec Cl | ttion/Removal | Virus Inactiva | god-mof g | nivəidəA to | Means (|
| | | | | | | | | | June, 2004 | | o res //dino | | | |
| | | | | | | | | Igara (na | | | | | | |
| | | | | | | | | Sky Crest | Plant Name: | | 3321205 | | | PWS ID |

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



| 3 | | | | | | | | | |
|--|------------------------|-----------------------------|------------------------|--------------------|-------------------|----------------------------------|--------------------|-------------|--|
| See Pages 4 for Instru | | <u> </u> | 20.4 | | | | | | |
| I. General Information | for the Month/Y | ear of: July, 20 |)04 | · | | | | | |
| A. Public Water System | (PWS) Informat | ion | | | | | | | |
| | Sky Crest | | | | | PWS Identification Number | ber: 3 | 351205 | |
| PWS Type: | ✓ Community | Non-Transient Non-Con | nmunityT | ransient Non-Com | munity | Consecutive | | | |
| Number of Service Connect | tions at End of Month: | 118 | | | T | otal Population Served at End of | of Month: 2 | 98 | |
| PWS Owner: | Aqua Utilities Florida | | | | | | | | |
| Contact Person: | Brian Heath | | | | C | ontact Person's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: 2 | 2315 Griffin Road | | | City: Leesburg | State: Florida | [2 | Zip Code: | 34748 |
| Contact Person's Telephone | : Number: (| (352) 787-0980 | | | C | ontact Person's Fax Number: | (352) 787-6333 | | · · · · · · · · · · · · · · · · · · · |
| Contact Person's E-Mail Ad | ldress: <u>l</u> | beheath@aquaamerica | .com | | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number | | 107-598-410 | |
| Plant Address: | 36815 Skycrest Blvd. | | | | City: Fruitland | State: Florida | | Zip Code: | 32731 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | Purchased Fin | ished Water | | | ···· | | |
| Permitted Maximum Day O | | | | 126,000 | | | | | |
| Plant Category (per subsect | | | V | | | unt Class (per subsection 62-69 | | D | The state was a supercise of the state |
| Licensed Operators | | Name | | License Class | License Num | ber D | ay(s) / Shift(s) \ | Norked | |
| 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 | | | |
| | | | | ļ <u>.</u> | | | | | |
| 2 | | | | ļ | | | | | |
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| The State of the Control of the Cont | | | | ļ | | | | | |
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| | | | | | ļ <u>-</u> | | | | |
| | L | | | | <u> </u> | | | | |
| II Certification by Lead | VChief Operator | | | | | | | | |
| | | operator licensed in Flori | da am the lead/chie | ef operator of the | water treatme | nt plant identified in part | t Lof this report | Lcertify | that the |
| information and id-1 | in this man and is ton | e and accurate to the best | of my knowledge e | and baliaf I cart | ify that all drin | king water treatment che | emicals used at th | his plant | conform to NSF |
| Information provided | in this report is tru | cable standards referenced | of my knowledge a | 55 220(2) E A (| Ty that an drift | is that the following addit | tional aperations | recorde : | for this plant |
| international Standard | 1 60 or other applic | able standards referenced | 1 III SUOSECTION 02-3 | | Jakana (1) a | y that the following addit | micals used and | ahamiaal | l food rotes: and |
| were prepared each da | ry that a licensed o | operator staffed or visited | this plant during the | e month indicate | d above: (1) re | ecords of amounts of che | inicais used and | chemical | VC |
| | | process performance recor | | | these addition | ial operations records to t | tne PWS owner | so the Pv | vs owner can |
| retain them, together v | with copies of this | report, at a convenient loc | cation for at least te | n years. | | | | | |
| | | | | | | | | | |
| | | | Will Fontaine | · | | | | C-6813 | |
| Signature and Date | | | Printed or Ty | ped Name | | | 1 | License Nur | mber |

| PWS II |); | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|-----------|-------------|--------------|------------------|---------------------------------------|--------------------|--|--|--|--|---------------|--|------------------------|------------------|---|
| ш | aily Data | for the Mc | onth/Year o | f: | July, 2004 | | | | | | | | | |
| | | | | ation/Removal | | | | ., . | | | | | | |
| 1 | raviolet Ra | | Other | | . W Free C | morme 1 (| Chlorine Diox | ade 1 | - Ozone | Combi | ned Chiorir | ne (Chloramines |) | |
| - | | | | _ | | Proces | | <u> </u> | | | | | | |
| Type o | f Disinfec | tant Residu | ial Maintain | | oution System: | Free Chlor | | | d Chlorine (C | | | Chlorine Dioxic | de | |
| | | | | (| CT Calculations, | or UV Dose, to | Demostate | Four-Lo | g Virus Ina | ctivation, it | | | | 文 原稿 全部 (300 PM) (400 PM) (200 PM) (400 PM) (4 |
| | | | | | | CT Calc | ulations | 3. T. | | | U | V Dose | Lowest Residual | |
| 1 | | | | | | | | T - 11/4 5 | | 16. | | | the transfer | |
| | | | | | | Disinfectant | Lowest CT Provided | | | | | | 1000 | |
| | | | | | Lowest Residual. | Contact Time (T) | | | | | | | Lowest Residual | |
| | Days Plant | | Net Quantity | | Disinfectant | at C | First | | | | Lowest | | Disinfectant | |
| | Staffed or | | of Finished | | Concentration (C) | Measurement | Customer | | | Minimum | Operating | | Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | |
| the | | Hours plant | | Peak Flow | Customer During | Peak Flow, | Flow, mg- | Water, | pH of Water, | Required, | mW- | Dose Required, | Distribution | |
| Month | | in Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | °c | if Applicable | mg-min/L, | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| . (1.05%) | X | 24.0 | 31,100 | | 1.0 | | | | | | | | 0.8 | |
| 3 | X | 24.0 | 9,800 | | 1.2 | | | <u> </u> | ļ | | ļ | | 0.9 | |
| 4 | | 24.0 24.0 | 26,700 26,700 | | | | | | ļ | | | | | |
| 5 | Х | 24.0 | 26,700 | | 1.5 | | | | | | <u> </u> | | 1.1 | |
| 6 | X | 24.0 | 25,100 | | 1.6 | | | | | | | | 1.2 | |
| 7 | X | 24,0 | 28,000 | | 1.7 | | | | | | | | 1.4 | |
| 8 | X | 24.0 | 14,800 | · · · · · · · · · · · · · · · · · · · | 1.5 | | · · · · · · · · · · · · · · · · · · · | | | | | | 1.3 | |
| . 9 | Х | 24.0 | 19,300 | | 1.6 | | | | | | | | 1.3 | |
| 10 | | 24,0 | 23,067 | | | | | | | | ļ | | | |
| 11 | | 24.0 | | | | | | ļ | | | <u></u> | | | |
| 12 | X | 24.0 | | | 1.6 | ļ | | ļ | <u> </u> | | | | 1.2 | <u></u> |
| 13 | X | 24.0 | 23,400 | | 1.7 | | | | | | | ļ | 1.4 | |
| 14 | X | 24.0 24.0 | 28,400 23,800 | ļ | 1.5 | - | | | | | | | 1.2 | |
| 16 | X | 24.0 | | | 1.5 | | | | | | - | | 1.1 | |
| 17 | | 24.0 | 22,233 | | | | | | | | | - | | , |
| 18 | | 24.0 | 22,233 | | | | | | | | | | | |
| 19 | Х | 24.0 | 22,233 | 1 | 1.4 | | | | | | | | 1.0 | |
| 20 | Х | 24.0 | 10,500 | | 1.3 | | | | | | | | 1.0 | |
| 21 | Х | 24.0 | 34,900 | | 1.3 | | | L | | | | | 1.0 | |
| 22 | X | 24.0 | 9,700 | | 1.4 | | | ļ. <u></u> | <u> </u> _ | | | | 1.1 | |
| 23 | X | 24.0 | 20,500 | | 1.7 | ↓ | | | ļ | | ļ | | 1.3 | |
| 24 | | 24.0 | 21,800 | | | ļ | | | | | | | | |
| 25 26 | | 24.0 | 21,800 | } | 1.8 | | | } | | | ├ ─── | | 1.4 | |
| 27 | X | 24.0 | 27,700 | | 1.8 | | | | | | | | 1.4 | |
| 28 | - X X | 24.0 | 26,700 | | 1.7 | | | | | | | | 1.3 | |
| 29 | X | 24.0 | 20,700 | | 1.0 | | | | | | | | 0.8 | |
| 30 | X | 24.0 | 17,900 | l | 1.4 | | | | | | | | 1.1 | |
| 31 | Х | 24.0 | 28,300 | | | | | | | | | | | |
| Total | Lac N | | 700,000 | | | | | | | | | | | |
| Avgerag | C 100 | | 22 581 | l | | | | | | | | | | |

34,900

Maximum

^{*} 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: August, 2004 | | | | <u></u> | | |
| A. Public Water System | ı (PWS) Informa | tion | | | | | | |
| PWS Name: | Sky Crest | | | | PWS Identification Numb | рег: | 3351205 | |
| PWS Type: | ✓ Community | Non-Transient Non-Community | Transient Non-Comr | | Consecutive | | · | |
| Number of Service Connec | tions at End of Month | 118 | | Total I | Population Served at End of | of Month: | 298 | |
| PWS Owner: | Aqua Utilities Florid | a | | | | | | |
| Contact Person: | Brian Heath | | | Contac | et Person's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress: | 2315 Griffin Road | | City: Leesburg | State: Florida | [: | Zip Code: 34748 | |
| Contact Person's Telephone | Number: | (352) 787-0980 | | Contac | t Person's Fax Number: | (352) 787-6333 | <u></u> | |
| Contact Person's E-Mail Ac | | beheath@aquaamerica.com | | | | | | |
| 3. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Sky Crest | | | | Plant Telephone Number: | | 407-598-4100 | |
| Plant Address: | 36815 Skycrest Blvd | | | City: Fruitland | State: Florida | | Zip Code: 32731 | |
| Type of Water Treatment b | | | d Finished Water | | | | | |
| Permitted Maximum Day C | | | 126,000 | | | | | |
| Plant Category (per subsect | | | | | ass (per subsection 62-699 | | D | |
| Licensed Operators | | Name | License Class | License Number | D | ay(s) / Shift(s) ; | Worked | |
| Lead/Chief Operator. | Will Fontaine | | С | 6813 | Days 1st Shift | | | |
| Other Operators: | Brian Heath | | С | 5825 | Days 1st Shift | | | |
| | John Worrell | | С | 6597 | Days 1st Shift | | | |
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| | | | | y_v_ | | | | |
| | <u> </u> | | | | | | | |
| ALCOHOLOGY TO THE ACCOUNT OF | | | | | | | | |
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| | | | | | | | | |
| I. Certification by Lead | d/Chief Operator | | | | | | | |
| | | | / 1 : C / C/I | | 1 | Y - C41 : | Y | |
| | - | operator licensed in Florida, am the lead | • | • | - | _ | - | Non |
| - | - | ue and accurate to the best of my knowled | ~ | • | | | = | |
| | | cable standards referenced in subsection (| • • • | • | _ | • | - | |
| | • | operator staffed or visited this plant during | • | | | | | |
| | | process performance records. Furthermore | | these additional of | perations records to the | he PWS owner | so the PWS owner | can |
| retain them, together v | with copies of this | report, at a convenient location for at lea | st ten years. | | | | | |
| | | | | | | | 0.4012 | |
| | | Will For | | | | _ | C-6813 | |
| Signature and Date | | Printed of | or Typed Name | | | | License Number | |
| | | | | | | | | |

Sky Crest

Plant Name:

3321205

| | | | | | | | | | | | 42 400 | 1. 1 | | umixsM |
|------------------------------------|---------------|-----------------|-------------------------------|---|--|-------------------------------------|--|---|---|---------------------------------------|---|-----------------------|--|------------------------|
| | | | | | | | | | | | 780,45 | | Э | Avgerage |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | 007,847 | | 21년 13 년 | IntoT |
| | <u> </u> | | | | | L | | | | | 005'61 | 0.4.0 | Х | Iε |
| | LI | | | | | | | | 1.2 | | 23,900 | 0.42 | Х | 30 |
| | | | | |] | | | | | | 006,82 | 0.42 | | 67 |
| | | | | | | | | | | | 23,900 | 0.42 | | 82 |
| | Z.I | | | | | | | | 8.1 | | 006'61 | 0.42 | Х | LT |
| | þ'l | | | | | | - | | 8.1 | | 002,12 | 24.0 | X | 97 |
| | t'I | | | | | | | | L'I | | 008,25 | 24.0 | X | 57 |
| | 1.2 | | | | | | | | 91 | | 008,12 | 24.0 | X | 74 |
| | 6.0 | | | | | | | | 1.3 | | 738,62 | 24.0 | X | 23 |
| | | | | | | | | | ļ · · | | 738,52 | 24.0 | <u> </u> | |
| | | | | | | | | · | | | 198,52 | 24.0 | - | 77 |
| | 1.1 | | | | | | | | t '1 | | 001,81 | 24.0 | | 70 |
| | t'I | | | | | | | | L'I | | 24,100 | | X | 70 |
| | £.1 | | | | | | | | SI | | | 24.0 | X | 61 |
| | 1.3 | | | | | \vdash | | | | | 30,00 | 0.42 | X | 81 |
| | 0.1 | | | | | | | | 8.1 | | 000'07 | 24.0 | X | LI |
| | 101 | | | | <u> </u> | | | | 1.3 | | 20,700 | 24.0 | X | 91 |
| | 10:1 | | | - | | | | | | | 20,700 | 24.0 | | ısı |
| | 0.1 | | | | | | | | b .I | | 29,300 | 24.0 | Х | ÞΙ |
| | 8.0 | | - | | | | | | 71 | | 009'11 | 24.0 | X | 13 |
| | T.0 | ļ | | | | | | | 0.1 | | 21,500 | 24.0 | X | 15 |
| | 0.1 | | | | | L | L | ļ | €.1 | | 26,000 | 0.42 | X | 11 |
| | 2.1 | | | | | | | | 9.1 | | 002,22 | 24.0 | X | 10 |
| | L'0 | | | | <u> </u> | | | | 1.1 | | 24,000 | 24.0 | X | 6 |
| | | | | | | | | | | | 24,000 | 24.0 | | 8 |
| | | | | | | _ | | | | | 24,000 | 0.4.0 | | L |
| | 6.0 | <u> </u> | | | | | | | I.I | | 008,82 | 24.0 | X | 9 |
| | E.I | | | | | | | | p .I | | 008,22 | 24.0 | Х | ς |
| | 8.0 | | | | | | | | 1.1 | | 74,300 | 0.42 | X | Þ |
| | 5.1 | | | | | | | | 1.8 | | 20,300 | 24.0 | X | ε |
| | 7 I | | | | | | | | 8.1 | | 45,400 | 24.0 | Х | 7 |
| | | | | | | | | | | | 42,400 | 0.42 | | 1 |
| Y. Emergency or Abnormal Operating | Disinfectant. | | Lowest Operating UV Dose, mW- | Minimum CT Required, Megnined, | pH of Water, if Applicable | Temp of Water, O ^O | Before or at First Customer During Peak How, mg- | Contact Time (T) Bat C Measurement Point During Peak Flow Peak Flow minutes | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Peak Flow Rate, gpd. | Met Quantity of Finished Water Producted, gal | Hours plant | Days Plant Staffed or Visited by Operator Operator | Day of the Month |
| | | V Dose | | ** *** • • • • • • • • • • • • • • • • • • | | | llations Lowest CT | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | *9 | Ideailan A | ti noitevit | ent siniV 9 | Four-Lo | | | T Calculations, CT | | | | 17 ₈₀ * 144 | |
| | əį | Chlorine Dioxic | (| hloramines) | S) Surinold D | Sombine |) əu | ▼ Free Chlori | ution System: | dintaiQ ni ba | al Maintain | tant Residu | of Disinfec | Туре с |
| | | c (Chloramines) | | | | | Chlorine Diox | | | tion/Removal (Describe): | ∟ О≀рсь | g Four-Log diation | nivəidəA lo Raviolet Ra | Means |
| | | | | | | | | | | | | | | |

