Sunny Hills

Docket No. 060368-WS

Application to Increase Rates and Charges For a "Class A" Utility In

Florida

VOLUME 6

Book 7

Set 48 of 57

Containing Additional Engineering Requirements

Monthly Operating Reports

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Aqua Utilities Florida, Inc.

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FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Sunny Hills

January 1 3 February 2 9 March 3 15 April 4 21 May 5 27 June 6 33 July 7 39 August 8 45 September 9 51 October 10 57 November 11 63 December 12 69 Year: 2005 January 1 75 February 2 81 March 3 87 April 4 93 May 5 99 June 6 105 July 7 111 April 7 111 April 7 111 August 5 99 June 6 105 July 7 111 August 8 117 September 9 123	Year: 2004	Tab Number	Page Number
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December 12 141	December	12	141



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

January, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						····,	PWS Identification Num	ber:	1670647	
PWS Type:	Community	Non-Trans	sient Non-Commu	nity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Montl	h:	443				Total	Population Served at End	of Month:	1,107	
PWS Owner:	Florida Water Servi	ces									
Contact Person:	Craig Anderson						Conta	act Person's Title:	VP Environme	ental Services	
Contact Person's Mailing A	ddress	P.O. Box 609520				City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number	(407) 598-4199					Conta	act Person's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ac	ldress:	craiga@florid	la-water.com								
B. Water Treatment Pla	ant Information										
Plant Name:	Sunny Hills Welll #	<i>4</i> 1						Plant Telephone Number		(850) 773-2	802
Plant Address:	3810 Gables Blvd.					City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	🗹 Raw Grour	nd Water	Purchased Fin	ished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per o	day:		1,224,000						
Plant Category (per subsect			V					Class (per subsection 62-69	9.310(4), F.A.C.)	: C	
Licensed Operators		Na	me		License Class	Licer	ise Number	\mathbf{D}	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:					Α		1913	Days 1st Shift			
Other Operators:	Jean H. Pitzer			<u> </u>	С		7605	Days 1st Shift			
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

02-05-04 1.42

Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555. 900(3)Alternate

PWS Id	S Identification Number: 1670647 Plant Name: Sunny Hills Welll # 1																	
III. D	aily Data	for the N	lonth/Year	of:		January, 2004				·····								
			g Virus Inactiv		/al: 🔽 Free C	hlorine F	Chlorine Di	ovide	☐ Ozone	Comt	oined Chlori	ne (Chlorar	nines)					
	traviolet R			r (Describe):		•		onde	, 02010	(Come		ne (emora	indices)					
F					ibution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide					
Type c					T Calculations, or													
$(1, \dots, n)$					- T Calculations, of	CT Calc		rour-Log	y nus mac		UV							
1.1																		
							Lowest CT											
						Disinfectant	Provided	1										
	Days Plant Staffed or		NetOwnsta	1.1.1.1.1.1	Lowest Residual Disinfectant	Contact Time	Before or at		이 강강한			Minimum	Lowest Residual					
	Visited by		Net Quantity of Finished		Concentration (C)	(T) at C Measurement	First Customer	1 a			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating				
Day of	Operator	Hours plant	and the second		Before or at First	Point During	During Peak		an a	Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that				
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required; mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components				
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation				
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555 900(3)Alternate



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					H	WS Identification Number	er:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity 🔄 T	ransient Non-Com	munity		onsecutive			
Number of Service Connect	tions at End of Month:	443				Total Po	pulation Served at End of	f Month:	1,107	
PWS Owner:	Florida Water Services	S						-		
Contact Person:	Craig Anderson					Contact	Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	Address: P	P.O. Box 609520			City: Orlando	, s	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number: (4	407) 598-4199				Contact	Person's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ac		craiga@florida-water.com								
3. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll # 4					F	lant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny I	lills S	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water						
Permitted Maximum Day C	Dperating Capacity of Pl	lant, gallons per day:		1,224,000						
Plant Category (per subsect		C.): V			P	lant Cla	ss (per subsection 62-699.	.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Nu	mber	-Da	y(s)/Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			Α	1913	Γ	Days 1st Shift			
Other Operators:	Jean H. Pitzer			С	7605	I	Days 1st Shift			
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11 Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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02-05-04 1.45

Harold Register

Printed or Typed Name

A-1913 License Number

Signature and Date

DEP Form 62-555 900(3)Alternate

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* 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: January, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Id	entification Numb	er:	1670647	
PWS Type:	 Community 	Non-Transient Non-Comm	nunity 🔄 T	ransient Non-Com	munity		Consecu	tive			
Number of Service Connect	tions at End of Mont	h: 443				Total	Populatio	n Served at End o	f Month:	1,107	
PWS Owner:	Florida Water Servi	ices									
Contact Person:	Craig Anderson					Conta	act Person	's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City:	Orlando	State:	Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Conta	act Person	's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com	1								
B. Water Treatment Pla	ant Information										
Plant Name:	Sunny Hills Welll #	# 5					Plant Te	elephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City:	Sunny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C	Derating Capacity of	f Plant, gallons per day:		1,224,000							
Plant Category (per subsect						Plant C	lass (per :	subsection 62-699	.310(4), F.A.C.)	C	
Licensed Operators		Name		License Class	Lice	nse Number		Da	iy(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			Α		1913	Days 1s	t Shift			
	Jean H. Pitzer			с		7605	Days 1s	t Shift			
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II Certification by Lead/Chief Operator

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02-05-04 1.57

Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555. 900(3)Alternate

PWS Ic	S Identification Number: 1670647 Plant Name: Sunny Hills Welli # 5													
111. D	aily Data	for the N	lonth/Year	of:		January, 2004								
			g Virus Inactiv		val: 🔽 Free C		Chlorine Di		F 0					
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Day of the	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First	Point During	During Peak			Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that
Month	(Flace "X")	Operation	gal.	Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ^O C	if Applicable	Required, mg min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
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31		24.0	1,000		0.8								0.7	
Total		en in tradiction	33,000					اسا		L			L	
Average		Carl States &	1.065											

Maximum 2,000

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* 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: February, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Ide	entification Nun	nber:	1670647	
PWS Type:	Community	Non-Transient Non-Comm	nunity 🔄 T	ransient Non-Com	munity		Consecu	tive	····		
Number of Service Connec	tions at End of Mont	th: 443				Total	Populatio	n Served at End	of Month:	1,107	
PWS Owner:	Florida Water Servi	ces									
Contact Person:	Craig Anderson					Conta	ct Person'	's Title:	VP Environme	ental Services	
Contact Person's Mailing A		P.O. Box 609520			City:	Orlando	State:	Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Conta	ct Person'	's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ac		craiga@florida-water.com	<u>]</u>								
B. Water Treatment Pla	ant Information				_						
Plant Name:	Sunny Hills Welll #	/ 1					Plant Te	lephone Numbe	er:	(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City:	Sunny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C				1,224,000							
Plant Category (per subsect									99.310(4), F.A.C.)	C C	
Licensed Operators		Name		License Class	Lice	nse Number		• • • • • • • • • • • • • • • • • • •	Day(s) / Shift(s) Worked	Car Press
Lead/Chief Operator:				Α		1913	Days 1st	t Shift			
Other Operators:	Jean H. Pitzer			С		7605	Days 1st	t Shift			
					_						
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared cach 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.

03-05-04 10.07

Harold Register

<u>A-1913</u>

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555. 900(3)Alternate

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PWS I	Identification Number: 1670647 Plant Name: Sunny Hills Welll # 1																	
111. D	aily Data	for the N	lonth/Year	of:		February, 2004												
	· · · ·		g Virus Inactiv		val: 🔽 Free C			ovide	C Ozone	Comt	vined Chlori	na (Chlarar						
4	traviolet R			r (Describe):		•	Chiorne Di	OAde	1 020110	1 Com	Sheu Chion	ne (Chora	(inics)					
F					ibution System:	Free Chlo	orine Г	Combin	ed Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	······································				
					T Calculations, or	UV Dose, to							har har an					
		1				CT Calc			2	,		Dose						
			a ser e			1.1925												
						Disinfectant	Lowest CT Provided											
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual					
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	and the second				
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating				
Day of	States and Desire A. C.	Hours plant	1. A M A M A M A M A M A M A M A M A M A		Before or at First	Point During	During Peak	in c		Minimum CT		Required,		Conditions, Repair or Maintenance Work that				
the Month	(Place	in Operation	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-11 min/L	Victor OC	pH of Water if Applicable	, Required, mg min/L	UV Dose, mW-sec/cm ²	mW-	Distribution	Involves Taking Water System Components Out of Operation				
1	"X") X	24.0		Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	II Applicable		mw-sec/cm	sec/cm	System, mg/L 0.6	Out of Operation				
2	X	24.0											0.0					
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10	X	24.0											0.5					
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13	X	24.0											0.4					
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Number	er:	1670647	
PWS Type:	Community	Non-Transient Non-Community	IT 🗌	ansient Non-Com	munity	·	Consecutive			
Number of Service Connec	tions at End of Mont	h: 443				Total	Population Served at End of	Month:	1,107	
PWS Owner:	Florida Water Servi	ces								
Contact Person:	Craig Anderson					Conta	act Person's Title:	VP Environmen	ntal Services	
Contact Person's Mailing A		P.O. Box 609520		_	City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Conta	act Person's Fax Number:	(407) 598-4217	1	
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com								
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	# 4					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	hased Fini	shed Water						
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect						Plant C	Class (per subsection 62-699.	310(4), F.A.C.):	C	
Licensed Operators		Name		License Class	Lice	nse Number	· Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			Α		1913	Days 1st Shift			
Other Operators:	Jean H. Pitzer			С		7605	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.

03-05-04 10.08

Harold Register

A-1913 License Number

Signature and Date

Printed or Typed Name

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

ADDATER OR PURCHASED FOR PW"S5 TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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III. Daily Data for the NonthYYear of: February, 2004 Cype of Disinfectant Residual Maintained in Distribution System: Free Chlorine [Collocatione] Collocatione] Control (Chloramines) Cype of Disinfectant Residual Maintained in Distribution System: Free Chlorine [Collocatione] Newest Chlorine [Chloramines] Control (Chloramines) Cype of Disinfectant Residual Maintained in Distribution System: Free Chlorine [Collocatione] Newest Chlorine (Chloramines) Control (Chloramines) Dispet System Calculations, if Applicable Nucleaning Nucleaning Nucleaning Dispet System Distribution System: Free Chlorine [Chloramines] Contact Tame Person Contact Tame Person Dispet System Contact Tame Person Distribution System: Pree Chlorine Chloramines) Lowest Chlorine Chloramines) Contact Tame Person Dispet System Contact Tame Person Distribution System: Newself Pree Chlorine Chloramines) Contact Tame Person Dispet System Contact Tame Person Distribution System: Pree Chlorine Chloramines) Contact Tame Person Contact Tame Per												005'56	54.0	i	
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II. Daily Data for the MonthA ear of: February, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: February, 2004 Ultraviolet Radiation Free Chlorine Free Chlorine Free Chlorine Free Chlorine Free Chlorine Free Chlorine Free Chlorine		「「「「「「「「」」」	2500				<u>回回22</u> 23年(周辺の長月12月)	I SUONEIT							1
II. Daily Data for the MonthA ear of: February, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Fire Chlorine Chlorine Chlorine Combined Chlorine Combined Chlorine (Chloramines) Combined Chlorine Combined Chlorine (Chloramines) Combined Chlorine Combined Chlorine Dioxide Pebruary, 2004 February, 2004 February,		234 24 문란 11						en el el complete de site d	- 「「「「「」」」 しゅうえいてい	10 GUODENARO I					
II. Datiy Data for the MonthA ear of: February, 2004 Assars of Achieving Four-Log Virus Inscrivation/Removal: February, 2004 Ultraviolet Radiation Combined Chlorine (Chloramines)		and the second											and she		<u> </u>
											(Descripe):	Ц Офч	noitsibu	raviolet Ra	ചെ
									February, 2004		:j@	onth/Year o	tor the N	eted ylie	II. Da
							L // 100.11				L\$90L91				

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

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Numb	ier:	1670647	
PWS Type:	Community	Non-Transient Non-Co	mmunity 🗌 T	ransient Non-Com	munity	Consecutive			
Number of Service Connec	tions at End of Month:	443			Tota	al Population Served at End o	f Month:	1,107	
PWS Owner:	Florida Water Service	es							
Contact Person:	Craig Anderson				Con	tact Person's Title:	VP Environment	tal Services	
Contact Person's Mailing A		P.O. Box 609520	· · · · · · · · · · · · · · · · · · ·		City: Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	······	(407) 598-4199	· · · · · · · · · · · · · · · · · · ·		Con	tact Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ac	-	craiga@florida-water.c	om						
B. Water Treatment Pla									
Plant Name:	Sunny Hills Welll # 5	5				Plant Telephone Number:	((850) 773-28	802
Plant Address:	1240 Elkcam Blvd.				City: Sunny Hills	State: Florida	2	Zip Code:	32428
Type of Water Treatment by	2	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day C				1,224,000					
Plant Category (per subsect	tion 62-699.310(4), F.A		V	·····		Class (per subsection 62-699		С	
Licensed Operators		Name	<u>a de l'Électric de Àg</u>	License Class	License Numbe	r Da	iy(s)/Shift(s)	Worked	
Lead/Chief Operator:			·····	A	1913	Days 1st Shift			
	Jean H. Pitzer			С	7605	Days 1st Shift			
		· · · · · · · · · · · · · · · · · · ·							
		· · · · · · · · · · · · · · · · · · ·							
$\sum_{i=1}^{n} \frac{1}{i} \sum_{i=1}^{n} \frac{1}{i} \sum_{i$	1								