PWS ID:

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: September, 2004 A. Public Water System (PWS) Information 3351205 PWS Name: PWS Identification Number: Sky Crest ✓ Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 298 118 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: 2315 Griffin Road Zip Code: 34748 City: Leesburg State: Florida (352) 787-0980 (352) 787-6333 Contact Person's Telephone Number: Contact Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** Plant Name: Sky Crest Plant Telephone Number: 407-598-4100 Plant Address: 36815 Skycrest Blvd. City: Fruitland State: Florida Zip Code: 32731 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000 Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked Licensed Operators Name License Class License Number Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift Other Operators: Brian Heath 5825 Davs 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. |

 Will Fontaine
 C-6813

 Signature and Date
 Printed or Typed Name
 License Number

| More of Advisering Four-Light Winter More of Advisering Four-Light (Provided Advisering Fo | PWS II |): | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|--|--------|-------------|-------------|--|--|--|--|--|----------------|--|---------------|--|------------------------|--|--|
| Control Color Co | | | | | | | | | | | | | | | |
| Type of Districtant Residual Maintained in Distri | | | | | | | | | | | | | (61) | | |
| System Post L | | - | | | : Free C | niorine [(| Chiorine Diox | ade | Ozone | 1 Combi | ned Chlorin | e (Chloramines |) | |
| CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose | L' | | | | _ | | | | | | | | | | |
| Day of Name Type o | f Disinfect | tant Residu | al Maintain | | | | | | | | | | de | |
| Day of Name | | | | (| CT Calculations, | or UV Dose, to | Demostate | Four-Lo | g Virus Ina | ctivation, it | f Applicabl | e* | | |
| Day of Plane Day | 1 | | | | | The state of the s | | | | | | | | | |
| Day of Plane Day | j | | | | | | | | -14 | | | | | | |
| Days Plant Days Plant Days Red and Suffed or Districtions of Finished Districtions of Finish | | | | 100 | | | | | 1. 1 | | | | | | |
| Days Plant Suffed or Friend Suffed or Suffed | | | | | | Lawret Desidual | 1 | The second secon | | 4 | | | | Lowest Residual | |
| Day of Visible Department | | Dave Plant | | Net Ouantity | | I the second of | | Comment Section | 1. 1. 1. | water of the last | | Lowest | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| Day of Vising by Vising | | | | | | | | 100 | 100 | | Minimum | Operating | | 1,000 | Emergency or Abnormal Operating |
| Description House plant Produced, Peak Flow | Day of | | | | | | | 1 | Temp of | | | UV Dose, | Minimum UV | Remote Point in | Conditions, Repair or Maintenance Work |
| Month Clase X in Operation 2d | | | Hours plant | A STATE OF A STATE OF A STATE OF | | | | | Water, | pH of Water, | Required, | mW- | Dose Required, | Distribution | that Involves Taking Water System |
| 1 | 1.0 | | | Alberta Communication Communic | | | minutes | | °C ″ | if Applicable | mg-min/L | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| 3 X 240 37,000 12 | 1 | | | 53,700 | | 1.3 | | | | | | | | | |
| 1 | 2 | X | 24.0 | 25,600 | | 1.2 | | | | | L | | | | |
| 5 240 33,200 17 6 X 240 34,100 1.6 7 X 240 34,100 1.6 8 X 240 34,000 1.3 9 X 240 39,100 1.5 10 X 240 50,000 1.3 11 240 22,067 1.0 12 240 22,067 1.3 13 X 240 22,067 13 X 240 13,000 14 X 240 19,300 14 X 240 19,300 14 X 240 14,600 15 X 240 13,500 16 X 240 14,600 1.3 17 X 240 16,500 1.3 19 240 21,533 1.1 20 X 240 21,533 1.2 <td< td=""><td>3</td><td>X</td><td>24.0</td><td></td><td></td><td>1.2</td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td><td>0.9</td><td></td></td<> | 3 | X | 24.0 | | | 1.2 | | | | | | <u> </u> | | 0.9 | |
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| 7 X 240 34,100 1.6 1.6 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 | | | | | | | | | <u> </u> | | | | | | |
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| 13 | | ļ | | | | | | | | | | | | | |
| 13 | | | | | | 1.2 | | | ├ | | - | <u>├</u> | | 0.9 | |
| 15 | | | | | | 1 | | | - | | | | · | | |
| 16 X 240 14,600 1.3 1.0 17 X 240 16,300 1.3 1.0 18 240 21,533 1.0 1.0 19 240 21,533 1.2 0.9 20 X 240 21,533 1.2 0.9 21 X 240 15,000 1.7 1.3 1.1 22 X 240 25,200 1.3 0.9 0.9 24 X 240 20,200 1.2 0.9 0.9 24 X 240 31,667 0.9 < | | | | | | | | | | | <u> </u> | <u> </u> | | 1.0 | |
| 17 X 24.0 16,300 1.3 1.0 18 24.0 21,533 19 24.0 21,533 20 X 24.0 21,533 1.2 21 X 24.0 15,000 1.7 1.3 22 X 24.0 25,200 1.3 1.1 23 X 24.0 25,200 1.2 0.9 24 X 24.0 18,600 1.3 1.0 25 24.0 31,767 26 24.0 31,767 27 X 24.0 31,767 28 X 24.0 9,100 2.2 29 X 24.0 30,300 1.4 1.3 31 24.0 | | | | | | | | | | | | † | | 1.0 | |
| 18 24.0 21,533 19 24.0 21,533 20 X 24.0 21,533 1.2 21 X 24.0 15,000 1.7 21 X 24.0 25,200 1.3 1.1 23 X 24.0 20,200 1.2 0.9 24 X 24.0 18,600 1.3 1.0 25 24.0 31,767 26 24.0 31,767 27 X 24.0 31,767 28 X 24.0 9,100 2.2 2.0 29 X 24.0 30,300 1.4 1.2 30 X 24.0 16,000 1.6 1.3 31 24.0 1.3 31 24.0 | | | | | | | ļ | | | | | | | 1.0 | |
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| 24 X 24.0 18.600 1.3 | 22 | Х | 24.0 | 25,200 | | | | | | <u> </u> | ļ | | | | |
| 24 | 23 | X | 24.0 | 20,200 | | | | | <u> </u> | <u> </u> | <u> </u> | | | | <u> </u> |
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| 27 X 24.0 31,767 2.5 28 X 24.0 9,100 2.2 29 X 24.0 30,300 1.4 30 X 24.0 16,000 1.6 31 24.0 1.3 Total 831,300 | | | 24.0 | | | | | | | <u> </u> | ļ | <u> </u> | | | |
| 28 X 24.0 9,100 2.2 2.0 29 X 24.0 16,000 1.4 1.2 30 X 24.0 16,000 1.6 1.3 Total 831,300 | | ļ | | | | <u> </u> | Ļ | | <u> </u> | <u> </u> | <u> </u> | | | 7.5 | |
| 29 X 24.0 30,300 1.4 1.2 30 X 24.0 16,000 1.6 1.3 31 24.0 Total 831,300 | | | | <u> </u> | | | | | _ | | | - | | | |
| 30 X 24.0 16,000 1.6 1.3 1.3 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 | | | | | | | | | | ļ | | | } | | |
| 31 24.0 Total 831,300 | | | | | | | | | | | | + | | | |
| Total 831,300 | | X | | | | 1.0 | | | | | | + | | 1.3 | |
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54,000

Maximum

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: August, 2004 A. Public Water System (PWS) Information 3351205 PWS Name: PWS Identification Number: Sky Crest Consecutive PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 118 Total Population Served at End of Month: 298 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person's Title: Area Manager Contact Person: Zip Code: Contact Person's Mailing Address: 2315 Griffin Road City: Leesburg State: Florida 34748 (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: 407-598-4100 Plant Name: Sky Crest Zip Code: 32731 36815 Skycrest Blvd. City: Fruitland State: Florida Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000 ν Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked 上 **3**00-96 - 12-15-7 Licensed Operators Name License Class License Number Days 1st Shift Lead/Chief Operator: Will Fontaine 6813 Other Operators: 5825 Days 1st Shift Brian Heath 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 License Number Printed or Typed Name Signature and Date

Sky Crest

Plant Name:

3321502

PWS ID

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| | | | | | | | <u> </u> | | | | 20,000 | 24.0 | | 0ε, |
| | 8.0 | | | | | | <u> </u> | | 11 | | 008,21 | 24.0 | X | 57 |
| | 7.0 | | | | | | <u> </u> | | [.] | | 18,000 | 24.0 | X | 82 |
| | 6.0 | | | | | | <u> </u> | | 1.2 | | 23,600 | 24.0 | X | Lζ |
| | 6.0 | | | | | | | | £.1 | | 22,300 | 24.0 | X | 56 |
| | L'0 | | | | | | ļ | | 1.0 | | 17,300 | 24.0 | X | 52 |
| | | | | ļ | | | <u> </u> | | | | 006,71 | 24.0 | | 74 |
| | | | | | | | | | | | 22,400 | 24.0 | X | 23 |
| | 8.0 | | | | | | | | 0.1 | | 23,600 | 24.0 | X | 77 |
| | 2.0 | | | ļ | | | | | 8.0 | | 004,71 | 24.0 | X | 17 |
| | 1.1 | | | | | | | | 5.1 | | 000,62 | 0.42 | X | 70 |
| | 8.0 | | | | | | | | 0.1 | | 15,000 | 24.0 | X | 61 |
| | 1.2 | | | | ļ | | | | S.I | | 22,000 | 24.0 | X | 81 |
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| | E.I | 40 magazine a 1960 (| line mag | | 44 | | | | 9.1 | ind9 tours | 18,000 | 24.0 | X | 12 & B = 19 |
| Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System That Involves Taking Water System Tomponents Out of Operation | Lowest Residual Distribution at the state of | | Lowest UV Dose, mW- sec/cm ² | Minimum CT Required, mg-min/L | pH of Water, if Applicable | Temp of Water, O | Lowest CT Provided Before or at First Customer During Peak How, mg- | Disinfectant Contact Time (T) At C Measurement Point During Peak: Flow, minutes | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Peak Flow Rate, Epd | Met Quantity of Finished Water Producted, Producted, | Jusiq swoH | Days Plant Staffed or Visited by Operator | Day of the nondr |
| | | Dose 1 | VN | | | | lations | CT Calcu | | | 1 | | | |
| 발가 가는 지. 발가 : | | | | i ,noitevit | g Virus Inac | Four-Lo | Demostate | or UV Dose, to | T Calculations, o |) | 1 | [| A 10 10 | 3.55 |
| | əį | Chlorine Dioxic | | | Chlorine (C | | | ▼ Free Chlori | ntion System: | | nistnisM ls | ant Residu | oolnisid 1 | Type o |
| | (| e (Chloramines) | niroldO bər | nidmoD 🗍 | əuozo _ |] əbi | ixoi Diorine Dioxi | Jorine C | August, 2004 Free CF | i: tion/Removal: (Describe): | | g Four-Log | | Means |

^{*} 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 | ear of: November, 2004 | | | | | |
| A. Public Water System | (PWS) Informat | tion | | | | | |
| PWS Name: | Sky Crest | | | | PWS Identification Number | er: 3351205 | j |
| PWS Type: | ✓ Community | Non-Transient Non-Community | Transient Non-Com | munity | Consecutive | | |
| Number of Service Connect | ions at End of Month: | 118 | | Total | Population Served at End of | Month: 298 | |
| PWS Owner: | Aqua Utilities Florida | 1 | | | | | |
| Contact Person: | Brian Heath | | | Conta | ct Person's Title: | Area Manager | |
| Contact Person's Mailing A | ddress: 2 | 2315 Griffin Road | | City: Leesburg | State: Florida | Zip Cod | e: 34748 |
| Contact Person's Telephone | | (352) 787-0980 | | Conta | ct Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Ad | | beheath@aquaamerica.com | | | | | |
| B. Water Treatment Pla | int Information | | | | | | |
| Plant Name: | Sky Crest | 1.77 | | | Plant Telephone Number: | 407-598 | -4100 |
| Plant Address: | 36815 Skycrest Blvd. | | | City: Fruitland | State: Florida | Zip Cod | e: 32731 |
| Type of Water Treatment by | | | d Finished Water | | | | |
| Permitted Maximum Day O | | | 126,000 | | | | |
| Plant Category (per subsect | | | | | lass (per subsection 62-699. | | |
| Licensed Operators | | Name | License Class | License Number | Day Day | y(s) / Shift(s) Worke | d |
| Lead/Chief Operator: | | | C | 6813 | Days 1st Shift | | |
| | Brian Heath | | С | 5825 | Days 1st Shift | | |
| 3 1 490 34 100 0 10 10 10 10 | John Worrell | | С | 6597 | Days 1st Shift | | |
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| I Certification by Lead | /Chief Operator | | | | | | |
| | | operator licensed in Florida, am the lead | /chief operator of the | water treatment n | lant identified in part I | of this report Lord | tify that the |
| | | e and accurate to the best of my knowled | | | | | |
| | | | | | | | |
| | | cable standards referenced in subsection | | | | | |
| | • | perator staffed or visited this plant durin | • | ` ' | | | |
| | • | process performance records. Furthermo | | these additional o | perations records to the | e PWS owner so the | PWS owner can |
| retain them, together w | vith copies of this | report, at a convenient location for at lea | st ten years. | | | | |
| | | Will For | ntaine | | | C-6813 | |
| Signature and Date | | | or Typed Name | | | | Number |
| - | | | ,, | | | _,~~~ | |

Sky Crest

Plant Name:

3321202

PWS ID:

| | | | | | | | | | | | 006,23 | | | mmixeM |
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| | 8.0 | | | | | - | - | · | 2.1 | | 73,767 | 24.0 | X | 30 |
| | | | | | | | | | | | 737,52 | 0.42 | X | 56 |
| | | | | | | | - | | | | 797,52 | 24.0 | | 87 |
| | 6.0 | | | | | | | | 2.1 | | 009,71 | 24.0 | X | 97 |
| | 9.0 | | | | | | | | 8.0 | | 14,200 | 24.0 | X | 57 |
| | 0.1 | | i ——— | | | | | | 7.1 | | 22,200 | 24.0 | x | 74 |
| | 7.1 | | | | ! | | | | 8.1 | | 008,81 | 24.0 | X | 23 |
| | 0.1 | | <u> </u> | | <u> </u> | | | | £.! | | 20,400 | 24.0 | X | 77 |
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| | 0.1 | | <u> </u> | | 1 | † - | | | S.I | | 006,81 | 0.42 | x | 91 |
| | L'0 | | | | | | | | 0.1 | | 795,81 | 24.0 | X | SI |
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| | 8.0 | | · | | f | | | | 11 | | 18,700 | 24.0 | X | IZ |
| | 9.0 | | | | | | | | 6.0 | | 24,100 | 24.0 | X | 11 |
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| | 8.0 | | | | | | | | 1.1 | | 21,600 | 24.0 | X | 1 |
| | 6.0 | | | | | | | | H | | 002,61 | 24.0 | X | ε |
| | 8.0 | | | | | | | | 11 | | 001,21 | 24.0 | X | 7 |
| | 8.0 | | | | | | | | 7.1 | | 00£,20 | 0.42 | X | 2.4 |
| Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Waite System Components Out of Operation | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | >so(I) | | ME-MINUTE CITY COLOR COL | | Jemb of | | OT Calcu OT Calcu Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | | Peak Flow Rate, gpd | Net Quantity of Finished Water Producted | tnsiq zwoH nousangd | Days Plant Staffed or Visited by Operator (Place "X") | Day of the Month |
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| | əţ | Chlorine Dioxic | <u> </u> | hloramines | D) sninoldD b | Sombine |) J əu | ▼ Free Chlori | ntion System: | dintsiQ ni ba | nistnisM ls | tant Residu | Disinfec | Турс о |
| | | e (Chloramines | | | | | Chlorine Diox | | | tion/Removal | ∟ О≀ре⊾ | go.l-nog g go.l-noisib | nivəidəA Ye sA təfoivst | Means o |