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

03-05-04 10.11

Harold Register Printed or Typed Name A-1913 License Number

Signature and Date

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

PWS I	lentification	n Number:	·····	1670647		Plant Name:	Sunny Hills	Welll # 5						
111. D	aily Data	for the N	lonth/Year	of:	· · ·	February, 2004								
			g Virus Inacti			, , , , , , , , , , , , , , , , , , ,		iorida	C 07000	Comt		(Chlann		
	traviolet R	-	-	er (Describe):		1	Chiorate Di	IONIC	1 02010	r Com	bined Chiori	ne (Chiorai	nines)	
F.					ibution System:	Free Chlo	, inc. [Combin	ed Chloring	(Chloramine		Chlorine I	 Diourida	<u> </u>
Type of	of Distined				<i>4</i>								Jioxide	and the second state of the se
			in the second second	1	T Calculations, or				and the second se					
						CT Calc	ulations				UV	Dose		
		1947 - 1947 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 -			에 다 가 같은 것 같은 것이 같은 것이 있는 것이 같이 있다.	in the second	Lowest CT				인데 1000 (1994) 가지가 영상 전체			
1						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					111142	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1			Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required, mW-	Remote Point in	こうかがく ガラールボーン あいひん ディー いいのないがっ シスム ひやかかり かっか しっぽんかい スレイト くつくし
the Month	(Place "X")	in Operation	Producted, gal	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water Or	if Applicable	, Required, mg min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1	X	24,0		Naic, gpu.	0.8	minutes	IIIIIN P. 23	Water, C	паррисаон		III W-SOL/CIII	Scorum	0.6	
2	x	24,0	1,000		0.8					1		<u> </u>	0.6	
3	X	24.0	1,000		0.8					1			0.6	
4	X	24.0	1,000		0.7								0.6	
- 5	X	24.0			0.7			L					0.6	
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9	X X	24.0	2,000		0.8	·		<u> </u>	<u> </u>				0.6	
10	X	24.0	3,000		0.8	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>			0.5	
11	x	24,0	1,000		0.8								0.5	
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14		24.0	1,500									_		
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16	X	24.0	1,000	}	0.8			<u> </u>		ł	}		0.6	
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Maxim		er de rec	9,000	1										

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

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

March, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Number:	1670647	
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Con	munity		Consecutive		
Number of Service Connect	tions at End of Mont	h: 443			Total	Population Served at End of Month:	1,107	• <u> </u>
PWS Owner:	Florida Water Servi	ces						
Contact Person:	Craig Anderson				Conta	ct Person's Title: VP Envire	onmental Services	
Contact Person's Mailing A		P.O. Box 609520		City: Orla	ndo	State: Florida	Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			Conta	ct Person's Fax Number: (407) 598	3-4217	
Contact Person's E-Mail Ad		craiga@florida-water.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Sunny Hills Welll #	<i>ŧ</i> 1				Plant Telephone Number:	(850) 773-28	302
Plant Address:	3810 Gables Blvd.			City: Sunn	ny Hills	State: Florida	Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water Purchase	d Finished Water					
Permitted Maximum Day O			1,224,000					
Plant Category (per subsect						lass (per subsection 62-699.310(4), F.A		
Licensed Operators		Name	License Class	License N	Number	Day(s) / Shi	ift(s) Worked	
Lead/Chief Operator:	Harold Register	· · · · · · · · · · · · · · · · · · ·	A	191	3	Days 1st Shift		
Other Operators:	Jean H. Pitzer		С	760	5	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.

04-05-04 3-15P.M.

Harold Register Printed or Typed Name A-1913

License Number

Signature and Date

ΑΤΤΑΝ ΟΡΕΑΤΙΟΝ REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Thvolves Taking Water System Components	nonudiruzid	-Wm		Required, mg	, reter, PH of Water,	to qm51	-gm ,wol7	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	əqt
with the advantage of the standard for a property of the	Remote Point in	Required,	Operating	TO muminiM			During Peak	gaimG miof	Before or at First		Water	hnalq ewoH	Operator	Day of
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L						I # IIIPM	stlift ynnu?	Plant Name	l	190291		Number	entification	PI SMd

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

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

March, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			, and and a set of a		PWS Identification Numb	er: 16706	547
PWS Type:	Community	Non-Transient Non-Com	nunity 🔄 T	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month:	443			Tota	l Population Served at End o	f Month: 1,107	
PWS Owner:	Florida Water Services	3						
Contact Person:	Craig Anderson				Cont	tact Person's Title:	VP Environmental Ser	rvices
Contact Person's Mailing A	ddress: P.	.O. Box 609520			City: Orlando	State: Florida	Zip C	ode: 32860-9520
Contact Person's Telephone		407) 598-4199			Cont	tact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ac	ddress: <u>C</u>	raiga@florida-water.com	<u>1</u>					
B. Water Treatment Pla	ant Information							
Plant Name:	Sunny Hills Welll # 4					Plant Telephone Number:	(850)	773-2802
Plant Address:	1533 Cash Circle				City: Sunny Hills	State: Florida	Zip C	ode: 32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C	Dperating Capacity of Pla	ant, gallons per day:		1,224,000				
Plant Category (per subsect						Class (per subsection 62-699	< //	С
Licensed Operators		Name		License Class	License Numbe	r Da	y(s) / Shift(s) Worl	ked
Lead/Chief Operator:	Harold Register			۸	1913	Days 1st Shift		
	Jean H. Pitzer			С	7605	Days 1st Shift		
			· · · · · · · · · · · · · · · · · · ·					
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04-05-04 3-18P.M.

Harold Register Printed or Typed Name A-1913

License Number

Signature and Date

DEP Form 62-555. 900(3)Alternate

PWS I	lentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 4	4		· · · · · · · · · · · · · · · · · · ·			
III. D	aily Data	for the M	lonth/Year	of:		March, 2004								
			g Virus Inactiv		val: 🔽 Free C	Chlorine	Chlorine Di	iovide		Com	bined Chlori	ne (Chlora	mines)	
•	traviolet R		-	er (Describe):		1	Chiorate Di	lonue	1 02010	1 Com	oned Chion	ne (Chiorai	nuies)	
F					ibution System:	Free Chk	μino Γ	Combi	and Chloring	(Chloramine	ac) [Chlorine I	Diorrido	
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						Disinfectant	Provided						f onert Paridual	
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	E. C. C. C. S. C. S. C. S. C. S. C. S.
Day of	- ビニア ション・レーン	Hours plant	and the second		Before or at First .	Point During	During Peak			Minimum CI		Required,	Remote Point in	
the Month	(Place "X")	in Operation	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L		pH of Water, if Applicable	Required, mg min/L		^r mW-	Distribution	Involves Taking Water System Components
1	x	24.0	gal. 133,000	Rate, gpd	Peak Flow, mg/L	minutes		water, C	In Applicable	ι πανί	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24.0	128,000		0.8								0.5	
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10	х	24.0	120,000		0.8								0.6	
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26	X	24.0	156,500		0.7				<u> </u>		 	ļ	0.5	
27 28		24.0	156,500					 	l				0.5	· · · · · · · · · · · · · · · · · · ·
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Avgerag			131,355	1										
Maximu			177,000	1										

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

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Number:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity	Transient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month:	443			Tot	al Population Served at End of Mo	nth: 1,107	
PWS Owner:	Florida Water Services	5			-			
Contact Person:	Craig Anderson				Cor	ntact Person's Title: VP	Environmental Services	
Contact Person's Mailing A	ddress: P.	.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9	9520
Contact Person's Telephone	Number: (4	407) 598-4199			Cor	ntact Person's Fax Number: (40	7) 598-4217	
Contact Person's E-Mail Ac	Idress: <u>C</u>	craiga@florida-water.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Sunny Hills Welll # 5					Plant Telephone Number:	(850) 773-2802	
Plant Address:	1240 Elkcam Blvd.				City: Sunny Hills	State: Florida	Zip Code: 32428	
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water				
Permitted Maximum Day C	Derating Capacity of Pl	lant, gallons per day:		1,224,000			······	
Plant Category (per subsect		.C.): V				Class (per subsection 62-699.310)		
Licensed Operators		Name		License Class	License Numb	er Day(s)	/ Shift(s) Worked	
Lead/Chief Operator:	Harold Register			A	1913	Days 1st Shift		
Other Operators:	Jean H. Pitzer			С	7605	Days 1st Shift		
1. 가슴 물건 것이		· · · · · · · · · · · · · · · · · · ·						
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Il 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.

04-05-04 3-20P.M.

Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555. 900(3)Alternate

PWS Ic	entificatio	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 5	5					
111. D	ailv Data	for the N	lonth/Year	of:		March, 2004								
_			g Virus Inactiv		val: 🔽 Free C		Chlorine Di		-					
1	traviolet R	+ .	C Othe			inorme (Chlorine Di	oxide	□ Ozone □	Comb	oned Chlori	ne (Chlorar	nines)	
F .						Free Chlo		Centi		(Chloramine				
Type of	t Disinfe	ctant Resid	lual Maintai		ibution System:							Chlorine I	Dioxide	
	7.00			C	CT Calculations, or					ctivation, if	Applicable			
					이 아이는 영화 같이 있다.		ulations	89,570,23		4	UV	Dose		
14 ¹⁶⁴ 1							Lowest CT			19 - 19 - 19 - 19				
						Disinfectant	Provided 4							
	Days Plant				Lowest Residual	Contact Time	Before or at			1 것 : 그 같은			Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum*	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	 The second s second second seco		Before or at First	Point During	During Peak			Minimum CT		Required,	[20] "An in the state of the life is shown in the state of the set?"	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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2	X X	24.0 24.0	2,000		0.8								0.5	
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.8	X	24.0	1,000		0.8								0.5	
9	Х	24.0	1,000		0.7								0.4	
10	X	24.0	1,000		0.7								0.4	
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18	X	24.0	2,000		0.8								0.5	
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24	X	24.0	1,000		0.7								0.4	
25	X	24.0	1,000		0.7								0.4	
26 27	X	24.0	1,000		0.7								0.4	
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Maximum

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

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See Pages 4 for Instructions. I. General Information for the Month/Year of:

April, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Numb	ber:	1670647	
PWS Type:	Community	Non-Transient Non-C	ommunity 🛄 1	Fransient Non-Com	munity	Consecutive			
Number of Service Connec	tions at End of Month	n: 443			Tot	al Population Served at End c	of Month:	1,107	· · · · · · · · · · · · · · · · · · ·
PWS Owner:	Florida Water Service	ces			· · ·				
Contact Person:	Craig Anderson				Cor	ntact Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199			Cor	ntact Person's Fax Number:	(407) 598-4217	7	
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.	com						
B. Water Treatment Plant	ant Information								
Plant Name:	Sunny Hills Welll #	1				Plant Telephone Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water					
Permitted Maximum Day C	Derating Capacity of	Plant, gallons per day:		1,224,000					
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.):	V		Plant	Class (per subsection 62-699	9.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Numb	er	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			А	1913	Days 1st Shift		-	
Other Operators:	Jean H. Pitzer			С	7605	Days 1st Shift			
이 제공에 가지 수 없는 것이 가지 않는 것 같은									
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

05-06-04 8.58

Harold Register Printed or Typed Name A-1913

Signature and Date

License Number

DEP Form 62-555 900(3)Alternate

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

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	······					PWS Identification Numb	eri	1670647	
PWS Type:	Community	Non-Transient Non-Comm	unity 🔄 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	ions at End of Month	h: 443				Total	Population Served at End of	Month:	1,107	
PWS Owner:	Florida Water Servio	ces								
Contact Person:	Craig Anderson					Conta	ct Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199				Conta	ct Person's Fax Number:	(407) 598-4217	7	
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.com								
3. Water Treatment Pla	ant Information									<u></u>
Plant Name:	Sunny Hills Welll #	14					Plant Telephone Number:		(850) 773-2	302
Plant Address:	1533 Cash Circle				City:	Sunny Hills	State: Florida		Zip Code:	32428
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:		1,224,000						<u></u>
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.): V					lass (per subsection 62-699			
Licensed Operators		Name		License Class	Lice	ense Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			Α		1913	Days 1st Shift			
Other Operators:	Jean H. Pitzer			С		7605	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.

05-06-04 8.59

Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555, 900(3)Alternate

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* 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: April, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS	Identification Number	er:	1670647	
PWS Type:	 Community 	Non-Transient Non-Comm	unity 🗌 1	Fransient Non-Com	munity	Conse	cutive			
Number of Service Connect	tions at End of Month	1: 443			Т	otal Popula	tion Served at End of	f Month:	1,107	
PWS Owner:	Florida Water Servic	xcs								
Contact Person:	Craig Anderson				C	Contact Pers	on's Title:	VP Environmen	tal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State	Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199			C	Contact Pers	on's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com								
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	5				Plant	Telephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: Sunny Hi	Ils State:	Florida		Zip Code:	32428
Type of Water Treatment by		Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day O	Dperating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect		A.C.): V					er subsection 62-699.		С	
Licensed Operators		Name	<u>은 제품의 소리의 분</u> 물	License Class	License Num	iber	Da	y(s)/Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			Α	1913	Days	1st Shift	<u></u>		
Other Operators:	Jean H. Pitzer			С	7605	Days	1st Shift			
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

05-04-04	9.00
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Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555 .900(3)Alternate

PWS I	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 5						
	aily Data	for the N	lonth/Year	of:		April, 2004								
			g Virus Inactiv		al: 🔽 Free C		<u> </u>		<u> </u>				· · ·	
	traviolet R	-		r (Describe):		morme (Chlorine Di	oxide	C Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
F														
Type of	of Disinfe	ctant Resid	lual Maintai		ibution System:					(Chloramine	•	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable [*]	•		
	1.00					CT Calc	ulations				UV	Dose		
				44, 17, 18, 18 19			Lowest CT					1.1.1.1		
:				a Pastana	and the second second	Disinfectant	Provided							
1.	Days Plant				Lowest Residual	Contact Time	Before or at					and the second	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	Emergency or Abnormal Operating
1	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak		and the second secon	Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	m =	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp or	pH of Water, if Applicable	Required, mg		mW- sec/cm ²	Distribution	Involves Taking Water System Components
Month 1	*X*) X	Operation 24.0	gal	Rate, gpd.	Peak Flow, mg/L 0.8	minutes	min/L	water, C	u Applicable	, muvi	mW-sec/cm ²	sec/cm	System, mg/L 0.4	* sector of operation.
2	X	24.0			0.8							<u> </u>	0.4	
3		24.0										h		
4	x	24.0			0.8	· · · · · · · · · · · · · · · · · · ·						t	0.5	
5	X	24.0			0.8			1					0.5	
6	X	24.0			0.8								0.5	
7	X	24.0			0.7								0.4	
8	X	24.0			0.7			ļ					0.4	
9	X	24.0			0.7	· · ·					 		0.4	
10	x	24.0 24.0	1,000		0.7					<u> </u>		h	0.4	
12	$\frac{\lambda}{X}$	24.0	<u> </u>	 	0.7		<u> </u>	<u> </u>					0.4	
13	X	24.0	1,000	<u> </u>	0.7		· · · ·						0.4	
14	X	24.0	1,000	1	0.7							[0.4	
15	Х	24.0	1,000		0.8								0.4	
16	X	24.0			0.8				ļ				0.5	
17		24.0							ļ					
18	X	24.0			0.8		ļ	<u> </u>	 _				0.5	
19 20	X	24.0			0.7	·····		<u> </u>				<u> </u>	0.4	
20	X X	24.0	1,000		0.8								0.4	······································
22	X -	24.0	1,000	ł	0.6			<u> </u>				<u> </u>	0.3	
23	X	24.0	1,000		0.6								0.3	
24	-	24.0						1	_			1		
25	X	24.0			0.7								0.4	
26	X	24.0	1,000		0.5							ļ	0.3	
27	X	24.0	2,000		0.6			 -			↓	 	0.3	
28	X	24.0	2,000	 	0.5						<u> </u>	<u> </u>	0.3	
29 30	X X	24.0		<u> </u>	0.4				<u> </u>		<u> </u>	<u> </u>	0.3	
30	- <u>x</u>	24.0	1,000					<u> </u>				t	0,5	······································
Total	L.		49,000	+	I	L	L	I	1	1	I	L	L	L
Avgera			1,633	1										
Maxim			13,000	1										

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

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

May, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			····		PWS	Identification Numb	ber:	1670647	
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity	Conse	ecutive			
Number of Service Connect	ions at End of Month:	443			1	Total Popula	tion Served at End o	of Month:	1,107	
PWS Owner:	Florida Water Services	3					····			
Contact Person:	Craig Anderson					Contact Pers	on's Title:	VP Environme	ntal Services	
Contact Person's Mailing Ad	ddress: P	.O. Box 609520			City: Orlando	State	Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number: (4	107) 598-4199			1	Contact Pers	on's Fax Number:	(407) 598-421	7	
Contact Person's E-Mail Ad	ldress: <u>C</u>	raiga@florida-water.com	······							
3. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll # 1					Plant	Telephone Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.		_		City: Sunny H	lills State	: Florida		Zip Code:	32428
Type of Water Treatment by	/ Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	perating Capacity of Pl	ant, gallons per day:		1,224,000						
Plant Category (per subsecti		.C.): V			Р	lant Class (p	er subsection 62-699			
Licensed Operators		Name		License Class	License Nur	nber	Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			Α	1913	Days	1st Shift			
Other Operators:	Jean H. Pitzer			С	7605	Days	1st Shift			
the second states provided										
					_		·			

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.

06-03-04 8	8.00
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Harold Register Printed or Typed Name A-1913

Signature and Date

License Number

DEP Form 62-555. 900(3)Alternate

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 1						
L			lonth/Year	of:		May, 2004								
			g Virus Inactiv		al: 🔽 Free C		Chlorine Die	oxide	☐ Ozone	Comb	ined Chlori	ne (Chloran	nines)	
	traviolet R			r (Describe):		•	Children D		• • • •				, 	
L					ibution System:	Free Chk	rine Γ	Combin	ed Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	
Type c					T Calculations, or							•		
					r curoundrons, or	CT Calc						Dose		
						Distance	Lowest CT Provided			是名 논문				
	Days Plant				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	こうしん ないしん しんしょう		Before or at First	Point During	During Peak	Tanno		Minimum CT		Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the	(Place "X")	in	Producted, gal.	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ^O C	if Applicable	Required, mg min/L	mW-sec/cm ²		Distribution System, mg/L	Out of Operation
Month	X)	Operation 24.0	gai	Rate, gpd.	Peak Flow, Illg/L	minutes		mana, c	n reppication		in w-scorem	- Scarcin _	System, mg/L	
2	x	24.0	·										0.5	
3	x	24.0											0.4	
4	X	24.0								 			0.5	
5	X	24.0								ļ			0.5	
6	X X	24.0					{	<u> </u>	<u> </u>	<u> </u> -			0.5	
8	<u>^</u>	24.0											1	
9	x	24.0		<u> </u>									0.6	
10	X	24.0											0.5	
11	X	24.0					ļ			<u> </u>			0.5	
12	X	24.0								<u> </u>		<u> </u>	0.4	
13 14	X X	24.0				<u> </u>							0.3	
15	<u> </u>	24.0		<u> </u>				<u> </u>						
16	X	24.0											0.6	
17	X	24.0								ļ			0.4	
18	X	24.0					ļ	ļ				<u> </u>	0.4	
19	X	24.0					<u> </u>				 		0.4	
20 21	X X	24.0 24.0	1,000			<u> </u>	<u> </u>	<u>↓</u>	<u> </u>	<u> </u>		<u> </u>	0.4	
22	<u> </u>	24.0	1,000			1								
23	X	24.0											0.5	
24	X	24.0					ļ	L	ļ		ļ	<u> </u>	0.4	
25	X	24.0		ļ		 						<u> </u>	0.7	
26	X X	24.0	ļ	ļ		<u> </u>	<u> </u>	}		<u> </u>	┟		0.7	
27	X	24.0		<u> </u>			<u> </u>		<u> </u>	I	<u> </u>	1	0.3	
29	<u> </u>	24.0		<u> </u>										
30	<u>x</u>	24.0								ļ		1	0.6	
31	x	24.0		L	L		L	l	L	L	<u> </u>	<u> </u>	0.6	I
Total		in distance Constance Constance	2,000	4										
Avgerag			1 000	1										

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

DEP Form 62-555.900(3)Alternate

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May, 2004



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A Public Water System (PWS) Information

A I ublic Water System	<u>(1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (</u>										
PWS Name:	Sunny Hills							PWS Identification Numb	er:	1670647	
PWS Type:	Community	Non	-Transient Non-Co	ommunity	Transient Non-Com	munity	\prime \Box	Consecutive			
Number of Service Connect	tions at End of Month	1:	443				Total I	Population Served at End o	f Month:	1,107	
PWS Owner:	Florida Water Servic	ces									
Contact Person:	Craig Anderson						Contac	ct Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 60	09520			City:	Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4	199				Contac	ct Person's Fax Number:	(407) 598-421	1	
Contact Person's E-Mail Ad	ldress:	craiga@	florida-water.c	om	······						
B. Water Treatment Pla	ant Information										
Plant Name:	Sunny Hills Welll #	4						Plant Telephone Number:		(850) 773-2	.802
Plant Address:	1533 Cash Circle					City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw	Ground Water	Purchase	d Finished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallor	is per day:		1,224,000						
Plant Category (per subsect	ion 62-699.310(4), F.	.A.C.):		v			Plant Cl	lass (per subsection 62-699			
Licensed Operators	아이 말에 나온 것이다.	4 1 To 1 1	Name		License Class	Lice	ense Number	Da	iy(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register				Α		1913	Days 1st Shift			
Other Operators:	Jean H. Pitzer				С		7605	Days 1st Shift			
				<u> </u>							
and the second				······································							

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. 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.

06-03-04 8.10

Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555 900(3)Alternate

PWS Io	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 4	· · · ·	_				
111. D	aily Data	for the N	lonth/Year	of:		May, 2004								
			g Virus Inactiv		al: 🔽 Free C	hlorine [Chlorine Di	oxide	C Ozone	Comt	ned Chlori	ne (Chlorar	nines)	
			Othe			•	eniorale Di	0.440		1 0000		ine (eniora		
1					ibution System:	Free Chlo	rine [Combir	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
1 ype (Disinic	ctant Resid			T Calculations, or									
					T Calculations, of	CT Calc				<u>, iivalioii, 11</u> 2	S UV	Jore 1		
								I		가장 가격 (1448) [11] 다리 (전화]				
							Lowest CT							
	n star Starner Star All		4	2 57		Disinfectant	Provided					-4		
24	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Staffed or Visited by	an a	Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,		
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water,	Required, mg		mW	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
<u></u>		24.0	103,000											
2	X	24.0	143,000		1.0		ļ	ļ	ļ	ļ	ļ	ļ	0.6	
3	X	24.0	137,000		1.0								0.6	
4	X X	24.0	141,000		1.0				<u> </u>				0.6	
6	<u>^</u> X	24.0	161,000		0.9								0.6	······································
7		24.0	176,000		0.9			<u> </u>				<u></u>	0.6	
		24.0	176,000											
9	Х	24.0	193,000		1.0								0.6	
10	X	24.0	204,000		1.0								0.5	
11	x	24.0	180,000		0.9								0.5	
12 13	X	24.0	153,000		0.9			ļ					0.5	
13	<u> </u>	24.0	186,000 178,000		0.7							- <u></u>	0.4	
15	<u> </u>	24.0	178,000	·····	0.0								0.7	
16	x	24.0	173,000		1.0								0.5	
17	X	24.0	153,000		1.0		·····						0.5	
18	X	24.0	155,000		1.0								0.6	
. 19 -	X	24.0	164,000		0.9								0.5	
20	X	24.0	229,000		0.7								0.4	
21	X	24.0 24.0	167,000 167,000		0.8							<u> </u>	0.4	
23	x	24.0	187,000		0.9								0.6	
24	X	24.0	191,000		0.9								0.6	
25 *	X	24.0	192,000		1.0					1			0.7	
26	X	24.0	222,000		1.0								0.7	
27	X	24.0	196,000		0.7								0.4	
28	X	24.0	209,000		0.6				· · · · ·	ļ			0.3	
29		24.0	209,000		1.0								0.5	
30 31=	X X	24.0	233,000		1.0 0.9							<u> </u>	0.5	
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Avgerag			177,581	1										
Maximu			233,000	1										

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

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	Community Non-Transient Non-Community	ransient Non-Comm	unity	Consecutive	
Number of Service Connect	tions at End of Month: 443		Total I	Population Served at End of Month:	1,107
PWS Owner:	Florida Water Services				
Contact Person:	Craig Anderson		Contac	et Person's Title: VP Environme	ntal Services
Contact Person's Mailing A	ddress: P.O. Box 609520		City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	Number: (407) 598-4199		Contac	et Person's Fax Number: (407) 598-4217	7
Contact Person's E-Mail Ac	idress: craiga@florida-water.com				
B. Water Treatment Plate	ant Information				
Plant Name:	Sunny Hills Welll # 5			Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.	C	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by	y Plant: 🗹 Raw Ground Water 🔄 Purchased Fin	ished Water			
Permitted Maximum Day C	perating Capacity of Plant, gallons per day:	1,224,000			
Plant Category (per subsect	ion 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)/Shift(s)	Worked
Lead/Chief Operator:	Harold Register	А	1913	Days 1st Shift	
Other Operators:	Jean H. Pitzer	С	7605	Days 1st Shift	
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

06-3-04 8.20

Harold Register

A-1913

License Number

Signature and Date

Printed or Typed Name

DEP Form 62-555. 900(3)Alternate

ILL Duik Dati Ger III's South's controls Mass of Achieva Fourial op Tuta Institution Structure Revision Wess 2004 Means of Achieva Fourial-og Yuta Institution Structure Revision IP Free Chorine Continued Chorine (Choramines) Control Choramines) Type of Disinfectara Residual Maintained in Distribution System: IP reaching Combined Chorine (Choramines) Control Choramines) Control Choramines Open Para Net Quantary Calculations or CHO Distribution System: IP reac Choramic Construct Four-Log Yutes Institution System UV Dose; Open Para Net Quantary Open Para Net Quantary Concontaine(C) Presc North Cog Yutes Institution C) Maintom C Opening Para North Cog Yutes Institution C) Single Para	PWS Ic	entification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 5	i					······································
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

June, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Number	er:	1670647	
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 1	Fransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	n: 443				Total	Population Served at End of	Month:	1,107	
PWS Owner:	Florida Water Servio	ces								
Contact Person:	Craig Anderson					Conta	ct Person's Title:	VP Environme	ntal Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Or	lando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	e Number:	(407) 598-4199				Conta	ct Person's Fax Number:	(407) 598-4217	7	
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com								
8. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	1					Plant Telephone Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Su	ınny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect		.A.C.): V					lass (per subsection 62-699.			
Licensed Operators		Name		License Class	License	Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Harold Register			А	1	913	Days 1st Shift			
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Il 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.