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



Polymer Page 3 Due in December

| Public Water System (PWS) Information | See Pages 4 for Instru | | | | | |
|--|----------------------------|--|--------------------------------|---------------------|--------------------------------|----------------------------------|
| PWS Name; Sky Creat PWS Index Purish Steptic Pu | l. General Information | for the Month/Year of: December, 200 | 04 | | | |
| PWS Name; Sky Creat PWS Index Purish Steptic Pu | A. Public Water System | (PWS) Information | | | | |
| Number of Service Connections at fand of Month 18 | | | | | PWS Identification Number: | 3351205 |
| Contact Person's Title Area Manager | PWS Type: | ✓ Community Non-Transient Non-Community | Transient Non-Com | munity | Consecutive | |
| Contact Person's Title: Area Manager | Number of Service Connect | tions at End of Month: 118 | | Total | Population Served at End of Mo | onth: 298 |
| Contact Person's Mailing Address 2315 Griffin Road City Leesburg State Florida Zip Code 34748 | PWS Owner: | Aqua Utilities Florida | | | | |
| Contact Person's Telephone Number (352) 787-0980 Contact Person's Fax Number (352) 787-6333 | Contact Person: | Brian Heath | | Conta | ect Person's Title: A | rea Manager |
| Continuence Person's E-Mail Address Debeath@aquamerica.com | Contact Person's Mailing A | ddress: 2315 Griffin Road | | City: Leesburg | State: Florida | Zip Code: 34748 |
| Plant Name Sky Crest Blvd Sky Crest Blvd City Fruitland State Florida Zup Code 32731 Type of Water Treatment by Plant Raw Ground Water Purchased Finished Water Plant Clegony (per subsection 62-699 310(4), F.A.C.) Plant Category (per subsection 62-699 310(4), F.A.C.) V Plant Clagsony (per subsection 62-699 310(4), F.A.C.) D Licensed Operators Day (Spy / Shift(s)) Worked City Fluid Class City Fl | Contact Person's Telephone | Number: (352) 787-0980 | | Conta | act Person's Fax Number: (3 | 52) 787-6333 |
| Plant Name: Sky Crest Plant Telephone Number: 407-598-4100 Plant Address: 36815 Skycrest Blvd. Zip Code: 32731 | Contact Person's E-Mail Ad | dress: beheath@aquaamerica.com | | | | |
| Plant Address: 36815 Skyerest Bivd. | B. Water Treatment Pla | ent Information | | | | |
| Sype of Water Treatment by Plant Paw Ground Water Purchased Finished Water | Plant Name: | Sky Crest | | | Plant Telephone Number: | 407-598-4100 |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) D Plant Category (per subsection 62-699 310(4), F.A.C.) D License Operators Name License Class License Number Day(s) / Shift(s) Worked License Operators Days 1st Shift Days 1st Shift Other Operators: Brian Heath C 5825 Days 1st Shift John Worrell C 6597 D | Plant Address: | 36815 Skycrest Blvd. | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Plant Class (per subsection 62-699 310(4), F.A.C.): D Licensed Operators Lead/Chief Operators: Will Fontaine C | | | Purchased Finished Water | | | |
| Licensed Operators: License Class License Number C 6813 Days 1st Shift Other Operators: Brian Heath C 5825 Days 1st Shift Iohn Worrell C 6597 Days 1st Shift Iohn Worrell I 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. | Permitted Maximum Day O | perating Capacity of Plant, gallons per day: | 126,000 | | | |
| Certification by Lead/Chief Operator Will Fontaine C S825 Days 1st Shift | | ion 62-699.310(4), F.A.C.): V | | | | |
| Brian Heath John Worrell C C S825 Days 1st Shift John Worrell Days 1st Shift Days 1st Shift C C S825 Days 1st Shift Days 1st Shift C C S825 Days 1st Shift Days 1st Shift C C S825 Days 1st Shift Days 1st Shift C C S825 Days 1st Shift Days 1st Shift C C S825 Days 1st Shift Days 1st Shift C C S825 Days 1st Shift Days 1st Shift C S825 Days 1st Shift Days 1st Shift C S825 Days 1st Shift Day | | | License Class | License Number | プログラー Day(s |) / Shift(s) Worked |
| John Worrell C G G G G G S Days 1st Shift Days 1st Sh | | Will Fontaine | C | 6813 | Days 1st Shift | |
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| Will Fontaine C-6813 | | • | | these additional of | perations records to the I | PWS owner so the PWS owner can |
| | retain them, together w | vith copies of this report, at a convenient location for | or at least ten years. | | | |
| Signature and Date Printed or Typed Name License Number | | | Will Fontaine | | | C-6813 |
| | Signature and Date | | Printed or Typed Name | | | License Number |

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| that Involves Taking Water System | Distribution | Dose Required, | -Wm | Required, | pH of Water, | | Flow, mg- | Peak Flow, | Customer During | Peak Flow | Producted, | Hours plant | Operator | эцз |
| Conditions, Repair or Maintenance Work | Remote Pombun | | UV Dose, | IJ | | Temp of | During Peak | Point During | Before or at First | | Water | | Visited by | Day of |
| | his ich manufacture | (a) 的复数数 (A) (3) (4) | Operating | muminiM | | | Customer | Measurement | Concentration (C) | | bodsini To | 1.2 | Staffed or | |
| | Distinfectant | | Lowest | | | 14. 天皇 | isuA | O Ms | Disinfectant | | Net Quantity | | Days Plant | Sec. |
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| F. Finervence & Abromal Operating | | | | | <u> </u> | | | | | | | | | |
| | | N Dose | | | | | 2 - 3 - 1 mg wh 11 | CT Calcu | | | | | | |
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| | | | | | | | | | December, 2004 | : | nth/Year of | for the Mo | aily Data | III. D |
| | | | | | | | | Sky Crest | Plant Name: | | 3321202 | | :(| DWS ID |
| | | | | | | | | U 10 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | ~ ~ |

^{*} 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: January | , 2005 | | | | |
| A. Public Water System | ı (PWS) İnforma | ation | | | | | |
| PWS Name: | Sky Crest | · · · · · · · · · · · · · · · · · · · | | | | PWS Identification Number: | 3351205 |
| PWS Type: | ✓ Community | Non-Transient Non-Com | munity T | ransient Non-Com | munity | Consecutive | |
| Number of Service Connec | tions at End of Montl | | | | | Population Served at End of Mo | onth: 298 |
| PWS Owner: | Aqua Utilities Florid | ia | | | | | |
| Contact Person: | Brian Heath | | | | Cont | act Person's Title: Ar | ea 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 | | | Cont | act Person's Fax Number: (3: | 52) 787-6333 |
| Contact Person's E-Mail Ac | ddress: | beheath@aquaamerica. | com | | | | |
| 3. Water Treatment Pla | ant Information | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | 36815 Skycrest Blve | | | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by | | ✓ Raw Ground Water | Purchased Fin | ished Water | | | |
| Permitted Maximum Day C | | | | 126,000 | | | |
| Plant Category (per subsect | | | | | | Class (per subsection 62-699.310 | |
| Licensed Operators | | Name | : 사람들 불편도 보기 | License Class | License Number | Day(s |)/Shift(s) Worked |
| Lead/Chief Operator: | Will Fontaine | | | С | 6813 | Days 1st Shift | |
| Other Operators: | Brian Heath | | | С | 5825 | Days 1st Shift | |
| | John Worrell | | | С | 6597 | Days 1st Shift | |
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| I Certification by Lead | d/Chief Operato | r | | | | | |
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| | opriate treatment | process performance record | | | these additional | operations records to the P | WS owner so the PWS owner can |
| retain them, together v | | | | | | | |
| | with copies of this | s report, at a convenient loca | ation for at least te | n years. | | | |
| | with copies of this | s report, at a convenient loca | ation for at least te Will Fontaine | · | | | C-6813 |

Sky Crest

Plant Name:

| | | | | | | | | | | | 30,200 | | , w | umixaM |
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| | 1.1 | | | | | | | | t'I | | | 0.4.0 | х | 72 |
| | 1.2 | | | | | | | | 9.1 | | | 24.0 | х | 74 |
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| | | | | | L | | | | | | | 24.0 | | 77 |
| | 1.2 | | | | | | | | 2.1 | | | 74.0 | x | 71 |
| | 0.I | | | | | | | | €.1 | | 12,400 | 24.0 | x | 70 |
| | 11 | | | | | | | | 9.1 | | | 24.0 | x | 61 |
| | 6.0 | | | | | | | | 1.3 | | 16,800 | 24.0 | x | 18 |
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| Support of Particular to Constraint | Lowest Residual Distribution at Remote Point in Distribution System, mg/L | Minimum UV Dose Required | Lowest UV Dose, unW- | mg-min/ Keduired Minimum | pH of Water, If Applicable | | Lowest CT Provided Before or at First Customer During Peak Flow, mg- | Disinfectant Ontset Time (T) at C Measurement Peak Plow Peak Plow | Lowest Residual Dismfectant Concentration (C) Before or at Pirest Customer During Customer During | Peak Flow | | insiq ewoH nousesqO ni | Operator | Day of the |
| ' 전투 시트립러하다'의 18 Turk Transfer Transfe | | V.Dose | n | and the | | | snoiseli | CT Calcu | Marine Chin | | 1 | | | |
| | | | | invation, if | g virus inac | rour-Lo | | | CT Calculations, o |) | 1 1 | | | |
| 3. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | <u> </u> | | | | , | | | | | | HIPHIPIAL IP | nnicovi num | MILIERAT II | 0.206 |
| | | e (Chloramines) Chlorine Dioxic | | | Ozone J Chlorine (C | | Chlorine Diox | niorine C | ution System: | (Describe): | | noitsibi | raviolet Ra | ın 🎞 |
| | <u> </u> | | | | | | | | | | | | | |
| | | | | | | | | | Soos, grannet | ; | onth/Year of | ol// odi yol | Right Data | اللاكلة |

3321202

PWS ID:

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



| See Pages 4 for Instru | | | | | | | |
|-----------------------------|------------------------|----------------------------------|--------------------|---------------------------------------|--------------------|-------------------------------------|-------------------------------------|
| l. General Information | for the Month/Y | ear of: February, 2 | 2005 | | | | |
| A. Public Water System | (PWS) Informat | tion | | | | | |
| | Sky Crest | | | | | PWS Identification Number: | 3351205 |
| PWS Type: | ✓ Community | Non-Transient Non-Commu | ınityT | ransient Non-Com | munity | Consecutive | |
| Number of Service Connect | | | | | | tal Population Served at End of Mon | nth: 431 |
| PWS Owner: | Aqua Utilities Florida | 1 | | | | - | |
| Contact Person: | Brian Heath | | | · · · · · · · · · · · · · · · · · · · | Co | ntact Person's Title: Area | a 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 | | | Со | 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: | Sky Crest | | | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | 36815 Skycrest Blvd. | | | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | Purchased Fin | ished Water | | | |
| Permitted Maximum Day O | perating Capacity of I | Plant, gallons per day: | | 126,000 | | | |
| Plant Category (per subsect | | A.C.): V | | | | t Class (per subsection 62-699.310(| |
| Licensed Operators | | Name | | License Class | | | / Shift(s) Worked. |
| Lead/Chief Operator: | | | | С | 6813 | Days 1st Shift | |
| Other Operators: | Brian Heath | | | C . | 5825 | Days 1st Shift | |
| | John Worrell | | | С | 6597 | Days 1st Shift | |
| A Marking of Sand | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | II. WESTYALL | | | ļ | | |
| | | | | ļ | | | |
| | | | | ļ | | | |
| | | | | <u> </u> | | L | |
| II Certification by Lead | I/Chief Operator | | | | | | |
| | | | am the lead/chie | ef operator of the | water treatmen | t plant identified in part I of t | this report. I certify that the |
| information provided i | in this report is tra | o and accurate to the best of | my knowledge a | nd belief I cert | ify that all drink | ing water treatment chemical | s used at this plant conform to NSF |
| Information provided | | askle standards referenced in | oubsection 62.5 | 55 220(2) E A (| Talso cortifu | that the following additional | operations records for this plant |
| international Standard | 60 or other applic | cable standards referenced in | Subsection 02-3 | 55.520(5), F.A. | dahara (1) ma | and of amounts of shaming | s used and shamical food rates; and |
| were prepared each da | y that a licensed of | perator statted or visited this | plant during the | month indicate | d above: (1) red | l | s used and chemical feed rates; and |
| | | | | | tnese additiona | ii operations records to the P | WS owner so the PWS owner can |
| retain them, together v | vith 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 |
| Signature and Date | | | rinica or ry | ped Name | | | Electise (Vallee) |

| PWS ID | : | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|--------|-------------|---|------------------|----------------|---------------------------------------|--------------------------|-----------------------|----------|---------------|--------------|---------------------|------------------------|----------------------------------|--|
| III. D | ily Data | for the Me | onth/Year o | of: | February, 2005 | | | | | | | | | |
| | | | | ation/Removal | | | | | | | | | | |
| , | | | | | l: Free C | hlorme [(| Chlorine Dio | xide [| Ozone | Combi | ined Chlorir | ne (Chloramines | 5) | |
| - | raviolet Ra | | | (Describe): _ | | | | | | | | | | |
| Type o | Disinfec | tant Residu | ıal Maintair | ned in Distrib | oution System: | ▼ Free Chlor | ine Γ | Combine | d Chlorine (C | Chloramines | s) | Chlorine Dioxi | de | |
| | | | | | CT Calculations, | or UV Dose, to | o Demostate | Four-Lo | og Virus Ina | ctivation, i | f Applicab | le* | ten et al. 1 and the | The state of the s |
| 1 1 | | CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose | | | | | | | | | | | | |
| 1 1 | | 1 | 1.00 | 9 Mg 32 | | 1 | | | I CAN MENT | - Alfred A | | r s | | |
| | | | | | | | Lowest CT | | | | feliga v. | | an et flagt f | |
| | | 1 | | | Toward Davidual | Disinfectant | Provided | | | | | | | |
| | Days Plant | | Net Quantity | | Lowest Residual Disinfectant | Contact Time (T) at C | Before or at First | | | 100 | Lowest | | Lowest Residual | |
|] [| Staffed or | 1.2 | of Finished | | Concentration (C) | Measurement | Customer | | | Minimum | Operating | | Disinfectant Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | Conditions; Repair or Maintenance Work |
| the | Operator | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | Water, | pH of Water | Required, | mW- | Dose Required, | Distribution | that Involves Taking Water System |
| Month | (Place "X") | in Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | °C | if Applicable | | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| 1 | X | 24.0 | 19,500 | | 1.8 | | | | | | | | 1.4 | |
| 2 | X | 24.0 | 24,000 | | 1.4 | | | | | | | | 1.2 | |
| 3 | X | 24.0 | 18,900 | | 1.2 | | | | | | | | 0.9 | |
| 4 | X | 24.0 | 24,800 | | 1,4 | | | | | | | | 1.0 | |
| 5 | | 24.0 | 22,933 | | | | | | | | | | | |
| 6 | | 24.0 | 22,933 | | | | | | | | | | | |
| 7 | X | 24.0 | 22,933 | | 1.2 | | | | | | | | 0.9 | |
| 8 | X | 24.0 | 28,400 | | 1.9 | | | <u> </u> | | | | | 1.3 | |
| 9 | X | 24.0 | 28,600 | <u> </u> | 1.5 | | | | <u> </u> | | | | 1.2 | |
| 10 | - X X | 24.0 | 27,000 | | 1.3 | | | ļ | | | | | 1.0 | |
| 12 | X | 24.0 24.0 | 23,100 | | 1.1 | | | | | | | | 0.8 | |
| 13 | | 24.0 | 30,867 30,867 | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 14 | Х | 24.0 | 30,867 | | 1.1 | | | | | | | | 0.8 | |
| 15 | X | 24.0 | 22,000 | | 1.3 | | | | | | | | 0.8 | |
| 16 | X | 24.0 | 41,400 | | 1.2 | | | | | | | | 0.9 | |
| 17 | X | 24.0 | 20,800 | | 1.2 | | | | | | | | 0.8 | |
| 18 | X | 24.0 | 26,000 | | 1.4 | | | | | | | - | 0.9 | |
| 19 | | 24.0 | 27,467 | | | | | | | | | | | |
| 20 | | 24.0 | 27,467 | | | | | | | | , | | 1 | |
| 21 | X | 24.0 | 27,467 | | 1.6 | | | | | | | | 1.3 | |
| 22 | Х | 24.0 | 30,500 | | 1.7 | | | | | | | | 1.3 | |
| 23 | X | 24.0 | 27,200 | | 1.5 | | | | | | | | 1.2 | |
| 24 | Х | 24.0 | 20,400 | | 1.7 | | | | | | | | 1.4 | |
| 25 | Х | 24.0 | 30,100 | | 1.6 | | | | | | | | 1.3 | |
| 26 | | 24.0 | 24,133 | | | | | | | | | | | |
| 27 | | 24.0 | 24,133 | | | | | | | | | | | |
| 28 | X | 24.0 | 24,133 | | 1.6 | | | | | | | | 1.3 | |
| 30 | | 24.0 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | |
| Total | | 24.0 | 728,900 | | | | | L | 1 | | L | | 1 | |
| | | | | | | | | | | | | | | |