07-01-04 7.36

Harold Register

A-1913

Signature and Date

Printed or Typed Name

License Number

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

PWS Identification Number: 1670647 Plant Name: Sumny Hills Well # 1 III. Daily Data for the Month/Y ear of: June, 2004 Means of Achieving Four-Log Virus Inactivation/Removal. IF Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: IF Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Days Plant CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose Minimum Lowest Residual Days Plant Lowest Residual Disinfectant Contact Time (T) at C Concentration of Uning Peak Disinfectant Concentration of UV Dose Minimum UV Dose Minimum UV Dose Day of Operator Poduetod, Peak Flow, Month Peak Flow, To Operating Peak Flow, Required, Nate gpd Peak Flow, Peak Flow, mg/L Temp of min/L Pif of Water, Required, mg Minimum UV Dose, Month Concentration of Conditions Concentration of Conditions Concentration of Conditions Concentration of Conditions Temp of pif of Water, Required, mg Minimum mW-sec(m) Conditions Conditions Concentration of Conditions Distribution 1 X 24.0 - - - -	
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

. General Information for the Month/Year of:

June, 2004

A. Public Water System (PWS) Information

PWS Name: Sunny Hil	ls		PWS Identification Number:	1670647
PWS Type: 🗸 Com	munity Non-Transient Non-Community T	ansient Non-Community	Consecutive	
Number of Service Connections at End	l of Month: 443	Total	Population Served at End of Month:	1,107
PWS Owner: Florida W	ater Services			
Contact Person: Craig And	erson	Cont	act Person's Title: VP Environme	ntal Services
Contact Person's Mailing Address:	P.O. Box 609520	City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone Number:	(407) 598-4199	Cont	act Person's Fax Number: (407) 598-421	7
Contact Person's E-Mail Address:	craiga@florida-water.com			
B. Water Treatment Plant Info	mation			
Plant Name: Sunny Hil	ls Welll # 4		Plant Telephone Number:	(850) 773-2802
Plant Address: 1533 Casl	a Circle	City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	Raw Ground Water Purchased Fini	shed Water		
Permitted Maximum Day Operating C	apacity of Plant, gallons per day:	1,224,000		
Plant Category (per subsection 62-699			Class (per subsection 62-699.310(4), F.A.C.)	
Diverse operators	Name	License Class License Number	Day(s) / Shift(s)	Worked
Lead/Chief Operator: Harold Re	gister	A 1913	Days 1st Shift	
Other Operators: Jean H. Pi	tzer	C 7605	Days 1st Shift	
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

07-01-04 7.38

Harold Register Printed or Typed Name A-1913

Signature and Date

Printed of Typed

License Number

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ΜΟΝΤΗLY ΟΡΕΑΡΙΟΝ REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHESED FINISHED WATER

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II. Daily Data for the Month/Year of: June, 2004 Combined Chlorine C							Service Report								Page 7
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II. Daily Data for the Month/Y car of: June, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine [Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Free Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Distribution [Combined Chlorine Dioxide]		and the second							troughting [1 · · ·
II. Daily Data for the Month/Y car of: June, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine [Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Free Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Distribution [Combined Chlorine Dioxide]								1. (A. 1997)							<u>,</u>
II. Daily Data for the Month/Y car of: June, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine [Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Free Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Distribution [Combined Chlorine Dioxide]			əso(TVU				suonen	CI Calci	a and the	· · · · · · · · · · · · · · · · · · ·				
II. Daily Data for the Month/Y car of: June, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine [Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Free Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Distribution [Combined Chlorine Dioxide]										I Calculations, or	2				
II. Daily Data for the Month/Y car of: June, 2004 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine [Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Free Chlorine Dioxide] Optimized for the Month/Mentalized in Distribution System: Distribution [Combined Chlorine Dioxide]			•		•	· · · · · · · · · · · · · · · · · · ·						<u> </u>			
Means of Achieving Four-Log Virus Inscivation/Removal:		əbixoi	C hlorine D	<u>, (</u>	Chloramines	odinoldO be	Combine		UHD BOTA						_
II. Daily Data for the Month/Year of: June, 2004	· · · · · · · · · · · · · · · · · · ·										:(Describe):	🛴 Оғра	noitsibi	raviolet Ra	मत 🔟
II. Daily Data for the Month/Year of: June, 2004		(səni	ne (Chloram	ined Chlorir	idmoD 🗍	əuozO	əbixo	Chlorine Die	ு அப்பு	al: 🔽 Free C	svomsA/noits	vitosnī suriv	g Four-Log	rivəidəA To	o sneoM
	L										•3 •				
WS Identification Number: 1670647 Plant Name Sunny Hills Well # 4							t # 1112M	slliH ynnu2	Plant Name:	L			Number	contraction	<u>PI SMd</u>

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

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	·····				PWS Identification Number:	1670647
PWS Type:	✓ Community	Non-Transient Non-Commun	nity [] 1	Fransient Non-Com	nunity	Consecutive	
Number of Service Connect	tions at End of Month:	443			Tota	l Population Served at End of Month	h: 1,107
PWS Owner:	Florida Water Services						
Contact Person:	Craig Anderson				Con	tact Person's Title: VP E	nvironmental Services
Contact Person's Mailing A	ddress: P.	O. Box 609520		· · · · · · · · · · · · · · · · · · ·	City: Orlando	State: Florida	Zíp Code: 32860-9520
Contact Person's Telephone	Number: (4	07) 598-4199			Con	tact Person's Fax Number: (407)	598-4217
Contact Person's E-Mail Ad	Idress: <u>C</u>	raiga@florida-water.com					
3. Water Treatment Pla	ant Information						
Plant Name:	Sunny Hills Welll # 5					Plant Telephone Number:	(850) 773-2802
Plant Address:	1240 Elkcam Blvd.				City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water		-	
Permitted Maximum Day O	perating Capacity of Pla	ant, gallons per day:		1,224,000			· · · · · · · · · · · · · · · · · · ·
Plant Category (per subsect	ion 62-699.310(4), F.A.	C.): V				Class (per subsection 62-699.310(4)	
Licensed Operators		Name _		License Class	License Numbe	r Day(s)∦	Shift(s) Worked
Lead/Chief Operator:	Harold Register			Α	1913	Days 1st Shift	
Other Operators:	Jean H. Pitzer			С	7605	Days 1st Shift	
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이 물건값은 또 이번 물건물건물							
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

07-01-04 7.40

Harold Register Printed or Typed Name A-1913

Signature and Date

License Number

PWS I	entification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 5						
111. D	aily Data	for the N	lonth/Year	of:		June, 2004								
			g Virus Inactiv		al: 🔽 Free C		Chlorine Di	ovide	C Ozone	[Comt	ained Chlori	ne (Chlora	nines)	
	traviolet R	+	-	r (Describe):		1	CHIOTHIC DI	ONICE	02016	I Com	uned Chiori	ne (Chiorai	inites)	
L					ibution System:	FZ Free Chi		Combin	ed Chlorine	(Chloramine		Chlorine I	Diovido	
Type	Disinie		iual Maintan											
				<u> </u>	T Calculations, or			Four-Log	Virus Inac	tivation, if				
						CT Calc	ulations				<u>UV</u>	Dose		
1.1							Lowest CT							아이들은 그는 이는 한 동안 전쟁을 가지 않았다.
1 1 1	at the second					Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1.00				Minimum	Disinfectant	
	Visited by		of Finished	196	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant		Data	Before or at First	Point During	During Peak	Temp of	TT - CW	Minimum CT Required, mg		Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that
the Month	(Place "X")	in Operation	Producted, gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
-1	x	24.0	2,000	Maie, gpd.	0.8	minuus		Walci, C	n reprication		in H-sourchi	STOCKCER 15	0.6	out of operation
2	x	24.0	2,000		0.8								0.5	
3	Х	24.0	1,000		0.7								0.4	
4	Х	24.0	2,000		0.7								0.4	
: (5		24.0	2,000											
6	X	24.0	2,000		0.8							L	0.5	
7	X	24.0	1,000		0.7								0.4	
8	X	24.0	2,000		0.7					<u> </u>	<u> </u>	<u> </u>	0.4	
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11	X	24.0	2,000		0.7								0.4	
12		24.0	2,000											
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14	Х	24.0	1,000		0.6								0.3	
15	Х	24.0	2,000		0.6								0.3	
16	X	24.0	1,000		0.5			<u> </u>				<u> </u>	0.2	
17	X	24.0	1 500		0.4								0.2	
18 19	x	24.0	1,500		0.5								0.2	
20	x	24.0	2,000		0,5						<u> </u>		0.2	·····
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23	Х	24.0	1,000		0.6								0.4	
24	Х	24.0	2,000		0.7								0.4	
25	Х	24.0	3,000		0.9								0.5	
26		24.0	3,000											
27	x	24.0	2,000		1.5								1.0	
28	X	24.0	2,000		1.2							<u> </u>	1.0	
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Maxim			4,000											

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

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

July, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	·····				PWS Identification Number	r: 1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🔄 1	Fransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month	.: 443			To	tal Population Served at End of	Month: 1,107	
PWS Owner:	Aqua Utilities Florid	a						
Contact Person:	Michael Fitzgerald				Co	intact Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: Ocala	State: Florida	Zip Code:	34470
Contact Person's Telephone	Number	352/369-4881			Co	ntact Person's Fax Number:	352/732-6027	
Contact Person's E-Mail Ac	ldress:	mvfitzgerald@aquaameric	a.com					
8. Water Treatment Pla	ant Information							
Plant Name:	Sunny Hills Welll #	1				Plant Telephone Number:	(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunny Hill	s State: Florida	Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water				
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		1,224,000			• • • • • • • • • • • • • •	
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				nt Class (per subsection 62-699.3		- <u> </u>
Licensed Operators		Name		License Class	License Numb	ber Day	(s) / Shift(s) Worked	영상 등 문화 문화
Lead/Chief Operator:	Mark March			С	8287	Days 1st Shift		
Other Operators:	Jean H. Pitzer			С	7605	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 can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.36

Mark March

C-8287

Printed or Typed Name

License Number

PWS I	lentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 1	······	······				
	aily Data	for the N	lonth/Year	of:		July, 2004								
			g Virus Inacti		val: 🔽 Free C	Chlorine	Chlorine Di	ioxide	C Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):		•	0.1101.010			1 0000			,	
			dual Maintai	ned in Distr	ibution System:	Free Chlo	orine Г	Combin	ed Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	
1.jpc		T			T Calculations, or			Four-Log	Virus Inac	tivation, if	Applicable'	•		
	1. S. S. S.	1.14					ulations				UV			
1						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Lowest CT							
	1 - F					Disinfectant	Lowest CI Provided							
	Days Plant			2. 	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			가 있는 것이다. 같은 것이 다 있는 것이	Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	「「「」「「」」」」、「「」」、「「」」、「」、「」、「」、「」、「」、「」、「		Before or at First	Point During	During Peak	Temp of		Minimum CT Required, mg		Required, mW-	Remote Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place "X")	in Operation	Producted; gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	- Ben-	, Trano, Elva.	Tour Prov, ing D			1.	and the second second				0.4	
2	х	24.0											0.4	
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555 900(3)Alternate

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Iden	tification Numb	per:	1670647	
PWS Type:	Community	Non-Transient Non-Commu	unity 🔄 T	ransient Non-Com	munity	/	Consecuti	ve			
Number of Service Connec	tions at End of Month:	443				Tot	tal Population	Served at End of	of Month:	1,107	
PWS Owner:	Aqua Utilities Florida	a									·····
Contact Person:	Michael Fitzgerald					Cor	ntact Person's	Title:	Area Manager		- <u></u>
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City:	Ocala	State: F	florida	· · · · · · · · · · · · · · · · · · ·	Zip Code:	34470
Contact Person's Telephone		352/369-4881				Cor	ntact Person's	Fax Number:	352/732-6027		
Contact Person's E-Mail Ac	ddress	mvfitzgerald@aquaameric	a.com								
B. Water Treatment Plant	ant Information										
Plant Name:	Sunny Hills Welll # 4	4					Plant Tele	phone Number	<u> </u>	(850) 773-2	
Plant Address:	1533 Cash Circle				City:	Sunny Hills	s State: H	lorida		Zip Code:	32428
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C	Operating Capacity of I	Plant, gallons per day:		1,224,000							
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): V							9.310(4), F.A.C.)		
Licensed Operators		Name	신 이 이 문 소설 소설	License Class	Lice	ense Numb	ег	D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Mark March			С		8287	Days 1st	Shift			·
Other Operators:	Jean H. Pitzer			С		7605	Days 1st	Shift			- <u> </u>
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.38

Mark March Printed or Typed Name C-8287

License Number

ΑΤΤΑΝ ΟΡΕRATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Involves Taking Water System Components,	nonudrated	-Wm	UV Dose,	Required, mg	pH OI Waler	to dura 1	-8m ,woli	Peak Flow,	Customer During	Peak Flow	Producted,	u	(Place	эц
	Remote Point in	Required,	Sunnindo	10 muminiM		to amoT	During Peak	Point During	Before or at First		Water	train plant	Operator	Jo YEU
Emergency or Aunorman Operating	Concentration at	980C VU	ISOMOT			$\{ i_1, \dots, i_n \}$	Customer	Measurement	(D) notistinonoD		benzini To	1	Visited by	3
	Disinfectant	muminiM	Towest				First	⊃ te (T)	Disinfectant		Net Quantity		Staffed or	$\{a_{i},a_{i}\}$
	Lowest Residual		e e			e transferences	Before or at	Contact Time	Lowest Residual	en Kal	O'R		Days Plant	per el
- 방영하는 것은 가슴을 알려야 한다. 이 가슴을 가지 않는다. 이 가슴을 사람들은 것을 알려야 한다. 이 가슴을 가지 않는다. 이 가슴을 가지 않는							Provided	Disinfectant	A second s				and nord	
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	(səuii	e (Chloran	ined Chlorin	L Comb	əuozO	əbixo	Chlorine Die	hlorine [al: 🔽 Free C	ation/Remov	Virus Inactiv	gou-log	rivaidaA to	sus5M
								July, 2004			onth/Year o			
						Meli] # 4	slliH ynnu2	Plant Name:		190291		∷nunber:	lentification	PI SMd

* 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:

July, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Id	lentification Numb	er:	1670647	
PWS Type:	Community	Non-Transient Non-Comn	nunity 🗌 T	ransient Non-Com	munity		Consecu	utive			
Number of Service Connect	tions at End of Month:	443				Tot	al Populatio	on Served at End o	f Month:	1,107	
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Michael Fitzgerald					Cor	ntact Persor	n's Title:	Area Manager		
Contact Person's Mailing A	ddress: 1	1343 NE 17th Road			City:	Ocala	State	Florida		Zip Code:	34470
Contact Person's Telephone	Number: 3	352/369-4881				Cor	ntact Persor	n's Fax Number:	352/732-3213		
Contact Person's E-Mail Ad	Idress:	mvfitzgerald@aquaameri	ca.com								
B. Water Treatment Pla	ant Information										
Plant Name:	Sunny Hills Welll # 5	5					Plant T	elephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City:	Sunny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		1,224,000							
Plant Category (per subsect		L.C.): V				Plant	t Class (per	subsection 62-699			
Licensed Operators		Name		License Class	Licen	ise Numbe	er	Da	ıy(s) / Shift(s)	Worked	n Miller Kasalari
Lead/Chief Operator:	Mark March			С		8287	Days 1	st Shift			
Other Operators:	Jean H. Pitzer			С		7605	Days Is	st Shift			
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

07-01-04 7.40

Mark

Mark March Printed or Typed Name C-8287

Signature and Date

License Number

PWS Id	Ientification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 5	5		·····			
	aily Data	for the N	lonth/Year	of		July, 2004								
			g Virus Inactiv			hlorine [Chlorine Di	ioxide	Ozone	Comt	oined Chlori	ne (Chlorar	nines)	
L.	traviolet R			r (Describe):										
Type of	of Disinfee	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chk	orine [Combi	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
1.1.1.1.1				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if .	Applicable ⁴			
1.24						CT Calc	ulations				UV	Dose		
					· 当新的社会中的主义。 (144)		1.50	F					- 小家、大学	
					and a second		Lowest CT Provided							
	Days Plant				Lowest Residual	Disinfectant Contact Time	Before or at		가 관련 관계				Lowest Residual	
and the second	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			문화가 가장	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CI		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Elow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

August, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Num	ber:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🔄 T	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Month	1: 443			Total	Population Served at End	of Month:	1,107	
PWS Owner:	Aqua Utilities Florid	la							
Contact Person:	Michael Fitzgerald			-	Cont	act Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: Ocala	State: Florida		Zip Code:	34470
Contact Person's Telephone	Number:	352/369-4881			Cont	act Person's Fax Number:	352/732-6027		
Contact Person's E-Mail Ad	ldress:	mvfitzgerald@aquaameric	ca.com						
B. Water Treatment Pla	ant Information							_	
Plant Name:	Sunny Hills Welll #	1				Plant Telephone Number		(850) 773-2	2802
Plant Address:	3810 Gables Blvd.				City: Sunny Hills	State: Florida		Zip Code:	32428
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:		1,224,000					
Plant Category (per subsect						Class (per subsection 62-69			
Licensed Operators		Name		License Class	License Numbe	r D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Mark March			С	8287	Days 1st Shift			
Other Operators:	Jean H. Pitzer			C	7605	Days 1st Shift			<u></u>
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II Certification by Lead/Chief Operator

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Signature and Date

07-01-04 7.36

Mark March Printed or Typed Name C-8287

License Number

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		- SO	*pplicable*	A li ,nottevi	Virus Inact	go.l-no		UV Dose, to I	T Calculations, or	ົວ				
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* 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:

August, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Numb	er:	1670647	
PWS Type:	Community	Non-Transient Non-C	ommunity	Transient Non-Com	munity	/	Consecutive			
Number of Service Connect	tions at End of Montl	h: 443				Total	Population Served at End o	f Month:	1,107	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Michael Fitzgerald					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City:	Ocala	State: Florida		Zip Code:	34470
Contact Person's Telephone	e Number:	352/369-4881				Conta	ct Person's Fax Number.	352/732-6027		
Contact Person's E-Mail Ad	idress:	mvfitzgerald@aquaan	nerica.com							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	4					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water						
Permitted Maximum Day O	Dperating Capacity of	Plant, gallons per day:		1,224,000		· · ·				
Plant Category (per subsect	ion 62-699.310(4), F		V			Plant C	lass (per subsection 62-699			
Licensed Operators		Name		License Class	Lice	ense Number	, Da	ıy(s)/Shift(s)	Worked	
Lead/Chief Operator:	Mark March			С		8287	Days 1st Shift	·		
	Jean H. Pitzer			С		7605	Days 1st Shift			
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07-01-04 7.38

Mark March

C-8287

Signature and Date

Printed or Typed Name

License Number

Ultry Data Days August 2009 Current of Laboration Removes) First Chains C Chains Disside Continue Chains Chains Chains Type of Disinfectant Residual Maintained in Distribution System: First Chains C Chains Disside Chains Chains Chains Chains Days Print No Chains Chains C Chains Disside Chains Chains Chains Chains Chains <th>PWS lo</th> <th>lentificatio</th> <th>n Number:</th> <th></th> <th>1670647</th> <th>······································</th> <th>Plant Name:</th> <th>Sunny Hills</th> <th>Welll # 4</th> <th>4</th> <th></th> <th></th> <th></th> <th></th> <th></th>	PWS lo	lentificatio	n Number:		1670647	······································	Plant Name:	Sunny Hills	Welll # 4	4					
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions. I. General Information for the Month/Year of: August, 2004 A. Public Water System (PWS) Information Investigation

PWS Name: Su	unny Hills						PWS Identification N	umber:	1670647	
	Community	Non-Transient Non-Commu	unity 🔄 T	ransient Non-Com	munity		Consecutive			
Number of Service Connection	ns at End of Month:	: 443	_			Total	Population Served at E	nd of Month:	1,107	· · · · · · · · · · · · · · · · · · ·
PWS Owner: Ac	qua Utilitics Florida	a								
	fichael Fitzgerald					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing Addr	Iress:	1343 NE 17th Road			City: (Ocala	State: Florida		Zip Code:	34470
Contact Person's Telephone Nu		352/369-4881				Conta	ct Person's Fax Numbe	r: 352/732-3213		·····
Contact Person's E-Mail Addre		mvfitzgerald@aquaamerica	a.com							*
3. Water Treatment Plant	t Information									
Plant Name: Su	unny Hills Welll # :	5					Plant Telephone Num	ber:	(850) 773-2	802
Plant Address: 12	240 Elkcam Blvd.				City: 9	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by Pl	Plant:	✓ Raw Ground Water	Purchased Fin	ished Water	•					
Permitted Maximum Day Oper	rating Capacity of F	Plant, gallons per day:		1,224,000				······································		
Plant Category (per subsection	n 62-699.310(4), F.A	A.C.): V				Plant Cl	lass (per subsection 62	-699.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	Licen	se Number		Day(s) / Shift(s)	Worked	
Lead/Chief Operator: M	fark March			С		8287	Days 1st Shift			
	an H. Pitzer			С		7605	Days 1st Shift			
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.40

Printed or Typed Name

Mark March

C-8287

License Number

ΑΞΤΑΨ GEHSINIA GERATION REPORT FOR PW"Ss TREATING WAY GROUND WATER OR PURCHASED FINISHED WATER

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Option of Operation	J/gm.,maizy2	z ^{uio/oos}	² mɔ/ɔəs-Wm	- I/uiui	əldaəilqqA li	D ⁰ retre	Juim	minutes	Peak Flow, mg/L	Rate, gpd.			("X"	luoi∿
Involves Taking Water System Components		-₩ш		Required, mg		Temp of	-gan, wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ui umd smou	Solate (Place	əqt əqt
Conditions; Repart of Maintenance Work that		Required,		TO muminiM			During Peak	· 2014년 1월 2	Before or at First			truelq ensoH		To yad
Entergency or Abnormal Operating	Concentration at	asoci VU	Lowest				and the second second second	Measurement	(2) notentration (2)		Net Quantity		Visited by	
	Disinfectant	anumini M					First	(T) at C	Disinfectant				Staffed or	
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
		$N_{12} = -K$					Provided	Disinfectant						
	清 消 注 于	20					Lowest CT							x
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· · · · · · · · · · · · · · · · · · ·									T Calculations, or	<u> </u>				
aniireadO lamondA to vorstrami				•	······································							L		
	əbixoi (Chlorine D	(9	(Chloramines) aninold D ba	Combine	-T _{enin}	🔼 Free Chlor	bution System:	inziU ni bər	iistnisM leu	tant Resid	ootnisi U fe	o savî
		*								(Descripe):	Ц Оџуч	noitsibu	raviolet Ra	பி பி
	(səuu	ie (Chloran	ined Chlorir	L Compi	anosO	əpixo	Chlorine Dio	иютие 📘	Jæn' Vie€C	Nome Remove	VITAS Indext	god-rog	пуэндэд ю	suesi/
	(sənir	ne (Chloran	ined Chlorin		Prosone	əbixo	Chlorine Dio	hlorine			vitus Inactiv			
	(sənir	ы (Сиютап	ined Chlorir		anosO 🗍	əpixo	Chlorine Dio	August, 2004			onth/Year o			

* 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

PWS Name:	Sunny Hills					PWS	Identification Numb	er:	1670647	
PWS Type:	Community	Non-Transient Non-Cor	nmunity 🛛 🗍 1	Fransient Non-Com	munity	Cons	ecutive			
Number of Service Connect	tions at End of Month:	: 443			1	Fotal Popula	ation Served at End o	f Month:	1,107	
PWS Owner:	Aqua Utilities Florida	a								
Contact Person:	Michael Fitzgerald					Contact Per	son's Title:	Area Manager		
Contact Person's Mailing A	ddress	1343 NE 17th Road			City: Ocala	State	: Florida		Zip Code:	34470
Contact Person's Telephone	Number:	352/369-4881			(Contact Per	son's Fax Number:	352/732-6027		
Contact Person's E-Mail Ad	idress:	mvfitzgerald@aquaame	erica.com							· · · · · · · · · · · · · · · · · · ·
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	1				Plan	Telephone Number.		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunny H	ills State	: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	nished Water						
Permitted Maximum Day O	perating Canacity of F	Plant gallons per day:		1,224,000						
r ennineed Maximum Day o	perating cupacity of t	tant, ganons per day.		1,224,000						
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.):	V	1,224,000			per subsection 62-699			
Plant Category (per subsect	ion 62-699.310(4), F./	A.C.):	V	License Class			er subsection 62-699			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F./	A.C.):				iber 👘				
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./	A.C.):			License Nun	iber A	→*i <u>s</u> ter → Da			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F. / Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist Shift			
Plant Category (per subsect Licensed Operators Lead/Chief Operator: Other Operators:	ion 62-699.310(4), F./ Mark March Jean H. Pitzer	A.C.):			License Nun 8287	iber A	Da Ist 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 can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.36

Mark March Printed or Typed Name C-8287

License Number

PWS Id	entification	1 Number:		1670647		Plant Name:	Sunny Hills	Welll # I		*feten				
<u> </u>			onth/Year	of		September, 200								
			g Virus Inactiv			niorine	Chlorine Di	oxide	Ozone	Comb	oined Chlori	ne (Chloran	nines)	
	raviolet R			r (Describe):										
Type o	f Disinfeo	ctant Resid	lual Maintair		ibution System:					(Chloramine		Chlorine I	Dioxide	
					T Calculations, or			Four-Log	Virus Inac	tivation, if	Applicable*			같은 가지, 그는 것이 가지, 가지, 그는 것이 가지, 말했는 한국가들은 가 가지 같은 것이 같은 것이 같은 것이 같은 것이 같은 것이 같은 것이 없다. 것이 같은 것이 같은 것이 같은 것이 같은 것이 같이 같이 같이 없다. 것이 같은 것이 같은 것이 없다. 것이 같은 것이 없다.
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					an a		a section of							
							Lowest CT		an a					1월 2013년 - 1997년 1월 2013년 1월 2 8일 1월 2 일 1월 2013년 1월 2013년 1월 2013년 1월 2
						Disinfectant	Provided						Lowest Residual	이 사고 있는 것이 있는 것이 있는 것이 있는 것을 많이 있다. 것은 것이 있는 것이 있다. 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 것이 있는 것이 있는 것이 있는 것이 있 같은 것이 약동 방법이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 것이 있는 것이 있는 것이 없는 것이 있는
1 32	Days Plant	- 19	Mat Origination		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First	1.51	· ·			Minimum		
1	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant		e de la stra	Before or at First	Point During	During Peak		·	Minimum CT	コルビー ぶさだかかわ	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	- Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
N. 1985	X	24.0					1						0.4	
2	X	24.0											0.4	
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5		24.0								_	·-			
6	X	24.0											0.3	
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8	X	24.0	3,000								<u> </u>		0.3	
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13	x	24.0				<u> </u>	1	1					0.3	
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Avgera			97											
Maxim			3,000	j										

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

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

September, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			94 		PWS Identification Numb	ber:	1670647	
PWS Type:	Community	Non-Transient Non-Com	nmunity 🗌 T	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Month:	443			Tota	I Population Served at End o	of Month:	1,107	
PWS Owner:	Aqua Utilities Florida	1							
Contact Person:	Michael Fitzgerald				Con	tact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: I	1343 NE 17th Road			City: Ocala	State: Florida		Zip Code:	34470
Contact Person's Telephone		352/369-4881			Cont	tact Person's Fax Number:	352/732-6027		
Contact Person's E-Mail Ac	idress: <u>r</u>	mvfitzgerald@aquaame	rica.com						
B. Water Treatment Pla	ant Information								
Plant Name:	Sunny Hills Welll # 4	1				Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day C	perating Capacity of P	Plant, gallons per day:		1,224,000		· · · · · · · · · · · · · · · · · · ·			. <u></u>
Plant Category (per subsect		A.C.):	V			Class (per subsection 62-699			
Licensed Operators		Name	化过去式 机械的	License Class	License Numbe	r Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Mark March			С	8287	Days 1st Shift			
	Jean H. Pitzer			С	7605	Days 1st Shift			
- 요구 방법 문화 문화									
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			· · · · · · · · · · · · · · · · · · ·						
	1								

H Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.38

Mark March Printed or Typed Name C-8287

License Number

PWS I	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 4	l					
III. D	aily Data	for the N	lonth/Year	of:		September, 200)4							
			g Virus Inactiv				Chlorine Di	ovide	C Ozone	Comt	inad Chlari	na (Chloren	ninec)	
1	traviolet R			r (Describe):				UNICE	1 02010	1 Com	Sheu Chiori	ne (Chiorai	nules)	
F					ibution System:	Free Chlo	rina Г	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Type	of Disinie										•			
				C	T Calculations, or			Four-Log	<u>y irus inac</u>	aivation, 117				
							ulations	1		1	UΥ	Dose		
		n Neuro Angel Angel Angel Angel					Lowest CT							
						Disinfectant	Provided							
i nineni	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Staffed or Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System_mg/L	Out of Operation
1	X	24.0	131,000		0.8								0.5	
2	x	24.0	128,000		0.8								0.4	
3	X	24.0	150,000		0.7			ļ	<u> </u>				0.3	
4	<u>x</u>	24.0	141,500		0.8							ļ	0.4	
6	x	24.0	141,500 137,000		0.8								0.4	
7	X	24.0	137,000		0.7								0.4	
8	X	24.0	168,000		0.8								0.3	
9	x	24.0	121,000		0.7								0.3	
10	Х	24.0	129,000		0.7								0.4	
11	х	24.0	109,000		0.7								0.4	
12		24.0	109,000											
13	X	24.0	119,000		0.8								0.5	
14	X X	24.0	125,000		0.7				<u> </u>				0.5	
16	X	24.0	134,000		0.6								0.4	
17	x	24.0	246,000		0.5								0.4	
18	Х	24.0	122,500		0.5								0.4	
19		24.0	122,500											
20	X	24.0	141,000		0.6								0.4	
21	X	24.0	149,000		0.6	·····							0.4	
22	X	24.0	183,000		0.6					· · · ·			0.4	
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	с m		246,000											

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

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See Pages 4 for Instructions.