41,400

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/Y | 'ear of: | farch, 2005 | | | | | | |
| A. Public Water System | (PWS) Informat | tion | | | | | | | |
| PWS Name: | Sky Crest | | | | | PWS Identification Numb | er: 335 | 1205 | |
| PWS Type: | ✓ Community | Non-Transient No | on-Community | Transient Non-Com | munity | Consecutive | | | |
| Number of Service Connect | tions at End of Month: | 1: | 23 | | | otal Population Served at End o | f Month: 431 | | |
| PWS Owner: | Aqua Utilities Florida | 3 | | | | , | | | |
| Contact Person: | Brian Heath | | | | Co | ontact Person's Title: | Area Manager | | |
| Contact Person's Mailing A | ddress | PO Box 490310 | | | City: Leesburg | State: Florida | | Code: | 34749 |
| Contact Person's Telephone | Number: | (352) 787-0980 | | | Co | ontact Person's Fax Number: | (352) 787-6333 | | |
| Contact Person's E-Mail Ad | | beheath@aquaame | erica.com | | | | , , , , , , , , , , , , , , , , , , , | | |
| B. Water Treatment Pla | ant Information | | | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number: | (352 | 2) 787-09 | 980 |
| Plant Address: | 36815 Skycrest Blvd. | | | | City: Fruitland | State: Florida | Zip | Code: | 32731 |
| Type of Water Treatment by | | ✓ Raw Ground Wate | er Purchased F | inished Water | | | | | |
| Permitted Maximum Day O | perating Capacity of F | Plant, gallons per day: | | 126,000 | | | | | |
| Plant Category (per subsecti | ion 62-699.310(4), F.A | | V | | | nt Class (per subsection 62-699 | | D | |
| Licensed Operators | | Name | | License Class | | | y(s) / Shift(s) Wo | rked | |
| Lead/Chief Operator: | | | | С | 6813 | Days 1st Shift | | | |
| | Brian Heath | | | С | 5825 | Days 1st Shift | | | |
| | John Worrell | | | С | 6597 | Days 1st Shift | | | |
| 一 化铁铁 经工程净收益的基本分词 | | | | | | | | | |
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| | | | | | | | | | |
| 1、313年,14年(五十年4月)。19世代1年) | | | | | | | | | |
| II Certification by Lead | Chief Operator | | | | | | | | |
| | | | Florida am the lead/ch | uef operator of the | water treatmer | t plant identified in part l | Lafthia rapart L | acetifi. | that the |
| information provided i | n this report is tru | e and accurate to the | hast of my knowledge | and ballaf I cam | :C. that all desiral | ting water treatment chen | i of uns report. To | ertify (| mai me |
| International Standard | 60 on other and | e and accurate to the | best of my knowledge | and belief. I cen | ny mat an drink | ing water treatment chem | nicais used at this | plant co | onform to NSF |
| wara mananad and da | ou or other applic | able standards refere | it at this at the table | ·353.320(3), F.A. | . I also certify | that the following addition | onal operations re | cords to | or this plant |
| (2) if anylinely | y that a licensed o | perator staffed or vis | ited this plant during ti | he month indicate | d above: (1) red | cords of amounts of chem | nicals used and ch | emical | feed rates; and |
| (2) if applicable, appro | priate treatment p | rocess performance i | records. Furthermore, | I agree to provide | these additiona | l operations records to th | e PWS owner so | the PW | S owner can |
| retain them, together w | vith copies of this | report, at a convenier | nt location for at least t | ten years. | | | | | |
| | | | | | | | | | |
| 0 | | | Will Fontain | | | | C-69 | 313 | |
| Signature and Date | | | Printed or T | yped Name | | | Lice | nse Num | iber |
| | | | | | | | | | |

| PWS II | PWS ID: 3351205 Plant Name: Sky Crest | | | | | | | | | | | | | |
|---------------|--|----------------------|------------------|--|--|------------------|--------------|--------------|--|---------------|---------------------|------------------------|---|---|
| III. D | III. Daily Data for the Month/Year of: March, 2005 | | | | | | | | | | | | | |
| | Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) | | | | | | | | | | | | | |
| t | traviolet Ra | | | (Describe): | . Price Ci | morme () | Chlorine Dio | kide i | Ozone | Combi | ined Chlorir | ne (Chloramines | 5) | |
| h | | | | _ | | F7 | | <u> </u> | 1011 : // | ~ . | | | | |
| Type | of Disinfec | tant Residu | ial Maintain | | oution System: | ▼ Free Chlor | | | d Chlorine (C | | | Chlorine Dioxi | de | • |
| | | | | | CT Calculations, | or UV Dose, to | o Demostate | Four-Lo | og Virus Ina | ctivation, i | | | | |
| | | | | | <u> </u> | CT Calc | ulations | | | | U | V Dose | | |
| 1 | | 1 | | | | | Lowest CT | | | | | | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | | | | | | Disinfectant | Provided | | | rie gant Taga | 12- 1 × | | | |
| 1 | | | | | Lowest Residual | Contact Time (T) | Before or at | | | 7 | | | Lowest Residual | |
| 1 | Days Plant | | Net Quantity | | Disinfectant | at C | First | | | | Lowest | | Disinfectant | |
| | Staffed or | | of Finished | | Concentration (C) | Measurement | Customer | | | Minimum | Operating. | | Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | Att And two controls in the Country of the Country |
| the | Operator | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | Water, | pH of Water, | Required, | mW- | Dose Required, | Distribution | that Involves Taking Water System |
| Month 1 | (Place X) | in Operation 24.0 | gal. 31,500 | Rate, gpd. | Peak Flow, mg/L 2.0 | minutes | min/L | L C | if Applicable | mg-min/L | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| 2 | X | 24.0 | | | 1.7 | | | | | | | | 1.6 | |
| 3 | X | 24.0 | 15,900 | | 1.5 | | | | | | | | 1.4 | |
| 4 | Х | 24.0 | 26,600 | | 1.7 | | | - | | | | | 1.1 | |
| 5 | | 24.0 | 22,667 | | | | | | | | | | | |
| 6 | | 24.0 | 22,667 | | | | | | | | | | | |
| 7 | X | 24.0 | 22,667 | | 1.4 | | | | | | | | 1.1 | |
| 8 | Х | 24.0 | 27,000 | | 2.1 | | | | | | | | 1.6 | |
| 9 | X | 24.0 | 39,800 | | 1.3 | | | | | | | | 1.1 | |
| 10 | X | 24.0 | 15,800 | | 1.3 | | | | | | ļ | | 0.9 | |
| 12 | X | 24.0 24.0 | 28,500 25,333 | | 1.5 | | | | | | | | 1.2 | · · · · · · · · · · · · · · · · · · · |
| 13 | | 24.0 | 25,333 | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 14 | Х | 24.0 | 25,333 | | 1.4 | | | | | | | | 1.1 | |
| 15 | Х | 24.0 | 27,100 | | 1.8 | | | - | | | | | 1.4 | |
| 16 | Х | 24.0 | 28,300 | | 1.9 | | | | | | | | 1.6 | |
| 17 | Х | 24.0 | 12,300 | | 1.5 | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 9,600 | | 1.6 | | | | | | | | 1.2 | |
| 19 | | 24.0 | 19,000 | | | | | | | | | | ļ | |
| 20 | | 24.0 | 19,000 | ļ | | | | | | | | | | |
| 21 22 | X | 24.0 | 19,000 20,800 | | 1.6 | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 29,100 | | 1.8 | | | | | | | | 1.3 | |
| 24 | $\frac{\lambda}{x}$ | 24.0 | 15,600 | | 1.7 | | | | | | | | 1.4 | |
| 25 | X | 24.0 | 12,900 | | 1.6 | | | | | | | | 1.2 | |
| 7 26 × | | 24.0 | 18,600 | | 1 | | | | | | | | | |
| 27 | | 24.0 | 18,600 | | | | | | | | | | | |
| 28 | X | 24.0 | 18,600 | | 1.6 | | | | | | | | 1.3 | |
| 29 | X | 24.0 | 19,400 | | 1.5 | | | | | | | | 1.3 | |
| 30 | X | 24.0 | 24,200 | | 1.5 | | | | | | | | 1.2 | |
| 31 | X | 24.0 | 16,200 | | 1.5 | l | L | L | L | | | L | 1.2 | |
| Total | | | 688,400 | ł | | | | | | | | | | |

39,800

Maximum

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



| See Pages 4 for Instructions. | | | | | |
|--|--|--------------------|---------------------|--|------------------------------|
| I. General Information for the Month/Ye | ear of: April, 2005 | | | | |
| A. Public Water System (PWS) Informati | on | | | | |
| PWS Name: Sky Crest | | | | PWS Identification Number: | 3351205 |
| PWS Type: | Non-Transient Non-Community | ransient Non-Comn | | Consecutive | |
| Number of Service Connections at End of Month: | 123 | | | Population Served at End of Month: | 431 |
| PWS Owner: Aqua Utilities Florida | | | | | |
| Contact Person: Brian Heath | | | Contac | et Person's Title: Area Manage | er |
| Contact Person's Mailing Address: Po | O Box 490310 | | City: Leesburg | State: Florida | Zip Code: 34749 |
| | 352) 787-0980 | | | et Person's Fax Number: (352) 787-63 | 333 |
| | eheath@aguaamerica.com | | ···· | | |
| B. Water Treatment Plant Information | | | | | |
| Plant Name: Sky Crest | | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: 36815 Skycrest Blvd. | | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by Plant: | Raw Ground Water Purchased Fini | ished Water | | | |
| Permitted Maximum Day Operating Capacity of Pl | ant, gallons per day: | 126,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A. | C.): V | | | ass (per subsection 62-699.310(4), F.A.C | |
| Licensed Operators | Name | License Class | License Number | Day(s)7 Shift(| s)_Worked |
| Lead/Chief Operator: Will Fontaine | | С | 6813 | Days 1st Shift | |
| Other Operators: Brian Heath | | C | 5825 | Days 1st Shift | |
| John Worrell | | С | 6597 | Days 1st Shift | |
| น้าสุดีความความใหล่ความที่ | | | | | |
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| | | <u></u> | | | |
| II. Certification by Lead/Chief Operator | | | | | |
| | operator licensed in Florida, am the lead/chie | f amountain of the | vector trootment n | lant identified in part I of this ran | ort I cortify that the |
| | | | | | |
| | e and accurate to the best of my knowledge a | | | | |
| | able standards referenced in subsection 62-5: | | | | |
| were prepared each day that a licensed of | perator staffed or visited this plant during the | month indicated | above: (1) record | ds of amounts of chemicals used | and chemical feed rates; and |
| | rocess performance records. Furthermore, I | | these additional of | perations records to the PWS own | ner so the PWS owner can |
| retain them, together with copies of this r | eport, at a convenient location for at least ter | n years. | | | |
| | | | | | |
| | Will Fontaine | | | | C-6813 |
| Signature and Date | Printed or Typ | ped Name | | | License Number |
| | | | | | |

Sky Crest

Plant Name:

3331205

PWS ID:

| | | | | | | | | | | | 32,200 | a felt to | , , | |
|--|--|----------------------------|---|--|-------------------------------|-------------------------------------|--|---|---|--------------|---|--|--|------------------------|
| • | | | | | | | | | | | 664'61 | | | Avgerag |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | 077, £13 | *** | \$# TESE | |
| | | | | | | | | | | | 0.515 | 24.0 | | 31 |
| | | | | | | | | | | | | 24.0 | - 77 | 30 |
| | 0.1 | | | | | | | | p. I | | 002 52 | 24.0 | X | 67 |
| | 0.1 | | | | | | | | £.1 | | 72,000 | 24.0 | - X X | 87 |
| | 0'1 | | | | | | | | 91 | | 000.25 | 24.0 | X | 77 78 |
| | £.1 | | | | | | | | b.1 | | 21,133 | 0.42 | x | 57 |
| | 0.1 | | | | | | | | V 1 | | 21,133 | 24.0 | | 74 |
| | | | | | | | | | | | 21,133 | 24.0 | | 23 |
| | £,1 | | | | - | | | | 91 | | 23,700 | 24.0 | х | 77 |
| | 6.0 | | | | | | | | 71 | | 008,81 | 24.0 | X | 12 |
| | 4.1 | | | | | | | | Z'1 | | 32,200 | 24.0 | X | 07 |
| | 0.1 | | | | | | | | ⊅ 'I | | 005,22 | 24.0 | X | 61 |
| | 0.1 | | | | | | | | £.1 | | 23,433 | 24.0 | X | 18 |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | 23,433 | 0.4.0 | | ZI |
| | | | | | | | | | | | 23,433 | 24.0 | | 91 |
| | 0.1 | | | | | | | | p.I | | 006'91 | 24.0 | Х | SI |
| | 1.1 | | | | | | | | ħ.I | | 006'91 | 24.0 | X | I t. |
| | £.1 | | | | | | | | L'I | | 001,52 | 24.0 | Х | EI |
| | 0.1 | | | | | | | | €'1 | | 15,400 | 24.0 | Х | 15 |
| | 1.1 | | | | | | | | \$`I | | ££1,81 | 0.4.0 | X | П |
| | | | | | | | | | | | 18,133 | 24.0 | | 10 |
| | | | | | | | | | | | 18,133 | 24.0 | | 6 |
| | 7.1 | | | | | | | | 5.1 | | 17,200 | 24.0 | X | 8 |
| | U | | | | | | | | 1 't | | 13,200 | 24.0 | X | L |
| | 1.4 | | | | | | | | 8.1 | | 74,900 | 24.0 | X | 9 |
| | 4.1 | | | | | | | | 61 | | 16,900 | 24.0 | X | ς |
| | 0.1 | | | | | | | | £.I | | L96'L1 | 24.0 | X | * |
| | | | | | | | | | | | L96'L1 | 24.0 | | 3 |
| | | | | | | | | | | | 796,71 | 24.0 | | 7 |
| | I'I | | | 0 | | | 11.00 | 6:50 | 5.1 | | 008,41 | 24.0 | X | I |
| | Lowest Residual Distribectant Concentration at Remote Point in Distribution System, mg/L | WinimmiW Dose Required, | Lowest Operating UV Dose, mw- sec/cm ² | Minimum CT Required, mg-min/L | pH of Water, if Applicable | O _O Mater Jeinp of | Lowest CT Provided Before or at Furat Customer During Feak Flow, mg- | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow Peak Flow | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Customer During | Peak Flow | Met Quantity of Finished Water Producted, gal | trisiq zwoH trisiq zwoH | Days Plant Staffed or Visited by Operator Cyerator | Day of the Month |
| | | N Dose | N | | | Facility of | anoush | CT Calcu | . Track | | Table 1 | en Seer Team of the Control of the C | 54 54 54 B | - |
| | | | 10.0 | i (uonean) | g Virus Inac | rour-Lo | Demostate | or UV Dose, to | T Calculations, o |) | 1 | | | |
| <u> 15 (1963年) 1995年 - 1995年 - 1995年 - 1995年 - 1995年 - 1995年 - 1995年</u> | er | Chlorine Dioxic | | | Chlorine (C | | | ✓ Free Chlori | ntion System: | | ai Maintain | rant Kesidu | I DISIDIGO | ı Abe o |
| | | esonimeroldO) e | | | • , | | | D T sniroli | | tion/Removal | | g Four-Log idiation | of Achievin traviolet Ra | Means |