I. General Information for the Month/Year of:

September, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			······································			PWS Identification Number	er:	1670647	
PWS Type:	Community	Non-Transient Non-Com	nunity 🔄 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	1: 443				Total	Population Served at End of	Month:	1,107	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Michael Fitzgerald					Conta	act Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: (Ocala	State: Florida		Zip Code:	34470
Contact Person's Telephone	e Number:	352/369-4881				Conta	ect Person's Fax Number:	352/732-3213		
Contact Person's E-Mail Ac	ddress:	mvfitzgerald@aquaameri	ca.com							
3. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	5	· · · · · · · · · · · ·				Plant Telephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: S	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): V					Class (per subsection 62-699.			
Licensed Operators		Name		License Class	Licens	se Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Mark March			С		8287	Days 1st Shift			
Other Operators:	Jean H. Pitzer			С		7605	Days 1st Shift			
ri Romania (Constantino)										
										· · · · · · · · · · · · · · · · · · ·

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.

07-01-04 7.40

Mark March Printed or Typed Name C-8287

Signature and Date

License Number

ABTAW DEHRINIA DERAHORUA RO RETAW DNUORE WAR ENTREED AR PORTANON REPORT OF THE ROLE AND A DATER OF PORTANE AND A DATER OF A DATE OF A DA

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				Chloramines A Ti ,nottevi			A emostate F	V Dose, to I CT Calcu	bution System: T Calculations, or	insid ni bə O	nisınisM leu	iant Resid	oofnizid]0 ə
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* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

General Information for the Month/Year of:

October, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					F	WS Identification Numb	ber:	1670647	
PWS Type:	Community	Non-Transient Non-C	ommunity	Transient Non-Com	munity	0	onsecutive			
Number of Service Connect	tions at End of Month	n: 443				Total Po	pulation Served at End of	of Month:	1,107	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Michael Fitzgerald					Contact	Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: Ocala	5	State: Florida		Zip Code:	34470
Contact Person's Telephone	e Number:	352/369-4881				Contact	Person's Fax Number:	352/732-6027		
Contact Person's E-Mail Ac	ddress	mvfitzgerald@aquaan	nerica.com							
B. Water Treatment Plate	ant Information									
Plant Name:	Sunny Hills Welll #	1				F	Plant Telephone Number:	:	(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunny	Hills S	State: Florida	· · · · · ·	Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased F	inished Water						
Permitted Maximum Day C				1,224,000						
Plant Category (per subsect		.A.C.):	V				ss (per subsection 62-699			
Licensed Operators		Name		License Class	License Nu	mber	<u>- X</u> D	ay(s) / Shift(s)	Worked	an in Anne
Lead/Chief Operator:	Mark March			С	8287	I	Days 1st Shift			
Other Operators:	Jean H. Pitzer	· · · · · · · · · · · · · · · · · · ·		С	7605	1	Days 1st Shift			
建己烯的合金。		· · · · · · · · · · · · · · · · · · ·								

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.

07-01-04 7.36

Mark March Printed or Typed Name C-8287

Signature and Date

License Number

PWS I	lentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Welll #						
111. D	aily Data	for the N	lonth/Year	of:		October, 2004								
			g Virus Inacti		val: 🔽 Free (í	Chloring Di	avida		Com	in t Chini		······································	
1	traviolet R			er (Describe):		1	Chiorate Di	UNICE	1 020110	I Com	Sinca Chion	ne (Cniorai	nunes)	
-					ibution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	es)	Chlorine I		
Type					CT Calculations, or									
-				<u> </u>	T Calculations, of	CT Calc		Four-Log	<u>y irus inac</u>	uvation, II.		Dose		
								1 2			<u> </u>	Dose		
	Days Plant				Lowest Residual	Disinfectant Contact Time	Lowest CT Provided Before or at						Lowest Residual	
Day of the	Staffed or Visited by Operator (Place	Hours plant	i an a the state state.	DIF	Disinfectant Concentration (C) Before or at First	(T) at C Measurement Point During	First Customer During Peak			Minimum CT		Minimum UV Dose Required, mW-	Disinfectant Concentration at Remote Point in	Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that
Month	(Place "X")	in Operation	Producted, gal.	Peak Flow Rate, gpd	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ⁰	if Applicable	, Required, mg min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555 900(3)Alternate

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Number		1670647	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month	h: 443				Total F	Population Served at End of I	Month:	1,107	
PWS Owner:	Aqua Utilities Florid	da								
Contact Person:	Michael Fitzgerald					Contac	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: Ocala	t	State: Florida		Zip Code:	34470
Contact Person's Telephone	e Number:	352/369-4881				Contac	ct Person's Fax Number:	352/732-6027		
Contact Person's E-Mail Ac	ddress:	mvfitzgerald@aquaamer	rica.com							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Welll #	4					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny	y Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water						
Permitted Maximum Day C	Dperating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.): V	/				lass (per subsection 62-699.3		С	
Licensed Operators		Name		License Class	License N	lumber	Day	(s) / Shift(s)	Worked	
Lead/Chief Operator:	Mark March			С	8287	7	Days 1st Shift			
Other Operators:	Jean H. Pitzer			С	7605	5	Days 1st Shift			
이 그 그에 이 아파 아이는 것이 생활했다.										

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.

07-01-04	7.38
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Mark March Printed or Typed Name

Signature and Date

<u>C-8287</u>

License Number

ΑΤΑΨ ΟΞΗΖΙΝΙΑ ΟΡΕΛΑΗΟΝΟΑ ΚΑΥΝΑΥΝΑ ΑΝΟΥΝΑΥΝΑ ΑΝΟΥΝΑΥΝΑ ΑΝΟΥΝΑ ΑΝΟΥΝΑΥΝΑ ΑΝΟΥΝΑΥΝΑΥΝΑ ΑΝΟΥΝΑΥΝΑ ΑΝΟΥΝΑΥΝΑ ΑΝΟΥΝΑ

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Involves Taking Water System Components	" nonudiusid	-Мш		Required, mg	pH of Water,	-0 In dura n	-3m , wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ш	(uXu)	thnoM
Conditions; Repair or Maintenance Work that	Remote Point in	Required,		T) muminiM	***	To nmaT	During Peak	Point During	Before or at Fust	Pool Elong	and the second		(Place	ədu
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* 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:

October, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills		····				PWS Identification Number	r: 16	70647	
PWS Type:	Community	Non-Transient Non-Comn	nunity 🔄 Ti	ansient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Montl	th: 443				Total	Population Served at End of	Month: 1,	107	
PWS Owner:	Aqua Utilities Florid	ida								
Contact Person:	Michael Fitzgerald					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: O	cala	State: Florida	Zi	p Code:	34470
Contact Person's Telephone	e Number:	352/369-4881				Conta	ct Person's Fax Number:	352/732-3213		
Contact Person's E-Mail Ad	ddress:	mvfitzgerald@aquaameri	ca.com							
B. Water Treatment Pla	ant Information	1								
Plant Name:	Sunny Hills Welll #	# 5					Plant Telephone Number:	(8	50) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: Su	inny Hills	State: Florida	Zi	p Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	Operating Capacity of	f Plant, gallons per day:		1,224,000						
Plant Category (per subsect		F.A.C.): V	······				lass (per subsection 62-699.)		С	
Licensed Operators		Name		License Class	License	e Number	Day	<u>/(s) / Shift(s) W</u>	orked	
Lead/Chief Operator:	Mark March			С	8	287	Days 1st Shift			
Other Operators:	Jean H. Pitzer			C .	7	605	Days 1st Shift			
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II Certification by Lead/Chief Operator

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07-01-04 7.40

Mark March Printed or Typed Name C-8287

Signature and Date

License Number

ΑΞΤΑΨ ΟΞΗΖΙΝΙΑ ΟΡΕΛΑΤΙΟΝ ΚΕΡΟΚΤ FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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* Refet 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:

November, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			PWS Identification Number:	1670647
PWS Type:	Community Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Month: 443		Total	Population Served at End of Month:	1,107
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Cont	act Person's Title: Area Manager	
Contact Person's Mailing A	ddress: 1343 NE 17th Road		City: Ocala	State: Florida	Zip Code: 34470
Contact Person's Telephone	e Number: (352) 732-6027		Cont	act Person's Fax Number: (352) 732-602	7
Contact Person's E-Mail Ac	Idress: beheath@aquaamerica.com				
B. Water Treatment Pla	ant Information				
Plant Name:	Sunny Hills Welll # 1			Plant Telephone Number:	(850) 773-2802
Plant Address:	3810 Gables Blvd.		City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by	y Plant: Raw Ground Water Purchased	Finished Water			
Permitted Maximum Day O	Operating Capacity of Plant, gallons per day:	1,224,000			
	ion 62-699.310(4), F.A.C.): V			Class (per subsection 62-699.310(4), F.A.C.)	
Licensed Operators	Name	License Class	License Number	• 🗧 🖉 Day(s) / Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	Days 1st Shift	
Other Operators:	Jean H. Pitzer	C	7605	Days 1st Shift	

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.36

Mark March

<u>C-8287</u>

Signature and Da

Printed or Typed Name

License Number

ΑΞΤΑΨ GEHSINIA GERATION REPORT FOR PW"S& TREATING RAW GROUND WATER OR PURCHESED FINISHED WATER

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* 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: November, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Numb	er: 16'	70647	
PWS Type:	Community	Non-Transient Non-Com	nmunity 🛄 T	Fransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Mont	h: 443			To	tal Population Served at End or	f Month: 1,1	07	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Brian Heath				Co	ntact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: Ocala	State: Florida	Zig	o Code:	34470
Contact Person's Telephone	e Number:	(352) 732-6027			Co	ntact Person's Fax Number:	(352) 732-6027		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.	com						
B. Water Treatment Pla	ant Information								
Plant Name:	Sunny Hills Welll #	4 4				Plant Telephone Number:	(85	50) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny Hill	s State: Florida	Zip	o Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	hished Water					
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		1,224,000					
Plant Category (per subsect	tion 62-699.310(4), F	F.A.C.):	V		Plan	t Class (per subsection 62-699	.310(4), F.A.C.):	C	
Licensed Operators		Name		License Class	License Numb	er	y(s) / Shift(s) W	orked	
Lead/Chief Operator:	Mark March		_	С	8287	Days 1st Shift			
Other Operators:	Jean H. Pitzer			С	7605	Days 1st Shift			
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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07-01-04 7.38

Mark March Printed or Typed Name <u>C-8287</u>

Signature and Date

License Number

ΑΞΤΑΨ GENERATION REPORT FOR PW"ss TREATING RAW GROUND WEATAO PURCHASED FINISHED WATER

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

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills			· · · · · · · · · · · · · · · · · · ·				PWS Identific:	ation Numb	ber:	1670647	
PWS Type:	Community	Non-Ti	ransient Non-Com	nmunity 🔄 🗌	Fransient Non-Com	munity	, []	Consecutive				
Number of Service Connect	ctions at End of Mont	h:	443				Total	Population Serv	ed at End o	of Month:	1,107	
PWS Owner:	Aqua Utilities Flori	da										
Contact Person:	Brian Heath						Conta	ct Person's Title	:	Area Manage	r	
Contact Person's Mailing A	Address:	1343 NE 17th	Road			City:	Ocala	State: Florid	la		Zip Code:	34470
Contact Person's Telephone	e Number:	(352) 732-602					Conta	ct Person's Fax	Number:	(352) 732-60	27	
Contact Person's E-Mail Ac	ddress:	beheath@	aquaamerica.	com								
3. Water Treatment Pla	ant Information		_									
Plant Name:	Sunny Hills Welll #	# 5						Plant Telephor	ne Number	:	(850) 773-2	.802
Plant Address:	1240 Elkcam Blvd.			-		City:	Sunny Hills	State: Florid	la		Zip Code:	32428
Type of Water Treatment by	y Plant:	🗹 Raw Gr	ound Water	Purchased Fir	nished Water							
Permitted Maximum Day C			per day:		1,224,000							
Plant Category (per subsect		² .A.C.):		V						9.310(4), F.A.C.		
Licensed Operators			Name		License Class	Lice	ense Number		D	ay(s) / Shift(s	s) Worked	
Lead/Chief Operator	Mark March				С		8287	Days 1st Shift				
	Jean H. Pitzer				С		7605	Days 1st Shift				
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

07-01-04 7.40

Mark March Printed or Typed Name

C-8287 License Number

Page 1

PWS Id	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Welll # 5	;				·	
III. D	aily Data	for the N	lonth/Year	of:		November, 200	4							
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	Staffed or		Net Quantity	1	Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	1		Before or at First	Point During	During Peak		1 2000	Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	Required, mg		mW-	Distribution	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L 0.3	Out of Operation
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* Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

See Pages 4 for Instructions. I. General Information for the Month/Year of:

December, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS	Identification Numb	er:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Com	nunity 🗌 T	ransient Non-Com	nunity	Conse	ecutive			
Number of Service Connect	ions at End of Month:	483				Total Popula	ation Served at End o	f Month:	1,642	
PWS Owner:	Aqua Utilities Florida	a								
Contact Person:	Brian Heath					Contact Pers	on's Title:	Area Manager		
Contact Person's Mailing A	ddress:	1343 NE 17th Road			City: Ocala	State	: Florida		Zip Code:	34470
Contact Person's Telephone	and the second sec	(352) 732-6027				Contact Pers	son's Fax Number:	(352) 732-6027	1	
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.c	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 1					Plant	Telephone Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunny H	lills State	: Florida		Zip Code:	32428
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	perating Capacity of F	Plant, gallons per day:		1,224,000						
Plant Category (per subsection		A.C.): V					er subsection 62-699		the second s	
Licensed Operators		Name		License Class	License Nur	nber	Da Barren Ba	ıy(s)/Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days	1st Shift			<u>.</u>
Other Operators:										
										
		·····								
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605 License Number

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

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Polymer Page 3 Due in December

1. General Information for the Month/Year of:

See Pages 4 for Instructions.