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



| See Pages 4 for Instru | | | | | | | |
|--------------------------------------|--------------------------|----------------------------------|------------------|---------------------|-------------------|--|---------------------------------|
| . General Information | for the Month/Y | 'ear of: May, 2005 | | | | | |
| A. Public Water System | (PWS) Informa | tion | | | | | |
| PWS Name: | Sky Crest | | | | | PWS Identification Number: | 3351205 |
| PWS Type: | ✓ Community | Non-Transient Non-Commur | nity | Transient Non-Comr | nunity | Consecutive | |
| Number of Service Connects | ions at End of Month | : 123 | | | Т | otal Population Served at End of Month: | 431 |
| PWS Owner: | Aqua Utilities Florid | a | | | | | |
| Contact Person: | Brian Heath | | | | C | ontact Person's Title: Area Mar | nager |
| Contact Person's Mailing Ac | ddress: | PO Box 490310 | | | City: Leesburg | State: Florida | Zip Code: 34749 |
| Contact Person's Telephone | | (352) 787-0980 | | | C | ontact Person's Fax Number: (352) 787 | 7-6333 |
| Contact Person's E-Mail Ad | dress: | beheath@aquaamerica.com | <u>n</u> | | | | |
| 3. Water Treatment Pla | nt Information | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | 36815 Skycrest Blvd | l. | | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by | / Plant: | ✓ Raw Ground Water | Purchased Fi | nished Water | | | |
| Permitted Maximum Day O | perating Capacity of | Plant, gallons per day: | | 126,000 | | | |
| Plant Category (per subsecti | on 62-699.310(4), F. | | | | | ant Class (per subsection 62-699.310(4), F | |
| Licensed Operators | | Name | | License Class | | | ift(s) Worked, |
| Lead/Chief Operator: | Will Fontaine | | | С | 6813 | Days 1st Shift | |
| | Brian Heath | | | C | 5825 | Days 1st Shift | |
| | John Worrell | | | C | 6597 | Days 1st Shift | |
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| in the second contract of the second | | | | | | | |
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| | | | | | | | |
| 1 Certification by Leac | I/Chief Operate | | | | | | |
| I the undersioned suct | on two other and in land | operator licensed in Florida s | m the lead/ch | ief operator of the | water treatme | ent plant identified in part I of this | report I certify that the |
| i, the undersigned water | er treatment plan | operator needs to the best of m | ari lmaviladas | and balliof I cort | ify that all driv | aking water treatment chemicals us | ed at this plant conform to NSF |
| information provided i | in this report is tr | ue and accurate to the best of h | ny knowledge | and benef. I cert | ny mat an uni | that the following additional one | rations records for this plant |
| International Standard | 60 or other appli | cable standards referenced in s | subsection 62- | 555.320(3), F.A.C | . I also certii | y that the following additional ope | d and about all food nates; and |
| were prepared each da | y that a licensed | operator statted or visited this | plant during th | ne month indicate | d above: (1) r | ecords of amounts of chemicals use | ed and chemical feed rates, and |
| | | | | | these addition | nal operations records to the PWS | owner so the PWS owner can |
| retain them, together v | vith copies of this | report, at a convenient location | n for at least t | en years. | | | |
| | | | Will Fontair | ne | | | C-6813 |
| Signature and Date | | | Printed or T | | | .11** | License Number |

| PWS II |) : | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|---------|--|---------------|----------------------|--|---------------------------------------|-------------------------|--------------------|--------------|---------------|--|---------------------|---------------------------------------|------------------|--|
| III. D | III. Daily Data for the Month/Year of: May, 2005 | | | | | | | | | | | | | |
| | | | | ation/Removal | | | | | | | | | | |
| 1 | | | | , | E Free C | hlorine [(| Chlorine Dio: | xide | Ozone | Combi | ined Chlorir | e (Chloramines | ;) | |
| F. | traviolet Ra | | | (Describe): _ | | | | | | | | | | |
| Type o | f Disinfec | tant Residu | ual Maintair | ned in Distrib | ution System: | ▼ Free Chlor | ine 🗀 | Combine | d Chlorine (0 | Chloramines | s) [| Chlorine Dioxi | de | |
| | | | | | CT Calculations, | or UV Dose, to | Demostate | Four-Le | o Virus Ina | ctivation i | f Applicab | e* | | |
| | 4.5 | | 4 | the second section | , | CT Calc | | | | North A | | V Dose | | |
| | |] | l | 34-176 | T | I Cr cuip | and trois | 145.40 E. | | | U | V Dosc | | |
| | | | | | | | Lowest CT | | | | | | | |
| | | | | la station of the | | Disinfectant | Provided | | | | \$ | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 47 | |
| | | | 20 (2) | | Lowest Residual | Contact Time (T) | Before or at | | | | | | Lowest Residual | |
| | Days Plant Staffed or | | Net Quantity | | Disinfectant | at C | First | | | | Lowest | | Disinfectant * | |
| Day of | Visited by | | of Finished Water | | Concentration (C) | Measurement | Customer | Temp of | | Minimum | Operating UV Dose, | Minimum UV | Concentration at | - Emergency or Abnormal Operating |
| the | | Hours plant | | Peak Flow | Before or at First Customer During | Point During Peak Flow, | During Peak | Water, | pH of Water, | СТ | mW- | Dose Required, | Remote Point in | ■中国的機能を中国の経験を経験になる。準備は1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、 |
| Month | | in Operation | | Rate, gpd. | Peak Flow, mg/L | minutes | Flow, mg- min/L | °C | if Applicable | and the second s | Jack a stra⊾a. | A first of materials and a second | Distribution | that Involves Taking Water System |
| 1 | (- 1) | 24.0 | | тань, дри. | i sak How, mg/L | minucs | muy L. a.g. | | ii Applicable | mg-mm/r | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| 2 | Х | 24.0 | A | | 1.3 | | | | | | | | 1.0 | |
| 3 | X | 24.0 | | | 1.2 | | - | | | | | | 0.9 | |
| 4 | Х | 24.0 | | | 1.4 | | | | | | | | 1.1 | |
| 5 | Х | 24.0 | · | | 1.4 | | | | | | | | 1.1 | |
| 6 | Х | 24.0 | | | 1.3 | | | | | | | · · · · · · · · · · · · · · · · · · · | 0.9 | |
| 7 | | 24.0 | 20,200 | | | | | | | *************************************** | | | 0.5 | |
| 8 : | | 24.0 | 20,200 | | | | | | | | | ······ | | |
| 9 | X | 24.0 | 20,200 | | 1.3 | | | | | | | | 0.9 | |
| . 10 | Х | 24.0 | 24,500 | | 1.6 | | | | | | | | 1.2 | • |
| 11 | X | 24.0 | | | 1.7 | | | | | | | | 1.4 | , |
| 12 | X | 24.0 | | | 1.8 | | | | | | | | 1.4 | |
| 13 | Х | 24.0 | | | 1.3 | | | | | | | | 1.0 | |
| 14 | | 24.0 | | | | | | | | | | | | |
| 15 | | 24.0 | | | | | | | | | | | | |
| 16 | X | 24.0 | | | 1.2 | | | | | | | | 0.8 | |
| 17 | X | 24.0 | | | 1.6 | | | | | | | | 1.2 | |
| 18 | X | 24.0 | | ļ | 1.4 | | | ļ | ļ | | | | 1.1 | |
| 20 | X | 24.0 | | | 1.1 | | | | | | | | 0.9 | |
| 21 | ^ | 24.0 24.0 | 19,100 22,667 | | 1.3 | | | | ļ | | | | 1.0 | |
| 22 | | 24.0 | 22,667 | | | - | | · | | | | | | |
| 23 | Х | 24.0 | 22,667 | | 1,3 | | | - | | | - | | 1.0 | |
| 24 | X | 24.0 | 25,400 | | 1.4 | | | | | | | | 1.0 | |
| 25 | X | 24.0 | 28,300 | | 1.3 | | | - | · | | - | | 1.0 | |
| 26 | X | 24,0 | 22,100 | | 1.2 | | | | | | | | 0.9 | |
| 27 | X | 24.0 | 21,100 | 1 | 1.3 | | | | | | <u> </u> | | 0.9 | |
| 28 | | 24.0 | 31,533 | | | | | <u> </u> | | | | | - <u>"</u> | |
| 29 | • | 24.0 | 31,533 | | | | | | | | <u> </u> | | | |
| 30 | Х | 24.0 | 31,533 | | 1.2 | | | | | | | | 0.9 | |
| 31 | X | 24.0 | 44,100 | | 1.2 | | | l | | | | | 0.9 | |
| Total | | 10 J. F. 14 1 | 744,140 | | | | *** | | | | | | | |
| Avgerag | 6 7 | | 24,005 | | | | | | | | | | | |

44,100

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



| See Pages 4 for Instr | uctions. | | | | | | | |
|-----------------------------|-----------------------|-----------------------------|---------------------------------------|-------------------|-----------------|---------------------------------------|---------------------------|--------------|
| I. General Information | for the Month/ | Year of: June | , 2005 | | | | | |
| A. Public Water System | (PWS) Informa | ıtion | | | | | | |
| PWS Name: | Sky Crest | | | | | PWS Identification Number | 3351205 | - |
| PWS Type: | ✓ Community | Non-Transient Non-C | CommunityTr | ransient Non-Comi | munity [| Consecutive | | |
| Number of Service Connect | tions at End of Montl | h: 123 | · · · · · · · · · · · · · · · · · · · | | Tot | al Population Served at End of I | Month: 431 | |
| PWS Owner: | Aqua Utilities Florid | ia | | | | | | |
| Contact Person: | Brian Heath | | | | Cor | ntact Person's Title: | Area Manager | |
| Contact Person's Mailing A | ddress: | PO Box 490310 | | | City: Leesburg | State: Florida | Zip Code: | 34749 |
| Contact Person's Telephone | Number: | (352) 787-0980 | | | Cor | ntact Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Ad | ldress: | beheath@aquaamerio | ca.com | | | | | |
| B. Water Treatment Pla | ant Information | | | | | | | |
| Plant Name: | Sky Crest | | | | | Plant Telephone Number: | (352) 787-09 |) 80 |
| Plant Address: | 36815 Skycrest Blv | d. | | | City: Fruitland | State: Florida | Zip Code: | 32731 |
| Type of Water Treatment by | y Plant: | ✓ Raw Ground Water | Purchased Fini | shed Water | | | | |
| Permitted Maximum Day O | perating Capacity of | Plant, gallons per day: | | 126,000 | | | | · |
| Plant Category (per subsect | ion 62-699.310(4), F | .A.C.): | V | | | Class (per subsection 62-699.3 | | |
| Licensed Operators | | Name | | License Class | License Numb | | (s) / Shift(s) Worked | |
| Lead/Chief Operator: | Will Fontaine | | | С | 6813 | Days 1st Shift | | |
| Other Operators: | Brian Heath | | | С | 5825 | Days 1st Shift | | |
| | John Worrell | | | С | 6597 | Days 1st Shift | | |
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| | | | | | | | | |
| II. Certification by Lead | I/Chief Operato | r | | | | | | |
| | | | rida am the lead/chie | f operator of the | water treatment | plant identified in part I | of this report. I certify | that the |
| _ | • | - | | • | | ing water treatment chemi | • | |
| | | | | | | | | |
| | | | | | | that the following addition | | |
| | | | | | | ords of amounts of chemi | | |
| | | | | | these additiona | l operations records to the | PWS owner so the PW | /S owner can |
| retain them, together v | with copies of this | s report, at a convenient l | ocation for at least ter | n years. | | | | |
| | | | Will Fontaine | | | | C-6813 | |
| Signature and Date | | | Printed or Typ | ed Name | | | License Nun | nber |
| | | | | | | | | |

| | | | | | | | | | | | 905,15 | | | wmixsM |
|--|--|--------------------------------------|---------------------|--|---------------|--|--|------------------|--------------------|----------------|--------------|-------------|-------------|----------|
| | | | | | | | | | | | ₹69°17 | | | Avgerage |
| | | | | | | | | | | | 005,276 | | 100 400 | lato T |
| | | | | | | | | | | | 1 | 0.4.0 | | 31 |
| | Z.I | | | | | | | | 9.1 | | 22,800 | 24.0 | Х | 30 |
| | IT | | | | | | | | t'l | | 25,600 | 0.40 | Х | 67 |
| | 1.1 | | | | | | | T | S'I | | 23,100 | 24.0 | Х | 87 |
| | 1.2 | 1 | | | | | | | 5.1 | | 21,633 | 24.0 | Х | LT |
| | | | | | | | | | | | 21,633 | 0.4.0 | | 97 |
| | | | | | | | | | | | 21,633 | 0,4,0 | | 57 |
| | 11 | | | | | | | | τī | | 12,700 | 24.0 | X | 74 |
| | 11 | | | | | | | | p'I | | 008,41 | 0.42 | X | 23 |
| | 1.1 | | | | | | | | S^I | | 22,300 | 0.42 | X | 77 |
| | 2.1 | <u> </u> | | | | | | <u> </u> | 9.1 | | 24,200 | 0.42 | Х | 17 |
| | 1.1 | | 1 | | | | 1 | | t'I | | 21,333 | 0.42 | X | OZ |
| | | | | | | | | | | | 555,12 | 0.42 | | 61 |
| | <u> </u> | | <u> </u> | | | t | _ | 1 | | - | 21,333 | 24.0 | · | 81 |
| | 7.1 | | | | † | | | | 5.1 | | 002,81 | 0.42 | Х | <u> </u> |
| | 01 | | | | | | | † | £.1 | | 14,400 | 24.0 | X | 91 |
| | 1.1 | <u> </u> | — | | | | | | 1.1 | | 009'17 | 0.45 | X | SI |
| | 0.1 | | | | | | | | t/I | | 009,15 | 0.42 | X | 7 I |
| | 0.1 | | | | | | | | £.1 | | 26,133 | 24.0 | X | EI |
| | 101 | | | | - | | [| f | | | 26,133 | 24.0 | | 13 |
| | | | | | | | | | | | 26,133 | 0.42 | | 11 |
| | 01 | | | | - | | | <u> </u> | b .I | | 001,41 | 24.0 | X | 01 |
| | 11 | | | | | | | | p'l | | 001.61 | 0.42 | X | |
| | 11 | <u> </u> | | | | | | | | | 005.61 | | | 6 |
| | | <u></u> | | | | ļ. ——— | | ļ | 7.1 | | | 0.14.0 | X | 8 |
| | 6.0 | | | | | | 1 | <u> </u> | 0.1 E.1 | | 31,300 | 0.42 | X | L |
| | L 0 | | | | | | | ļ | 101 | | <u> </u> | 0.42 | X | 9 |
| | | | | | - | | | ļ | | | 75,200 | 0.4.0 | | 5 |
| | 0.1 | | | | | | | | C:1 | | 25,200 | 0.42 | | 7 |
| | 0.1 | | | | | | | | £.1 | | 15,500 | 24.0 | X | ε |
| | 8.0 | <u> </u> | | | | | | <u> </u> | 1.[| | 006,02 | 0.4.0 | X | 7 |
| | 8.0 | | | | | <u> </u> | | | | JO | 30,300 | 0.4.0 | X | 1 |
| Components Out of Operation | System, mg/L | my-sec/cm | zec/cm ² | | if Applicable | O_0 | J\nim | sənnim | Peak Flow, mg/L | Rate, gpd. | gal | nousradO ni | | |
| that Involves Taking Water System | nonudrusid | Dose Required, | -Wm | Required, | nater, | Water, | -§m ,woFi | Peak Flow, | Customer During | Peak Flow | Producted, | Hours plant | Орегают | the |
| Conditions, Repair or Maintenance Work | ni triog stoms R | VU muminiM | UV Dose | TO. | | To qmoT | During Peak | Point During | Before or at First | | Water | | Visited by | Day of |
| Emergency or Abnormal Operating | Concentration at | □ 正式 編 # (*) 中国的原始 | gnitsnaqO | mminiM | la de tale | 1. 1. 1. | Customer | Measurement | (O) noitetinesonoO | | bərlaini To | | Staffed or | |
| | Disinfectant | | Lowest | | | | iziiT | Ota | Disinfectant | 4, 100 | Net Quantity | ł | Days Plant | 1.0 |
| | Lowest Residual | | | ** | | | Before or at | Contact Time (T) | Lowest Residual | | | | | |
| | The Arthur | | | | | | Provided | Disinfectant | | | | | | 2.1 |
| | an sair said | | Malana i sa | | a contract | 100 | Lowest CT | | | | ŀ | | | |
| | | Dose | \n | | <u> </u> | | Suonsi | CT Calcu | | | 1 | | | |
| | | | | TI SHORDARA | Spir chii 4 9 | OZI-ING I | | | 2 CHOUDING TO | <u> </u> | 1 | 1 | | 1 1 |
| | | ** | | | , | | | | T. Calculations, o | | <u> </u> | L | | |
| | ગુદ | Chlorine Dioxid | <u></u> | hloramines) | D) əninoldD l | ombinec | ol əu | ▼ Free Chloria | tion System: | idirteiG ni be | anistaisM le | ubisəA tnat | oəfnisiG 1 | Type o |
| | | | | · | | | | | | (Describe): | L Other | noitatb | raviolet Ra | ונ_ חוי |
| | (| e (Chloramines) | ed Chlorin | [_ Combin | Ozone |] əpi | hlorine Diox | lorine C | N FreeCh | tion/Removal | | | | |
| | | | | | | | | | | | | | | |
| <u></u> | | | | | | | | | June, 2005 | 1 | nth/Year of | ol/ adt nol | ere([vlie | au III |
| | | | | | | | | Sky Crest | Plant Name: | | 3331205 | | 10 | DI SMd |

^{*} 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 | (PWS) Information | | | | |
| PWS Name: | Sky Crest | | | PWS Identification Number: | 3351205 |
| PWS Type: | ✓ Community Non-Transient Non-Community | Transient Non-Comr | munity | Consecutive | |
| Number of Service Connec | tions at End of Month: 123 | • | 7 | Total Population Served at End of Month: | 431 |
| PWS Owner: | Aqua Utilities Florida | | | | |
| Contact Person: | Brian Heath | | | Contact Person's Title: Area Man | ager |
| Contact Person's Mailing A | ddress: PO Box 490310 | | City: Leesburg | State: Florida | Zip Code: 34749 |
| Contact Person's Telephone | Number: (352) 787-0980 | | | Contact Person's Fax Number: (352) 787 | -6333 |
| Contact Person's E-Mail Ac | ddress: beheath@aquaamerica.com | | | | |
| 3. Water Treatment Pl | ant Information | | | | |
| Plant Name: | Sky Crest | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: | 36815 Skycrest Blvd. | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment b | y Plant: | hased Finished Water | | | |
| Permitted Maximum Day C | Operating Capacity of Plant, gallons per day: | 126,000 | | | |
| Plant Category (per subsect | ion 62-699.310(4), F.A.C.): V | | | ant Class (per subsection 62-699.310(4), F.A. | |
| Licensed Operators | Name | License Class | License Nun | iber Day(s) / Shi | ft(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 | |
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| I. Certification by Lea | | | | | 7 20 1 11 |
| I, the undersigned wat | er treatment plant operator licensed in Florida, am the | lead/chief operator of the | water treatme | ent plant identified in part I of this r | eport. I certify that the |
| information provided | in this report is true and accurate to the best of my kno | wledge and belief. I cert | ify that all dri | nking water treatment chemicals use | ed at this plant conform to NS |
| International Standard | 160 or other applicable standards referenced in subsect | tion 62-555.320(3), F.A.C | I also certif | fy that the following additional oper | ations records for this plant |
| were prepared each da | ay that a licensed operator staffed or visited this plant d | luring the month indicated | d above: (1) r | ecords of amounts of chemicals use | d and chemical feed rates; and |
| (2) if applicable, appr | opriate treatment process performance records. Furthe | rmore, I agree to provide | these addition | nal operations records to the PWS of | wner so the PWS owner can |
| | with copies of this report, at a convenient location for a | | | - | |
| Table to Section | | , | | | |
| | W. | III Contains | | | C-6813 |

Printed or Typed Name

Signature and Date

License Number

Sky Crest

Plant Name:

3321202

| | | | | | | | | | | | 34,300 | | | numixs/ |
|---|-----------------------------|---|--|--------------|--|----------------|---|--|--|-----------------------|---|----------------------------|--|------------------------|
| | | | | | | | | | | | 619,61 | M 9 1.2 | | Avgerage. |
| | | <u> </u> | | | T | | · · · · · · · · · · · · · · · · · · · | | т — — — — | T | 002,809 | | THE STATE OF THE S | |
| | | | | | | | | | | | 73,700 | 24.0 | | - 15 |
| 6.0 | .0 | | | | | | | | 6.1 | | 23,700 | 24.0 | ļ | 30 |
| 8.0 | | | | | + | | | | £.1 | <u> </u> | 34,300 | 24.0 | X | 56 |
| 120 | | | | | | | | - | 1.1 | | 21,500 | 74.0 | X | 82 |
| 0. | | | | | | | | | 1.1 | | 21,300 | 24.0 | Х | 27 |
| 8.0 | | | | | | | | | 91 | | 001,81 | 24.0 | X | - 97 |
| | <u> </u> | | | | | | | | 7.1 | | 21,133 | 24.0 | X | 25 |
| | | | | | | | | | ļ | <u> </u> | 21,133 | 24.0 | | 24 |
| LC | <u></u> | | | | | | | | 1 | | 21,133 | 24.0 | _ | 73 |
| 6.0 | | | | | | | | | 171 | | 25,700 | 24.0 | X | 22 |
| 6.0 | | | | | | | | | 2.1 | ļ | 12,300 | 24.0 | X | 71 |
| | | | | | | | | | 1.2 | <u> </u> | 001,71 | 24.0 | X | . 07 |
| 0.1 | | | | ļ | | | | ļ | 61 | | 21,400 | 24.0 | X | - 61 |
| | | | | <u> </u> | | _ | | | þ'l_ | | 000,81 | 24.0 | X | 18 |
| | | | | | | | | ļ | | ļ | 000,81 | 24.0 | | LI |
| ε.ι | | ··· | ļ | | | | ļ | | | | 18,000 | 24.0 | | 91 |
| EI | | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | | | 8.1 | <u> </u> | 001'91 | 24.0 | X | SI |
| 11 | | | | | | | | | LI | | 16,000 | 24.0 | X | þl |
| 0.1 | | | | | | | | <u> </u> | 71 | | 18,200 | 0.42 | X | εī |
| 8.0 | | | <u> </u> | | | | | | ⊅ I | | 006'71 | 0.42 | X | 12 |
| 80 | <u> </u> | | | | | | | | 2.1 | | 17,800 | 24.0 | X | - 11 |
| | | | | | | | | | | | 008,71 | 24.0 | | OI |
| 71 | ; | | | | | | | | | | 17,800 | 24.0 | | 6 |
| 6.0 | | | | | | | | | S.I | | 005,61 | 24.0 | X | 8 |
| . 0.1 | | | | | | | | | £.I | | 18,100 | 24.0 | Х | L |
| | | | | | | | | | 7.1 | | 20,800 | 0.4.0 | X | 9 |
| £13 | | | | | | | | | LI | | 001'87 | 24.0 | X | :: · S |
| 0.1 | 1 | | | | | | | | 1.3 | | 15,800 | 24.0 | X | t |
| | | | | | | | | | | | 15,800 | 24.0 | | 3 |
| 0.1 | , | | | | | | | | | | 15,800 | 24.0 | | 7 |
| J/L Components Out of Operation | System, mg | | | | | | | | 1.3 | | 006'51 | 0.42 | X | ा |
| nn at Emergency or Absormal Operating ns in Conditions; Repair or Maintenance Work on that Involves Taking Water System | And the same of the same of | Minimum UV Dose Required, n.W-sec/cm ² | Lowest Section 1 | | pH of Water, if Applicable | Temp of Water, | Before or at First Customer During Peak Flow, mg- | Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest Residual Distinfectant Concentration (C) Before or at First Customer During Feak Flow, mg/L | Peak How Rate, gpd | Net Quantity of Finished Water Producted, gal | Hours plant Toons plant | Days Plant Staffed or Visited by Operator (Place "X") | Day of the Month |
| ju jenp | | 280.7 | | | | | Lowest CT Provided | Disinfectant | | | | | | |
| | ani | | Applicab | ii ,noitsvit | | | Demostate | | T Calculations, | | | | | |
| | | e (Chloramine: Chlorine Dioxi | | | Oxone Thorine (C | | coid oninold | nlorine | July, 2005 Free Cl | ttion/Removal: | Virus Inactive | noissib | raviolet Ra | ın 🔟 |

FWS ID:

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



| See Pages 4 for Instr | uctions. | | | | | | | |
|--|---------------------------------------|----------------------------------|------------------------|--------------------|---------------------|-------------------------------|------------------------|------------------|
| l. General Information | for the Month/ | Year of: August, 20 | 005 | | | | | |
| A. Public Water System | (PWS) Informa | ition | | | | | | |
| PWS Name: | Sky Crest | | | | | PWS Identification Number | er: 33512 | 205 |
| PWS Type: | ✓ Community | Non-Transient Non-Comm | unityT | ransient Non-Comr | nunity | Consecutive | | |
| Number of Service Connect | ions at End of Month | 123 | | | Total | Population Served at End of | Month: 431 | |
| PWS Owner: | Aqua Utilities Florid | la | | | | <u> </u> | | |
| Contact Person: | Brian Heath | | | | Conta | ct Person's Title: | Area Manager | |
| Contact Person's Mailing A | ddress: | PO Box 490310 | | | City: Leesburg | State: Florida | Zip C | ode: 34749 |
| Contact Person's Telephone | Number: | (352) 787-0980 | | | Conta | ct Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Ad | dress: | beheath@aquaamerica.co | <u>om</u> | | | | | |
| B. Water Treatment Pla | int Information | | | | | | | |
| Plant Name: | Sky Crest | | - | | | Plant Telephone Number: | (352) | 787-0980 |
| Plant Address: | 36815 Skycrest Blvo | 1. | | | City: Fruitland | State: Florida | Zip C | Code: 32731 |
| Type of Water Treatment by | / Plant: | ✓ Raw Ground Water | Purchased Fin | ished Water | | | | |
| Permitted Maximum Day O | | | | 126,000 | | | | |
| Plant Category (per subsect | ion 62-699.310(4), F. | .A.C.): V | | | | Class (per subsection 62-699. | * - * (-); - 11 -1.). | D |
| Licensed Operators | | Name | - 2 167 35 E E E E E E | License Class | License Number | | y(s) / Shift(s) Worl | ked |
| Lead/Chief Operator: | Will Fontaine | | | С | 6813 | Days 1st Shift | | |
| Other Operators: | Brian Heath | | | С | 5825 | Days 1st Shift | | |
| | John Worrell | | | С | 6597 | Days 1st Shift | | |
| | | | | | | | | |
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| The state of the s | | | | <u></u> | | <u> </u> | | |
| II Certification by Lead | I/Chief Operato | r | | | | | | |
| | | t operator licensed in Florida, | am the lead/chie | of operator of the | water treatment r | plant identified in part I | of this report. I co | ertify that the |
| | | ue and accurate to the best of | | | | | | |
| | | icable standards referenced in | | | | | | |
| | | operator staffed or visited this | | | | | | |
| | | | | | | | | |
| | | process performance records. | | | these additional of | operations records to the | e PWS owner so u | ne PWS owner can |
| retain them, together v | vith copies of this | s report, at a convenient locati | ion for at least te | n years. | | | | |
| | | | Will Fontaine | | | | C-683 | 13 |
| Signature on 4 Data | | | Printed or Ty | | | | | ise Number |
| Signature and Date | | | rimed of Ty | реа глаппе | | | Licen | se connuci |

Sky Crest

Plant Name:

3331205

DWS ID

| | | | | | | | | | | | 905,85 | | | mumixeA |
|--|--|------------------------------|---|----------------------------|-------------------|------------------------------------|---|--|---|-----------------------------|---|-------------|--|------------------------|
| | | | | | | | | | | | 21,923 | 787.2 | I'm spik | Vygerage |
| | | | | | | | | _ | | | 727,000 | \$40° %50 | . New Y | : lsto |
| | T.0 | | | <u> </u> | | | | | 1.0 | | 26,300 | 24.0 | X | 31 |
| | T.0 | | ļ <u>.</u> | ļ <u> </u> | | L | L | | 1.1 | | 009'81 | 24.0 | X | 30 |
| | T.0 | | | | | | 1 | | 1.1 | | 000,22 | 0.42 | X | 67 |
| | | | <u> </u> | <u> </u> | | | | | | | 22,000 | 24.0 | | 82 |
| | | <u> </u> | | | | | 1 | | | | 22,000 | 24.0 | | 7.7 |
| | 6.0 | | ļ | | | | <u> </u> | | 2.1 | | 007,91 | 24.0 | X | 97 |
| | 8.0 | | L | | | L | 1 | 1 | 1.2 | | 007,91 | 0.42 | X | 52 |
| | 8.0 | | <u> </u> | | | | L | | 7.1 | | 36,500 | 24.0 | X | 74 |
| | T.0 | | | | | | | | 0.1 | | 12,700 | 24.0 | X | 23 |
| | T.0 | | | | <u> </u> | | | | LI | | 28,533 | 24.0 | X | 7.7 |
| A STATE OF THE STA | | | | | | | | | | | 28,533 | 24.0 | | 17 |
| | | | | | | | | | | | 28,533 | 24.0 | | 70 |
| | 1.0 | | | | | | | | £.1 | | 00£,81 | 24.0 | X | 61 |
| | 0.1 | | | | | | | | 1.3 | | 22,100 | 24.0 | X | 81 |
| | 6.0 | | | | | | | | 7.1 | | 30,200 | 24.0 | X | LI |
| | 1.0 | | | | | | | | t'l | 1 | 007,22 | 24.0 | X | 91 |
| | 8.0 | | | | | | | | 1.1 | | 799,02 | 24.0 | X | . 51 |
| | | | | | | | | | | <u> </u> | 799,02 | 24.0 | | 14 |
| | | | | | | | | | | | 799,02 | 24.0 | | 13 |
| | 8.0 | | | | | | | | 2.1 | | 26,400 | 24.0 | X | 71 |
| | 0.1 | | | | | | | | £.1 | | 14,300 | 24.0 | X | - |
| | 0.1 | | | | | | | | £.1 | | 008,81 | 24.0 | X | 11 |
| | S.I. | , | | | | | | | 61 | | 008,81 | 24.0 | | 01 |
| | £.1 | | | | | | | <u> </u> | 9.1 | <u> </u> | L9E'81 | 0.42 | X | 6 |
| | | | | | | | | | 71 | | 75E,81 | | X | 8 |
| | | | | | | | | | | | 756,81 | 0.42 | ļ | <u>L</u> |
| | 2.1 | | | | | | | | S'1 | | | 0.42 | <u> </u> | 9 |
| | IT | | | | | | | | S.I | <u> </u> | 21,600 | 24.0 | X | ς |
| | £.1 | | | | | | | | 9.1 | | 19,300 | 24.0 | X | * |
| | 7.1 | | | | | | | | 6.1 | | 25,000 | 0.42 | X | 3 |
| | 0.1 | | | | | | | | | | 005,61 | 24.0 | X | 7 |
| Components Out of Operation | System, mg/L | my-sec/cm ² | uio/oos | ्रगु/प्रापा-रिपा | eldsoilqqA li | | J/nim | səmuim | E.I | := d0 ta | 007,82 | 0.42 | X | I |
| Emergebry or Abnormal Operating Conditions: Repair of Manustrance Work that Involves Taking Water System | Lowest Residual Disinfectant Concentration at Remote Point in Distribution | Minimum UV Dose Required, | * Lowest Operating TV Dose, TW Dose, | Minimum CT Required, | PH of Water, | _O C Mater Lemb or | Lowest CT Provided Before or st First Customer Customer During Peak | Disinfectant (T) and Time (T) a. a. C. Acasurement Measurement Point During ing The Time The Time The Time The Time The Time The Time The Time The Time The Time The Time The Time The Time Time Time Time Time Time Time Time | Lowest Residual Disinfectant Concentration (C) Belore or at First Customer During Customer During | Peak Flow Rate, gpd. | Met Quantity of Finished Water Producted, gal | Hours plant | | Day of the Month |
| | | V Dose | Ω | 的量 。 | | n + + 24 | snoitsli | CT Calcu | 74.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | 1 | | | |
| | | 0 | Аррисар | ii ,nodevii | 8 virus inac | rour-Lo | Demostate | | T Calculations, o | | 1 | | | l |
| A service as the control of the respective to the service of the service of the control of the service of the control of the service of the control of the service of the control of the service of the control of the service of the s | | | | | | | | | | | 1.0 | L | L | <u> </u> |
| | | e (Chloramines | | | Ozone Chlorine (C | _ | Xoid eninel Diox | D Tree Chlori | | tion/Removal: Describe): | | noitsib | raviolet Ra | มถ 🔟 |
| | | | | | | | | | 2005 JanguA | : | o usə//din | for the Mo | aily Data | III. D |