Of December 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification	1 Number:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month:	483				Total	Population Served a	t End of Mont	h: 1,642	
PWS Owner:	Aqua Utilities Florida	L								
Contact Person:	Brian Heath					Cont	act Person's Title:	Area	Manager	
Contact Person's Mailing A	ddress: 1	343 NE 17th Road			City:	Ocala	State: Florida		Zip Code:	34470
Contact Person's Telephone	Number: (352) 732-6027				Cont	act Person's Fax Nun	nber: (352)) 732-6027	
Contact Person's E-Mail Ad	ldress:	peheath@aquaamerica.co	<u>m</u>		-					
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 4						Plant Telephone N	umber:	(850) 773-	2802
Plant Address:	1533 Cash Circle		Ĵ	2	City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		1,224,000						
Plant Category (per subsection		A.C.): V					Class (per subsection			
Licensed Operators		Name		License Class	Licen	ise Number		Day(s) /	Shift(s) Worked	
Lead/Chief Operator:	Jean H. Pitzer	· · · · · · · · · · · · · · · · · · ·		С		7605	Days 1st Shift			
Other Operators:										
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· 2년 8일에 같은 동안은 바라 같은 것										

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

ΑΤΑΚ ΟΡΕΚΑΤΙΟΝ ΚΕΡΟΚΤ ΕΟΚ ΡΜ.28 ΤΚΕΑΤΙΝΟ ΚΑΝ GROUND WATER OR PURCHASED FINISHED WATER

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

onth/Year of: December, 2004

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Idea	ntification Num	ber:	1670647	
PWS Type:	Community	Non-Transient No	on-Community	Transient Non-Corr	munity		Consecuti	ive			
Number of Service Connec	ctions at End of Month	h: 4	83			Total	Population	Served at End	of Month:	1,642	
PWS Owner:	Aqua Utilities Florid	la									
Contact Person:	Brian Heath					Conta	act Person's	Title:	Area Manager		
Contact Person's Mailing A		1343 NE 17th Road			City:	Ocala	State: 1	Florida		Zip Code:	34470
Contact Person's Telephone		(352) 732-6027				Conta	act Person's	Fax Number:	(352) 732-602	7	
Contact Person's E-Mail Ac		beheath@aquaam	erica.com								
3. Water Treatment Pla											
Plant Name:	Sunny Hills Well #	5					Plant Tele	ephone Number		(850) 773-2	2802
Plant Address:	1240 Elkcam Blvd.				City:	Sunny Hills	State: I	Florida		Zip Code:	32428
Type of Water Treatment by		Raw Ground Wate	er Purchased	Finished Water							
Permitted Maximum Day C				1,224,000							
Plant Category (per subsect		the second se	<u>v</u>			Plant C	Class (per su		9.310(4), F.A.C.)		
Licensed Operators		Name		License Class	Lice	nse Number		D	ay(s) / Shift(s) Worked	教育 的 医心静间离子的
Lead/Chief Operator:	Jean H. Pitzer			С		7605	Days 1st	Shift			
Other Operators:											
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IL Certification by Lead/Chief Operator

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Signature and Date

Jean Pitzer

C7605

DEP Form 62-555 .900(3)Alternate

Printed or Typed Name

License Number

PWS I	dentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5						
	Daily Data	for the N	lonth/Year	of:		December, 200	4							
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				왜, 그런지 가운			Lowest CT							
1.1						Disinfectant	Provided	1745						New Street
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1. 6. 1.				Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	 Contraction of the second secon		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution -	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out-of-Operation
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Avgerag			567											
Maximu	n Ne		1,000											

* 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:

January, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Num	ber:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Com	nunity 🗌 T	ransient Non-Com	munity	Consecutive			
Number of Service Connec	tions at End of Month	h: 483			Tota	I Population Served at End	of Month:	1,642	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Brian Heath				Con	tact 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	e Number:	(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail A	ddress:	beheath@aquaamerica.c	om						
. Water Treatment Pl	ant Information								
Plant Name:	Sunny Hills Well #	1	· · · · · · · · · · · · · · · · · · ·			Plant Telephone Number	r:	(850) 773-2	2802
Plant Address:	3810 Gables Blvd.			<u></u>	City: Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day (Derating Capacity of	Plant, gallons per day:		1,224,000					
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): V			Plant	Class (per subsection 62-69	9.310(4), F.A.C.):	С	
Licensed Operators		Name	> 12 日本編編	License Class	License Numbe	r D	ay(s) / Shift(s)	Worked	and the second sec
Lead/Chief Operator:				C ì	7605	Days 1st Shift			
Other Operators:									
				;					
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 1						
111. D	aily Data	for the N	lonth/Year	of:		January, 2005		••••						
			g Virus Inactiv		/al: 🔽 Free C	Chlorine	Chlorine Di	oxide	☐ Ozone	Comt		ne (Chlorar	nines)	
	raviolet R			r (Describe):		•			•	1 0000			,	
L					ibution System:	Free Chk	orine Г	Combir	ned Chlorine	(Chloramine	es) Г	Chlorine I	Dioxide	
- 5 F					T Calculations, or			Four-Log	Virus Inac	tivation. if	Applicable			
		1.1				CT Calc	the second s			<u></u>		Dose		
ľ								1 63				PER .		· · · · · · · · · · · · · · · · · · ·
1.1						Disinfectant	Lowest CT Provided				542 X			
	Days Plant	· · .		300	Lowest Residual	Contact Time	Before or at					and the second s	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			6		UV Dose Required,	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	pH of Water	Minimum CT Required, mg	UV Dose,	mW-	Remote Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm		System, mg/L	Out of Operation 2
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

January, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills							PWS Ide	ntification Numb	ber:	1670647	
PWS Type:	✓ Community	Non	-Transient Non-Comr	nunity 🗌 T	ransient Non-Com	munity		Consecut	ive			
Number of Service Connect	tions at End of Month		483				Total I	Population	n Served at End o	of Month:	1,642	
PWS Owner:	Aqua Utilities Florid	a										
Contact Person:	Brian Heath						Conta	ct Person's	s Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490	0310			City: Lo	eesburg	State:	Florida		Zip Code:	34749
Contact Person's Telephone		(352) 787-0					Conta	ct Person's	s Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad	ldress:	<u>beheath</u>	@aquaamerica.c	<u>com</u>								
B. Water Treatment Pla	ant Information											
Plant Name:	Sunny Hills Well # 4	4						Plant Tel	ephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle					City: St	unny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	🗸 Raw	Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day O	Derating Capacity of	Plant, gallor	is per day:		1,224,000							
Plant Category (per subsect			V		_					9.310(4), F.A.C.):		
Licensed Operators		n Andri	Name		License Class	License	e Number		े रुखे ि D a	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer				С	7	7605	Days 1st	Shift			
Other Operators:												
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605 License Number

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Involves Taking Water System Components	notindritisid	-₩ш	UV Dose,	Required, mg	pH of Water,	Temp of	-gm, wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	ခုပ္ရာ
Conditions, Repair or Maintenance Work that	Remote Point in		gnusnoqO	Minimum CT			During Peak	gurnu mioq	Before or at First		Water	Hours plant	Operator	Day of
Emergency or Abnormal Operating	Concentration at	DV Dose	Isowol				Customer	Measurement	Concentration (C)		of Finished		Visited by	
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	TOWEST RESIGNED	ine (1. N. 1.		Before or at	1. S.M. C. S.G.S. C. M. L. D. S.G. S.	Lowest Residual			a de la companya de la	Days Plant	
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* Refer to the instructions for this report to determine which plants must provide this information.

95P Form 62-555-900(3)Altemate

78



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

January, 2005

A. Public Water System (PWS) Information

Suppy Lilla					DWC Identification Number:	1670647
		<u></u>				
			ransient Non-Comi			
tions at End of Montl	h: 483			Total	Population Served at End of Month:	1,642
Aqua Utilities Florie	da					
Brian Heath				Conta	ct Person's Title: Area Man	ager
ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
e Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352) 787-	-6333
ddress:	beheath@aquaamer	ica.com				
ant Information						
Sunny Hills Well #	5	·····			Plant Telephone Number:	(850) 773-2802
1240 Elkcam Blvd.				City: Sunny Hills	State: Florida	Zip Code: 32428
y Plant:	✓ Raw Ground Water	Purchased Fin	nished Water			
Operating Capacity of	Plant, gallons per day:		1,224,000	. ,		
tion 62-699.310(4), F	F.A.C.):	V		Plant C	lass (per subsection 62-699.310(4), F.A	A.C.): C
	Name		License Class	License Number	Day(s) / Shi	ft(s) Worked
Jean H. Pitzer			С	7605	Days 1st Shift	
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	Aqua Utilities Flori Brian Heath ddress: Number: Idress: ant Information Sunny Hills Well # 1240 Elkcam Blvd. y Plant: Operating Capacity of ion 62-699.310(4), F	✓ Community Non-Transient Non-tions at End of Month: 483 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 Number: (352) 787-0980 ddress: beheath@aquaamer ant Information Sunny Hills Well # 5 1240 Elkcam Blvd. ✓ Raw Ground Water Operating Capacity of Plant, gallons per day: ion 62-699.310(4), F.A.C.):	✓ Community Non-Transient Non-Community □ tions at End of Month: 483 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 Number: (352) 787-0980 ddress: beheath@aquaamerica.com ant Information Sunny Hills Well # 5 1240 Elkcam Blvd. y Plant: ✓ Raw Ground Water Purchased Fir Operating Capacity of Plant, gallons per day: ion 62-699.310(4), F.A.C.): V Name Name Name	✓ Community Non-Transient Non-Community Transient Non-Community tions at End of Month: 483 Aqua Utilities Florida Brian Heath ddress: PO Box 490310 Number: (352) 787-0980 ddress: beheath@aquaamerica.com ant Information Sunny Hills Well # 5 1240 Elkcam Blvd. y Plant: ✓ Raw Ground Water Purchased Finished Water Operating Capacity of Plant, gallons per day: 1,224,000 ion 62-699.310(4), F.A.C.): V Name License Class	✓ Community Non-Transient Non-Community Transient Non-Community tions at End of Month: 483 Total Aqua Utilities Florida Total Brian Heath Conta ddress: PO Box 490310 City: Leesburg Number: (352) 787-0980 Conta ddress: beheath@aquaamerica.com Conta ant Information Sunny Hills City: Sunny Hills y Plant: ✓ Raw Ground Water Purchased Finished Water Plant C operating Capacity of Plant, gallons per day: 1,224,000 Plant C ion 62-699.310(4), F.A.C.): V Plant C Name License Class License Number	✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Lions at End of Month: 483 Total Population Served at End of Month: Aqua Utilities Florida Erian Heath Contact Person's Title: Area Man ddress: PO Box 490310 City: Leesburg State: Florida Number: (352) 787-0980 Contact Person's Title: Area Man ddress: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787- ddress: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787- ddress: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787- ant Information State: Plant Telephone Number: 1240 Elkcam Blvd. City: Sunny Hills State: Florida y Plant: ✓ Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) Name License Class License Number Day(s) / Shi

II Certification by Lead/Chief Operator

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Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS Id	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5						
	aily Data	for the A	lonth/Year	of:		January, 2005								
			g Virus Inactiv						<u> </u>					
			<i>v</i>	r (Describe):		norme	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chloran	nines)	
- F.	traviolet R						·····							
Type of	of Disinfe	ctant Resid	lual Maintai		ibution System:	Free Chic				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	, Virus Inac	tivation, if A	Applicable			
						CT Calc	ulations				UV	Dose		
									것이 문화		n Branne		1.0.24 M	
						Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at				1997 - 19		Lowest Residual	
the second	Staffed or	A set of the set of	Net Quantity		Disinfectant	(T) at C	First					Minimum '	Disinfectant	
12.1	Visited by	in en be	of Finished		Concentration (C)	Measurement	Customer			en e	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of					Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		Conditions; Repair or Maintenance Work that
the	(Place	in .	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	lemp of	pH of Water, if Applicable	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month 1	"X") X	Operation 24.0	gal. 1,000	Rate, gpd.	Peak Flow, mg/L 0.5	minutes	min/L	Water,#C	it Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L2/ 0.3	is the Cut of Operation
2	^	24.0	1,000		0.5								0.3	
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4	x	24.0	1,000		0.5			f					0.3	
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Maximu	m		1,000											

* 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:

February, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Numbe	r: 1670647	
PWS Type:	Community	Non-Transient Non-Comm	nunity 🗌 T	ransient Non-Com	nunity	Consecutive		
Number of Service Connect	tions at End of Mont	th: 477			Tot	tal Population Served at End of	Month: 1,670	
PWS Owner:	Aqua Utilities Flori	ida						· · ·
Contact Person:	Brian Heath				Co	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	e Number:	(352) 787-0980			Co	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.co	om					
B. Water Treatment Pla	ant Information	1						
Plant Name:	Sunny Hills Well #	<i>‡</i> 1				Plant Telephone Number:	(850) 773	-2802
Plant Address:	3810 Gables Blvd.				City: Sunny Hills	s State: Florida	Zip Code	: 32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water	-			
Permitted Maximum Day C	Dperating Capacity of	f Plant, gallons per day:		1,224,000				
Plant Category (per subsect						t Class (per subsection 62-699.)		
Licensed Operators		Name		License Class	License Numb	er 👘 🛁 Day	y(s) / Shift(s) Worked	ART - ARTA - 11
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1st Shift		
Other Operators:								
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							······	·
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS I	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 1						
111. D	aily Data	for the N	lonth/Year	of:		February, 2005								
			g Virus Inactiv		val: 🔽 Free C		Chlorine Di		F 0					
	raviolet R	-	-	r (Describe):			Chiorine Di	oxide	1 Ozone	☐ Comb	oined Chlori	ne (Chlorar	nines)	
L							·	Combi		(Chloramine				
Type of	f Disinte	ctant Resid	dual Maintai		ibution System:							Chlorine I	Dioxide	
	1.2244			C	T Calculations, or			Four-Log	Virus Inac	tivation, if	Applicable			
				and the second sec		CT Calc	ulations				UV:	Dose 😥		
							Lowest CT						物化的	
						Disinfectant	Provided				A Maria			
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	v				Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	1.		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month 1	"X") X	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
2	- <u>x</u>	24.0										·	0.3	
3	X	24.0											0.3	
4	x	24.0			··								0.3	
5	X	24.0								[0.3	· · · · · · · · · · · · · · · · · · ·
6		24.0												
7	Х	24.0											0.3	
8	X	24.0											0.3	
9	X	24.0											0.3	
10	X X	24.0											0.3	
11	X	24.0											0.3	
13	^	24.0							· · · · ·				0.2	
14	х	24.0											0.4	
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16	Х	24.0											0.4	
17	Х	24.0											0.4	
18	X	24.0											0.3	
19	Х	24.0											0.3	
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21	- <u>X</u>	24.0						·					0.2	
23		24.0										·	0.2	
24	X	24.0											0.3	
25	Х	24.0											0.4	
- 26	Х	24.0											0.3	
- 27		24.0												
-28	Х	24.0											0.4	
29		24.0												
30		24.0												
31 Total		24.0					L							L
Avgerag	P													
Maximu														