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



| See Pages 4 for Instruct | | | ··· | | | | |
|---------------------------------|-----------------------|-----------------------------------|------------------|-------------------|--------------------|--|----------------------------------|
| I. General Information fo | or the Month/Ye | ear of: September, 2 | 2005 | | | | |
| A. Public Water System (I | PWS) Informati | ion | | | | | |
| PWS Name: Sk | ky Crest | | | | | PWS Identification Number: | 3351205 |
| PWS Type: | ✓ Community | Non-Transient Non-Communi | ty 🔲 Tr | ansient Non-Comr | | Consecutive | |
| Number of Service Connection | ns at End of Month: | 123 | | | Tot | al Population Served at End of Month: | 431 |
| PWS Owner: Ac | qua Utilities Florida | | | | | | |
| Contact Person: Br | rian Heath | | | | Cor | ntact Person's Title: Area Ma | nnager |
| Contact Person's Mailing Addr | ress: P | O Box 490310 | | | City: Leesburg | State: Florida | Zip Code: 34749 |
| Contact Person's Telephone Nu | | 352) 787-0980 | | | Cor | ntact Person's Fax Number: (352) 78 | 7-6333 |
| Contact Person's E-Mail Addre | | oeheath@aquaamerica.com | <u> </u> | | | | |
| B. Water Treatment Plant | t Information | | | | | | |
| | ky Crest | | | | | Plant Telephone Number: | (352) 787-0980 |
| Plant Address: 36 | 6815 Skycrest Blvd. | | | | City: Fruitland | State: Florida | Zip Code: 32731 |
| Type of Water Treatment by Pl | | ✓ Raw Ground Water | Purchased Finis | shed Water | | | |
| Permitted Maximum Day Oper | <u>-</u> | | | 126,000 | | | |
| Plant Category (per subsection | | | | | | t Class (per subsection 62-699.310(4), F | |
| Licensed Operators | | Name | 41 [184] | License Class | | er Day(s) / Sh | nift(s) Worked |
| Lead/Chief Operator: W | | | | C | 6813 | Days 1st Shift | |
| Other Operators: Br | rian Heath | | | C | 5825 | Days 1st Shift | |
| <u>Jo</u> | ohn Worrell | | | С | 6597 | Days 1st Shift | |
| tale state of the second second | | | | | | | |
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| | | | | | | | |
| I Certification by Lead/C | Chief Operator | | | | | | |
| | | | n the lead/chiet | f operator of the | water treatmen | t plant identified in part I of this | report. I certify that the |
| information provided in | this report is trav | and accurate to the best of m | u knowledge er | d belief. I cort | ify that all drink | ing water treatment chemicals us | sed at this plant conform to NSF |
| information provided in | uns report is un | e and accurate to the best of the | y Kilowieuge ai | | ny mat an urink | that the following additional ope | protions records for this plant |
| | | | | | | | |
| were prepared each day i | that a licensed of | perator staffed or visited this p | lant during the | month indicated | a above: (1) rec | cords of amounts of chemicals us | ed and chemical feed rates, and |
| | | | | | these additiona | l operations records to the PWS | owner so the PWS owner can |
| retain them, together wit | th copies of this i | report, at a convenient location | for at least ten | years. | | | |
| | | | | | | | |
| | | | Will Fontaine | | | | C-6813 |

Sky Crest

Plant Name:

3321202

| | | | | | | | | | | | 20,413 | 2/5/5/4// 2/4/4/2 | | umixeM |
|----------------------------------|--|----------------|--|-------------|---------------------------------------|------------------------|--|---|-----------------|------------------------|----------------|-----------------------------|----------------------------|----------------------|
| | | | | | | | | | | | 632,800 | | - 2 | Total Avgerage |
| | Γ | | | | · | | Γ | | | | | 24.0 | | 1E IntoT |
| | £.1 | | | | | —— | | | 9.1 | | | 0.42 | X | 30 |
| | 1.1 | | | | | - | | | 91 | | 009'\$1 | 24.0 | X | 67 |
| | 6.0 | | | | · · · · · · · · · · · · · · · · · · · | | | | £.1 | | 25,800 | 0.42 | X | 82 |
| | 1.1 | | | | | | 1 | | 1.4 | | 002,52 | 0.42 | X | LZ |
| | T.0 | | | | | | | | 1.1 | | 22,200 | 0.4.0 | X | 97 |
| | | | | | | | | | | | 22,200 | 24.0 | | 52 |
| | | | | | | | | | | | 22,200 | 24.0 | | 74 |
| | 8.0 | | | | | | T | | 11 | | 14,700 | 24.0 | Х | 73 |
| | 8.0 | | | | | | | | 2.1 | | 14,300 | 0.4.0 | X | 77 |
| | 0.1 | | | | | | | | £.1 | | 24,000 | 0.42 | Х | 21 |
| | 11 | | | | | | | | LI | | 18,700 | 24.0 | X | 07 |
| | 6.0 | | | | | | | | 2.1 | | 792,557 | 0.4.0 | X | 61 |
| | | | | | | | | | | | 732,EL | 0.4.0 | - | 81 |
| | | | | | | | | | | | 782,ES | 0.42 | | 21 |
| | 0.1 | | | | | | | | \$.I | | 25,700 | 24.0 | X | 91 |
| | 6.0 | | | | | | | | 1.3 | | | 24.0 | X | SI. |
| | 6.0 | | | | | | | | 2.1 | | 26,900 | 24.0 | X | ÞΙ |
| | 1.0 | | | | | | | | † 'l | | | 24.0 | X | 13 |
| | 0.1 | | | | | | | | †`l | | | 24.0 | X | 71 |
| | | | | | | | | | | | | 24.0 | | П |
| | | | | | | | | | | | | 0.4.0 | | OI |
| | 6.0 | | | | | | | | 1.2 | | | 24.0 | X | 6 |
| | ۲.0 | | | | | | | | 1.1 | | | 24.0 | X | - 8 |
| | 1.0 | | | | | | ļ | | E.I | | | 0.42 | X | -X4.7% |
| | 1.2 | | | | | | | | 8.1 | | 28,500 | 0.40 | X | 9 |
| | 8.0 | | | | | | | | I,I | | 197,91 | 24.0 | X | ς |
| | | | | | | | | | | | 197'61 | 24.0 | | 7 |
| | 0:0 | | | | | | | | | | | 24.0 | | . ε |
| | 8.0 | | | | | | ļ | | ξ,1 | | | 24.0 | X | 7 |
| | 8.0 | | F 0 400 10 10 | | | | | | 1.2 | - 10. | | 24.0 | X | I |
| Emergency of Abnormal Operations | Lowest Residual Disinfectant Concentration at Remore Point in Disinfundion System, mg/L | S La | Second Cowest TV Dose, TV Dose, TV Dose, | 2000 | PH of Water, | Temp of Water, O | Lowest CT Provided Before or at First Customer During Peak Flow, mg- | Disinfectant Suffection Suffection Suffection Measurement Point During Peak Flow minutes | | Peak Flow Rate, gpd | | Hours plant in Operation | Operator | Day of the the |
| | | sod \ | | | | | | CT Calcu | | | | | | 1 7 1 |
| | | *9 | Applicah | ii nousvii: | eni sıniV ş | o I-no4 | | | T Calculations, | | l | | | |
| | | e (Chloramines | | | Ozone Chlorine (C | | hlorine Diox | nlorine C C | | trion/Removal | Virus Inactiva | g Four-Log diation | nivəidəA le Raviolet Ra | Means o |
| | | | | | | | | | September, 2005 | _ :, | outh/Year o | for the Mo | aily Data | III. D |

DWS ID:

^{*} 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 | ear of: October, 2 | 005 | | | | | | | |
| A. Public Water System | (PWS) Informat | ion | | | | | | | | |
| | Sky Crest | | | | | | PWS Identification Number | : | 3351205 | |
| PWS Type: | ✓ Community | Non-Transient Non-Commu | unity Tr | ransient Non-Comr | nunity | | Consecutive | | | |
| Number of Service Connect | | | · · · · · · · · · · · · · · · · · · · | | | Total F | Population Served at End of N | Month: | 431 | |
| | Aqua Utilities Florida | | | | | | | | | |
| Contact Person: | Brian Heath | · · · · · · · · · · · · · · · · · · · | | | | Contac | et Person's Title: | Area Manager | | |
| Contact Person's Mailing A | | PO Box 490310 | | | City: | Leesburg | State: Florida | | Zip Code: | 34749 |
| Contact Person's Telephone | | (352) 787-0980 | | *************************************** | | | et Person's Fax Number: (| (352) 787-6333 | | |
| Contact Person's E-Mail Ad | | beheath@aquaamerica.co | om | | | | | | | |
| B. Water Treatment Pla | | | | | | | | | | |
| Plant Name: | Sky Crest | | | | | | Plant Telephone Number: | | (352) 787-0 | 980 |
| Plant Address: | 36815 Skycrest Blvd. | | | | City: | Fruitland | State: Florida | | Zip Code: | 32731 |
| Type of Water Treatment by | / Plant: | ✓ Raw Ground Water | Purchased Fini | shed Water | | | | | | |
| Permitted Maximum Day O | perating Capacity of F | lant, gallons per day: | | 126,000 | | | | | | |
| Plant Category (per subsect | | | | | | | ass (per subsection 62-699.3 | 10(4), F.A.C.): | D | |
| Licensed Operators | 2.00 | Name | | License Class | Lice | nse Number | | (s)/Shift(s) | Worked - | CALLER III |
| 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 | | | |
| The state of the s | | | | | | | | | | |
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| and the first transport | | | | | | | | | | |
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| | | | | | <u> </u> | | | | | |
| | <u> </u> | | | L | | | L | | | |
| II Certification by Lead | VChief Operator | | | | | | | | | |
| | | operator licensed in Florida, | am the lead/chie | f operator of the | water | r treatment n | lant identified in part I | of this report | I certify | that the |
| information provided i | in this report is tru | ie and accurate to the best of | my knowledge a | nd belief I cert | ify tha | ıt all drinking | water treatment chemi | icals used at | this plant | conform to NSF |
| International Standard | on other english | cable standards referenced in | subsection 62.5 | 55 320(3) F A (| lal r | so certify the | et the following addition | nal operation | s records | for this plant |
| michianonai Standaru | ou of other applications | operator staffed or visited this | nlant during the | month indicate | dahar | es (1) recor | de of amounts of chemi | cale used and | l chemical | I feed rates: and |
| were prepared each da | y that a licensed c | perator statted or visited this | S plant during the | and to marride | these | odditional a | no or amounts of chemic | DWS oumor | oo the DV | VS owner can |
| | | process performance records. | | | mese | additional o | perations records to the | F W S OWNE | SO die i v | V5 Owner can |
| retain them, together v | vith copies of this | report, at a convenient locati | ion for at least ter | n years. | | | | | | |
| | | | | | | | | | ~ ~ ~ ~ | |
| | | | Will Fontaine | | | | | | C-6813 | |
| Signature and Date | | | Printed or Typ | ped Name | | | | | License Nu | mber |
| | | | | | | | | | | |

| PWS II |); | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|----------|-------------------------------|--------------|------------------|----------------|--------------------|--------------------------|--------------------------|--|---------------|--------------|---|---------------------------------------|------------------------------|--|
| III. D | aily Data | for the Mc | onth/Year o | of: | October, 2005 | | | | | | | | | |
| | | | | ation/Removal | | | | | | | | | | |
| 1 | | | | | Free C | hlorine [(| Chlorine Dio | xide [| Ozone | Combi | ined Chlorir | e (Chloramines | () | |
| ۲. | raviolet Ra | | | (Describe): _ | | | | | | | | | | |
| Type o | f Disinfec | tant Residu | ıal Maintain | ied in Distrib | ution System: | ▼ Free Chlori | ine Γ | Combine | d Chlorine (C | Chloramines | s) [| Chlorine Dioxi | de | |
| | | | | (| CT Calculations, | or UV Dose, to | Demostate | Four-Lo | g Virus Ina | ctivation, i | f Applicab | le* | | |
| | | | | | | CT Calcu | | | | | | V Dose | | |
| | | | | 7. 100 | | 14.7 | . K to \$4\$21 | 18-35-8-11 C | | AT 1997 194 | 7 - 1 | | | |
| | | | | | | | Lowest CT | | | | | | | |
| | | | 1 | | Lowest Residual | Disinfectant | Provided Before or at | | | | | | | |
| | Days Plant | . 3 %() | Net Quantity | | Disinfectant | Contact Time (T) at C | First | 2 P | | | Lowest | | Lowest Residual Disinfectant | |
| | Staffed or | | of Finished | | Concentration (C) | Measurement | Customer | | | Minimum | Operating | | Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | Gonditions; Repair or Maintenance Work |
| the | | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | Water, | pH of Water. | Required, | mW- | Dose Required, | Distribution | That Involves Taking Water System |
| Month | (Place "X") | in Operation | gal. | Rate, gpd. | Peak Flow, mg/L | minutes | min/L | °C | if Applicable | | sec/cm ² | mW-sec/cm ² | System, mg/L | Components Out of Operation |
| | | 24.0 | 21,500 | | | | | | | | | | | |
| 2 | | 24.0 | 21,500 | | | | | | | | | | | |
| 3 | X | 24.0 | 21,500 | | 1.6 | | | | | | | | 1.2 | |
| 4 | X | 24.0 | 18,500 | | 1.8 | | | | | | | | 1.5 | |
| 5 | X | 24.0 | 22,900 | | 1.9 | | | | | | | | 1.5 | |
| 7 | X | 24.0 24.0 | 17,900 16,800 | | 1.7 | | | | | | ļ | | 1.4 | |
| 8 | | 24.0 | 17,533 | | 1.6 | | | | | | | | 1.3 | |
| 9 | | 24.0 | 17,533 | | | | | | | | | | | |
| 10 | Х | 24.0 | 17,533 | | 1.7 | | | | | | | | 1.4 | |
| 11 | X | 24.0 | 17,600 | | 1.8 | | | | | | | · · · · · · · · · · · · · · · · · · · | 1.4 | |
| 12 | Х | 24.0 | 22,600 | | 1.8 | | | | | | | | 1.5 | |
| 13 | Х | 24.0 | 15,200 | | 1.7 | | | | | | | | 1.4 | |
| 14 | X | 24.0 | 14,900 | | 1.7 | | | | | | | | 1.4 | |
| 15 | | 24.0 | 19,300 | | | | | | | | | | | |
| 16 | | 24.0 | 19,300 | | | | | | | | | | | |
| 17 | X | 24.0 | 19,300 | | 1.6 | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 23,300 | | 1.6 | | | | | | | | 1.3 | |
| 19 20 | X | 24.0 24.0 | 29,800 20,800 | | 1.6 | | | ļ | | | | | 1.3 | |
| 21 | X | 24.0 | 17,800 | | 1.3 | | | | | | | | 1.1 | |
| 22 | | 24.0 | 29,333 | | | | | | | | l | | 1.1 | |
| 23 | | 24.0 | 29,333 | | | | ···· | | | | | | | |
| 24 | Х | 24.0 | 29,333 | | 1.3 | | | | | | | | 1.0 | |
| 25 | Х | 24.0 | 31,000 | | 1.2 | | | | | | | | 0.8 | |
| 26 | X | 24.0 | 29,900 | | 1.2 | | | | | | | | 0.8 | |
| 27 | Х | 24.0 | 14,400 | | 1.1 | | | | | | | | 0.8 | |
| 28 | Х | 24.0 | 21,300 | | 1.3 | | | | | | | | 1.0 | |
| 29 | | 24.0 | 28,600 | | | | | | | | | | | |
| 30 | | 24.0 | 28,600 | | | | | | L | | | | | |
| 31 | Х | 24.0 | 28,600 | | 1.3 | LL | | L | L | | L | | 0.9 | |
| Total | 24421 - 12442 24421 - 1244 | | 683,500 | | | | | | | | | | | |

31,000

Maximum

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: November, 2005 A. Public Water System (PWS) Information 3351205 PWS Identification Number: PWS Name: Sky Crest ✓ Community Consecutive PWS Type: Non-Transient Non-Community Transient Non-Community Total Population Served at End of Month: 431 Number of Service Connections at End of Month: 123 PWS Owner Aqua Utilities Florida Contact Person's Title: Contact Person: Brian Heath Area Manager PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Mailing Address: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: beheath@aquaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** (352) 787-0980 Plant Name: Sky Crest Plant Telephone Number: State: Florida Zip Code: 32731 Plant Address 36815 Skycrest Blvd. City: Fruitland Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water 126,000 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.) License Number Day(s) / Shift(s) Worked Licensed Operators License Class Name Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift Days 1st Shift Other Operators: Brian Heath 5825 6597 Days 1st Shift John Worrell Army amazan da a a arm **经验证证**证证证证证证证 e and the Reference of a great of the 的特殊的人的一个 **李拉拉,这样** ALTY TA 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

Signature and Date

License Number

| | | | | | | | | | | | 34,400 | | | umixsM |
|--|--|--|--|--------------|--|--|--|--|--------------------|---------------|-----------------|--------------|-------------|----------|
| | | | | | | | | | | | 618,22 | | | Avgenag |
| | | | | | | | | | | | 004,008 | | | fistoT |
| |] | | | | | | | | | | | 0.4.0 | | - 18 |
| | 11 | | | | | | | | ₱°l | | 32,600 | 0.4.0 | X | 30 |
| | 6.0 | | | | | | | | £.1 | | 001,72 | 0.42 | X | 67 |
| | 7.1 | | | | | | | | 5.1 | | 785,05 | 24.0 | X | 82 |
| | | | | | | | | | | | 795,05 | 24.0 | | LZ |
| | | | | | | | | | | | 495,05 | 0.4.0 | | 97 |
| | 0.1 | | | | | | | | £.1 | | 24,400 | 24.0 | X | 52 |
| | 8.0 | | | | | | | | 2.1 | | 21,700 | 24.0 | X | 7₹ |
| | 8.0 | | | | | | | | U | | 001,62 | 0.4.0 | Х | -23 |
| | 8.0 | | | | | | | | 7.1 | | 27,100 | 24.0 | X | - 22 |
| | 0.1 | | | | | | | | 1.3 | | 008,82 | 24.0 | Х | 17 |
| | | <u> </u> | | | | | | | | | 002,82 | 0.40 | | 70 |
| | | | | | | | | 1 | | | 005,82 | 24.0 | | 61 |
| | 1.0 | † | i | | | | | | £.1 | | 20,400 | 24.0 | X | 81 |
| | 0.1 | | | | | | | | b .1 | | 23,500 | 24.0 | X | ΔĪ |
| | £.1 | † | | | | | | | 9.1 | *** | 34,400 | 0.42 | X | 91 |
| | 17.1 | | | | | | | 1 | 8.1 | | 31,800 | 0.4.0 | X | 51 |
| | 2.1 | | | | | | | | 5.1 | | 29,233 | 24.0 | X | 14 |
| | | | _ | | | | | <u> </u> | | | ££Z,6Z | 0.42 | | ε¥ |
| | | | | | | | | | | | 29,233 | 0.42 | | 71 |
| | 0.1 | | | | | | | | ₽. I | | 002,02 | 24.0 | Х | II |
| | 8.0 | | | | | | | <u> </u> | Þ.I | | 005'17 | 0.42 | X | 10 |
| | L'0 | | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | 1.1 | | 001,62 | 24.0 | X | 6 |
| ······································ | 6.0 | | | | | <u> </u> | | · | 2.1 | | 005,15 | 0.42 | X | 8 |
| | 1.1 | | | | | | | | S.I | 7,12 | L98'17 | 0.42 | X | L |
| | | | | | | | · | | | ** ********* | L98'17 | 0.42 | | 9 |
| | | | | | | | | | | | 798,12 | 0.42 | | S |
| | 0.1 | | } | | | ··· | | | 1.1 | | 000'61 | 0.42 | X | Þ |
| | 0.1 | | | | | | | | E.I. | | 00£,81 | 0.42 | X | ε |
| | 1.1 | | | | | ··· | | ł | 1 .1 | | 009,62 | 24.0 | <u>X</u> | 7 |
| | 6.0 | | | | | | 1 | | E.I | | 31,200 | 0.42 | | - 1 |
| Components Out of Operation: | System, mg/L | mW-sec/cm ² | ,26C/CIII | √inm-gm. | if Applicable | 3 | J/nim | minutes | Peak Flow, mg/L | Rate, gpd. | gar | in Operation | (Place "X") | Моли |
| that Involves Taking Water System | nottudinteid | Dose Required, | -Wm ** | | nater. | Water, | -gm, wol- | Peak Flow, | Customer During | Peak Flow | Producted, | Hours plant | Operator | эų |
| Conditions, Repair or Maintenance Work | Remote Point in | 2 m 4 2 m 57 m 64 1 m 12 m 1 | ************************************** | ്ധ | | Temp of | During Peak | Point During | Before or at First | | Water | | Visited by | Day of |
| Emergency or Adnormal Operating | Concentration at | | Operating () | muminiM | West Production | Jo dunaT | Customer | Measurement | Concentration (C) | | bedsini To | 13 | Staffed or | 30.00 |
| | Disinfectant | | Lowest | | | | First | 2 ts | Disinfectant | | Net Quantity | • | Days Plant | |
| | Lowest Residual | | p tiet | | | | Before or at | Contact Time (T) | | | | | DI | l |
| | | | | | | | bobivord | Disinfectant | | | | • | | |
| | | | | | | | TO rest CT | 1 tenstratinising | | | | | | |
| | | | | | | Page 3 | 1 | | | | | | | ſ |
| | | Dose | vo 🗆 | 11.47518F14. | The Frank | | suonel | CT Calcu | | - 4 1 | | | | İ |
| | | | | nvauon, u | S Virus Inac | ol-mon | Demostate | JL OA Dose, to | T Calculations, c |) | | • | | |
| | ن نستا | | | | | | | | | | III PILIPIAL IN | nnicasi sun | 2211110171 | o addi |
| | | Chlorine Dioxid | <u></u> | /ploramines | Chlorine (C | hanidmo(| <u>ال</u> الله | Free Chlorin | tion System: | | | | | _ |
| | | | | | | | | | | (Descripe): | L Other | noinsib | raviolet Ra | 11U |
| | , | e (Chloramines) | nitoldO bar | ridmoD 🗍 | ənosO - |] əbi | hlorine Diox | Jorine C | L FræCh | tion/Removal: | virus Inactiva | g Four-Log | nivəidəA 10 | Means o |
| | | | | | | | | | November, 2005 | : | nth/Year o | OIV 541 TO | any uara | HI. D |
| | | | | | | | | | | | | | | |
| | | | | | | | | Sky Crest | Plant Name: | | 3331205 | | | <u> </u> |

^{*} 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 | Polymer Page 3 Due in December | | | | |
|----------------------|-----------------------------|---|----------------------------|---------------------|--|----------------------------------|
| | ation for the Month/ | Year of: December, 2005 | | | | |
| | | , | | | | |
| | ystem (PWS) Inform: | ation | | | Involution Control | 3351205 |
| PWS Name: | Sky Crest | | | | PWS Identification Number: | 3331203 |
| PWS Type: | ✓ Community | Non-Transient Non-Community | Transient Non-Com | | Consecutive | 431 |
| | Connections at End of Mont | | | lota | d Population Served at End of Month: | 431 |
| PWS Owner: | Aqua Utilities Flori | da | | | | |
| Contact Person: | Brian Heath | | | | tact Person's Title: Area M | |
| Contact Person's Ma | | PO Box 490310 | | City: Leesburg | State: Florida | |
| Contact Person's Tel | | (352) 787-0980 | | Con | tact Person's Fax Number: (352) 78 | 37-6333 |
| Contact Person's E-1 | | beheath@aquaamerica.com | | | | |
| | ent Plant Information | | | | Di Call La Maritan | (352) 787-0980 |
| Plant Name: | Sky Crest | | · | lo: p.:t.t | Plant Telephone Number: | Zip Code: 32731 |
| Plant Address: | 36815 Skycrest Blv | | L | City: Fruitland | State: Florida | Zip Code. 32731 |
| Type of Water Treat | | | hased Finished Water | | | |
| | Day Operating Capacity of | | 126,000 | T DI4 | Class (per subsection 62-699.310(4), F | F.A.C.): D |
| | subsection 62-699.310(4), F | | Transaction | License Number | | |
| Licensed Opera | | Name | | | | mus/worked |
| | rator: Will Fontaine | | C C | 6813 | Days 1st Shift | |
| Other Operators | | | C | 5825 | Days 1st Shift | |
| | | | | 6597 | Days 1st Shift | |
| | | | | | | |
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| a santagina ay | | | | | | |
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| | | | | | | |
| | 22 4 6 | | | | | |
| U Certification by | Lead/Chief Operato |)r | | | | |
| I the undersione | ed water treatment nlar | nt operator licensed in Florida, am the | lead/chief operator of the | e water treatment | plant identified in part I of this | report. I certify that the |
| information pro | aided in this report is t | rue and accurate to the best of my know | wledge and helief. I cert | ify that all drinki | no water treatment chemicals u | sed at this plant conform to NSI |
| International Sta | vided in this report is t | licable standards referenced in subsect | ion 62 555 320(3) F A (| C Lalso certify t | hat the following additional on | erations records for this plant |
| international Sta | indard of other app | operator staffed or visited this plant d | wine the month indicate | d shove: (1) rec | and of amounts of chemicals u | sed and chemical feed rates: and |
| were prepared e | ach day that a licensed | operator statted or visited this plant d | uring the month mulcate | u above. (1)1eu | ords of amounts of chemicals a | oumer so the DWS oumer con |
| | | process performance records. Furthe | | tnese additional | operations records to the PWS | owner so the F w 5 owner can |
| retain them, toge | ether with copies of thi | is report, at a convenient location for a | t least ten years. | | | |
| | | Wi | Il Fontaine | | | C-6813 |
| Signature and Date | | | nted or Typed Name | | | License Number |
| orginature and Date | | • • • | Jp | | | |

| PWS II |): | | 3351205 | | Plant Name: | Sky Crest | | | | | | | | |
|---|--------------------------|--------------|-----------------------------|-----------------|--------------------------------|---------------------|-------------------|----------------|--|-----------|--|---|------------------------------|--|
| III. Daily Data for the Month/Year of: December, 2005 | | | | | | | | | | | | | | |
| Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) | | | | | | | | | | | | | | |
| | raviolet Ra | | | (Describe): | • | • | | | | , сошо | nea emera | (0.1101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | , | |
| Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide | | | | | | | | | | | | | | |
| CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | UV Dose | | |
| | | | | CT Calculations | | | | | | | 0. | V Dose | | |
| | | | | | | | Lowest CT | | | | | | | |
| | | | | | | Disinfectant | Provided ? | | | | | | | |
| | | | | | Lowest Residual | Contact Time (T) | Before or at | | A | 1 1 10 | Lowest | | Lowest Residual Disinfectant | |
| 1 | Days Plant Staffed or | | Net Quantity of Finished | | Disinfectant Concentration (C) | at C Measurement | First Customer | | | Minimum | Operating | | Concentration at | Emergency or Abnormal Operating |
| Day of | Visited by | | Water | | Before or at First | Point During | During Peak | Temp of | | CT | UV Dose, | Minimum UV | Remote Point in | Conditions, Repair or Maintenance Work |
| the | 1000 | Hours plant | Producted, | Peak Flow | Customer During | Peak Flow, | Flow, mg- | Water, | pH of Water, | Required, | mW- | Dose Required, | Distribution | 1: that Involves Taking Water System |
| Month | (Place "X") | in Operation | gal | Rate, gpd. | Peak Flow, mg/L | minutes | min/L == | °°C | if Applicable | | sec/cm ² | mW-sec/cm ² | System, mg/L | Proceedings Out of Operation |
| 41 | Х | 24.0 | 17,100 | | 1.2 | | | | | | | | 0.8 | |
| 2 | Χ | 24.0 | 16,400 | | 1.0 | | | ļ | | | | | 0.7 | |
| 3 | | 24.0 | 22,667 | | | | | | | | | | | |
| 5 | Х | 24.0 24.0 | 22,667 22,667 | | 1.4 | | | - | | | ļ | | 1.0 | |
| 6 | X | 24.0 | 21,200 | | 1.4 | | | - | | | | - | 0.9 | |
| 7 | X | 24.0 | 27,700 | <u> </u> | 1.5 | | | | | | - | | 1.1 | |
| 8 | X | 24.0 | 16,400 | | 1.3 | | | | 1 | | | | 1.0 | |
| 9 | Х | 24.0 | 15,500 | · | 1.2 | | | 1 | | | | | 0.9 | |
| 10 | | 24.0 | 21,067 | | | | | I | | | | | | |
| 11 | | 24.0 | | | | | | | | | ļ | | | |
| 12 | X | 24.0 | 21,067 | <u> </u> | 1.2 | | | ļ | | | <u> </u> | | 0,8 | |
| 13 | X | 24.0 | 23,000 | | 1.5 | | | | | | | <u> </u> | 1.0 | |
| 14 | $\frac{x}{x}$ | 24.0 | 29,500 16,300 | | 1.6 | | | | | | | | 1.3 | |
| 16 | X | 24.0 | 15,400 | | 1.6 | | | | | | | | 1.2 | |
| 17 | | 24.0 | 22,167 | - | | | · · | <u> </u> | | | | | | |
| 18 | | 24.0 | 22,167 | | | | | | | | | | | |
| 19 | Х | 24.0 | | | 1.8 | | | | | | | | 1.4 | |
| 20 | X | 24.0 | 23,800 | | 1.7 | | | ļ | | | | <u> </u> | 1.4 | |
| 21 | X | 24.0 | 28,800 | ļ | 1.3 | | | ļ | <u> </u> | | | | 1.1 | |
| 22 | X | 24.0 | 20,500 | | 1.4 | | | - | | | | | 1.1 | |
| 24 | <u> </u> | 24.0 24.0 | 18,500 22,300 | | 1.3 | | | | | | + | | | |
| 25 | | 24.0 | 22,300 | | | | | | | | 1 | | | |
| 26 | Х | 24.0 | 22,300 | | 1.4 | | | T | | | | | 1.0 | |
| 27 | Х | 24.0 | | 1 | 1.7 | - | | | | | | | 1.3 | |
| 28 | Х | 24.0 | | | 1.5 | | | | | | | | 1.2 | |
| 29 | Х | 24.0 | | | 1.2 | | | | | | | | 0.9 | |
| 30 | X | 24.0 | | | 1.5 | | | ļ | | | | | 1.1 | |
| 31 | l | 24.0 | | | <u> </u> | L | L | <u></u> | <u> </u> | L | 1 | L | L | |
| Total | | Tr. | 687,566 | | | | | | | | | | | |

31,900

Maximum-

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