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

DEP Form 62-555.900(3)Atternate

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See Pages 4 for Instructions. I. General Information for the Month/Year of:

February, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	·····					PWS Identification Num	iber:	1670647	
PWS Type:	Community	Non-Transient Non-Con	nmunity 🔄 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	1: 477			_	Total	Population Served at End	of Month:	1,670	
PWS Owner;	Aqua Utilities Florid	ia								
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A		PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.	.com							
B. Water Treatment Plate	ant Information									
Plant Name:	Sunny Hills Well #	4					Plant Telephone Number	r:	(850) 773-2	802
Plant Address:	1533 Cash Circle				City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	ished Water			· · · · · · · · · · · · · · · · · · ·			
Permitted Maximum Day C	Derating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect			V				lass (per subsection 62-69			
Licensed Operators		Name		License Class	Lice	nse Number	\mathbf{D}	ay(s) / Shift(s)	Worked	an a
Lead/Chief Operator:	Jean H. Pitzer			С	L	7605	Days 1st Shift		_	
Other Operators:					L					
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

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

Page 1

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Emergency or Abnormal Operating Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Minimum Ny Dose Nequired, Mur Nu- Sec(cm ²		Minimun CI Required, mg		lo qm9T O ^O TateW	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	minutes Pistificetant Measurement Measurement Measurement Districted Districted Measurement Measuremen	Peak Flow, mg/L Primer Residual Defore of at First Customer During Peak Flow, mg/L	Peak How	Egil. Producted, Water Water	Hours plant n Operation	Days Plant Staffed or Visited by Operator (Place "X")	To ysu off off
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* 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: February, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS I	dentification Numb	er:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Com	munityT	ransient Non-Com	munity	Consec	utive			
Number of Service Connect	tions at End of Month	1. 477]	Fotal Populati	on Served at End o	f Month:	1,670	
PWS Owner:	Aqua Utilities Florid	a								
Contact Person:	Brian Heath					Contact Perso	n's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	g State:	Florida		Zip Code:	34749
Contact Person's Telephone		(352) 787-0980				Contact Perso	n's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ad	ddress:	beheath@aquaamerica.c	com							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 5	5				Plant 7	elephone Number:	<u></u>	(850) 773-2	2802
Plant Address:	1240 Elkcam Blvd.				City: Sunny H	ills State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day O	Derating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect		A.C.):V	· · · · · · · · · · · · · · · · · · ·				subsection 62-699			
Licensed Operators		Name		License Class	License Nun	nber		ıy(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1	st Shift			
Other Operators:										
and the second	·		·							
				1						

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS I	dentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5						
10. 0	aily Data	for the N	lonth/Year	of:		February, 2005								
			g Virus Inacti											
	traviolet R			r (Describe):		niorine	Chlorine Di	oxide	C Ozone	Comi	oined Chlori	ne (Chlorar	nines)	
F							·							· · · · · · · · · · · · · · · · · · ·
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
1.1.1				C	T Calculations, or	UV Dose, to	Demostate]	Four-Log	Virus Inac	tivation, if	Applicable			
							ulations		e se en secondo en sec En tense en secondo en s		UV			
			總計 나라지 않	a territori				ski strict			Sec. Sec.			
	ter mag		등 주요~~~~			Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				400	Minimum	Disinfectant	and the second
	Visited by		of Finished	terzen ser se	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	interaction is a method of the second		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution 2	Involves Taking Water System Components
Month	", "X") X	Operation 24.0	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
2	X	24.0	1,000		0.6								0.4	
3	- <u>x</u>	24.0	1,000		0.5			<u> </u>					0.3	
4	х	24.0	1,000		0.6								0.3	
5	Х	24.0	500		0.5								0.3	
6		24.0	500											
7	X	24.0			0.6								0.4	
8	X X	24.0 24.0	1,000		0.6								0.3	
10	X	24.0	1,000		0.6	·							0.3	
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13		24.0	500										0.5	
14	X	24.0	1,000		0.6								0.3	
15	X	24.0			. 0.6								0.3	
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18	X	24.0	5,000		0.6								0.3	
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20		24.0	1,500										0.3	
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Maximu			5,000											

* 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:

March, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Numbe	er: 167064	7
PWS Type:	✓ Community	Non-Transient Non-Comm	iunity T	ransient Non-Com	munity	Consecutive		· · · · · · · · · · · · · · · · · · ·
Number of Service Connect	tions at End of Month:	477			Tota	l Population Served at End of	Month: 1,670	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath				Cont	tact Person's Title:	Area Manager	
Contact Person's Mailing A		O Box 490310			City: Leesburg	State: Florida	Zip Cod	le: 34749
Contact Person's Telephone	e Number: (3	352) 787-0980			Cont	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac		eheath@aquaamerica.co	<u>om</u>					
3. Water Treatment Pla	ant Information						A de la deservación d	
Plant Name:	Sunny Hills Well # 1					Plant Telephone Number:	(850) 77	/3-2802
Plant Address:	3810 Gables Blvd.				City: Sunny Hills	State: Florida	Zip Cod	e: 32428
Type of Water Treatment by		Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O				1,224,000				
Plant Category (per subsect						Class (per subsection 62-699.		
Licensed Operators		Name		License Class	License Numbe	r 💦 👘 Day	y(s) / Shift(s) Worke	d
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1st Shift		
Other Operators:			-					
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. 1 also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605 License Number

U.B. Disk parts for the Number Aver of the Number Number Aver of the Number Number Aver Number Num	PWS Id	lentification	n Number:	······································	1670647		Plant Name:	Sunny Hills	Well # 1						
Name of Aubering Four-Lay Value InscriptionRetroval For Chlorine Chlorine Dexide Constitution (Chloramines) Ty Utravie Kastion Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chloramines) Type of Disinfectant Residual Maintained in Distribution System: F ree Chlorine Combined Chlorine (Chloramines) Chlorine Disxide Days Plant Cf Calculations, or UV Dose, to Demostate Four-Log Vins Enactivation, if Applicable* UV Dose Cherne Daxide Urweit Residual Invest Residual Disinferiar Dissinferiar UV Dose Cherne Daxide Stellio for Noted The Disinferiar Dissinferiar Dissinferiar Dissinferiar Cherne Residual Cherne Residual Cherner Residual		aily Data	for the N	lonth/Year	of:		March, 2005								
Uncase of Radiation Cohornel Cohor						/al: 🔽 Eree C		Chloring Di	orida			in ad Chlari	na (Chlarar	mines)	
Type of Disinfectant Residual Maintained in Dismituling System Total containes							interine i	Chlorine Di	ONUC	1 Ozone	I Com	Sinea Chiori	ne (Chiorai	innesj	
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555 900(3)Atternate

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March, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Number:	1670647
PWS Type:	Community	Non-Transient Non-Com	nunity 🔄 Ti	ransient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month:	477			Tot	al Population Served at End of Month:	1,670
PWS Owner:	Aqua Utilities Florida	1					
Contact Person:	Brian Heath				Cor	ntact Person's Title: Area Manager	
Contact Person's Mailing A	ddress: I	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980			Cor	ntact Person's Fax Number: (352) 787-633.	3
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.c	om				
B. Water Treatment Pla	ant Information						
Plant Name:	Sunny Hills Well # 4					Plant Telephone Number:	(850) 773-2802
Plant Address:	1533 Cash Circle				City: Sunny Hills	s State: Florida	Zip Code: 32428
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fini	ished Water			
Permitted Maximum Day C	Dperating Capacity of P	Plant, gallons per day:		1,224,000			
Plant Category (per subsect		A.C.): V				t Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators		Name		License Class	License Numb	er Day(s) / Shift(s)	Worked
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1st Shift	
Other Operators:							
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

III: Datis Data for direct/ionth/ver off March 2005 Mean of Acheving Four-Log Yins Inactivation/Removal IF rec Choirm Control Counce Combined Choirne (Choramines) Type of Disinfectant Residual Maintained in Distribution System. IF rec Choirne If Prec Choram If Prec Choram Combined Choram(Choramines) Choram Dooxed Type of Disinfectant Residual Maintained in Distribution System. If Prec Choram	PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 4						
Maxes Other journal Other journal Other journal Other journal Channel Chlorade P Unavier Other journal Other journal Chlorade Chlorade Chlorade Chlorade Type Table Tree Chlorade Tree Chlorade Chlorade Chlorade Chlorade Chlorade Chlorade Type Table Tree Chlorade Tree Chlorade Chlorade Chlorade Chlorade Chlorade Chlorade Page Page Page Chlorade Chlorade <td>111. D</td> <td>aily Data</td> <td>for the N</td> <td>Ionth/Year</td> <td>of:</td> <td></td> <td>March, 2005</td> <td></td> <td></td> <td></td> <td></td> <td>·</td> <td></td> <td></td> <td></td>	111. D	aily Data	for the N	Ionth/Year	of:		March, 2005					·			
Utravoket Radiation C Other (Describ): Type of Disinfectant Residual Maintained in Distribution System:								Chlarina Di	anida	F 07070	– – – –	·	(0)		
Type of Disinfectant Residual Maintained in Distribution System: If Free Chlorine Combined Chlorine (Chloramines) Chlorine Duoxde Dees Plant Staffold of Windel of Windel of Staffold of Staffold of Windel of Staffold of Windel of Staffold of Windel o							Informe I	Chiorine Di	oxide	1 Ozone	Com	bined Chlori	ne (Chlorar	nines)	
Days Plant Net Quarity DestRide CC Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* DestRide DestRide Days Plant Net Quarity Net Quarity Iowest Reided Iowest	F.								Combi	ad Chlaning	(Chlanamin)		<u></u>	<u></u>	
Image: bit is a state of the state	Type of	Disinie	ctant Kesic	luar Maintai											
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3,930,000															
126,774 Maximum 193.000															

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

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See Pages 4 for Instructions. March, 2005 I. General Information for the Month/Year of: March, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Nu	mber:	1670647	
PWS Type:	Community	Non-Transient Non-Com	nunity 🗌 T	ransient Non-Com	munity	Consecutive	······································		
Number of Service Connect	tions at End of Month:	477			T	otal Population Served at En	d of Month:	1,670	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				С	ontact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: P	O Box 490310		·····	City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number: (1	352) 787-0980			С	ontact Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad		eheath@aquaamerica.c	<u>om</u>			<u> </u>			
B. Water Treatment Pla	ant Information								
Plant Name:	Sunny Hills Well # 5					Plant Telephone Numb	er:	(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: Sunny Hil			Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day O				1,224,000					
Plant Category (per subsecti		.C.): V			Pla	nt Class (per subsection 62-6	99.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Num	Der	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1st Shift			
Other Operators:									
and the second									
Alexandria Alexandria Alexandria									
							······		

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5					· · · · · · · · · · · · · · · · · · ·	
	aily Data	for the M	onth/Year	of:		March, 2005								
			g Virus Inactiv				Chlaring Di			Comb	in a Chini			
	traviolet R			r (Describe):		monine 1	Chiorine Di	oxide	1 02016	1 Come	aned Chiori	ne (Chioran	imes)	
L						Free Chlo		Cambin	ad Chloring	(Chloramine	<u> </u>	Chlorine I	Jiovida	
Type c	of Disinfect	ctant Resid	lual Maintan		ibution System:									
				· C	T Calculations, or			our-Log	Virus Inac	tivation, if A				
	이 영국 관계					CT Calc	ulations				UV			
		44) 					Lowest CT							
						Disinfectant	Provided							
	Days Plant	(数点) - 11日 (本) - 11日 (福)			Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer			NG	Lowest Operating-	UV Dose Required,	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Minimum CT Required, mg		mW-	Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
Month	(r lace "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water. ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, ing/L	Out of Operation
1	x	24.0	1,000	Tuno, Bpu.	0.7								0.3	
2	X	24.0			0.6								0.3	
···· 3	X	24.0	1,000		0.4								0.3	
4	X	24.0	1,000		0.6							[0.3	
S	Х	24.0			0.6				ļ				0.3	
6		24.0										<u> </u>	0.3	
7.20	X X	24.0	1,000		0.6								0.3	
8	X	24.0 24.0	1,000		0.7	<u></u>			<u> </u>			<u> </u>	0.4	
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11	x	24.0	.,		0.7								0.4	
12	Х	24.0	1,000		0.6								0.4	
13		24.0	1,000									<u> </u>		
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15	X	24.0	2,000	ļi	0.5		 						0.3	
16 - : 17 - :	X X	24.0 24.0	1,000		0.4							<u> </u>	0.3	
17	x	24.0	1,000		0.6								0,4	
19 -	x	24.0	1,000		0.6		(0.4	
20 *		24.0	1,000											
-21	X	24.0	1,000		0.5								0.3	
-22	X	24.0	1,000		0.5								0.3	
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24	X	24.0			0.5							<u> </u>	0.3	
25 26	X X	24.0	1,000	ļ	0.5			<u> </u>					0.3	
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29	x	24.0	1,000		0.5								0.3	
30	X	24.0	2,000	1	0.5								0.3	
31	X	24.0												
	(<u>)</u> 742.		23,000											
			742	ł										
Maxim	m	한다 교관한 아님	2,000	1										

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

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See Pages 4 for Instructions.

1. General Information for the Month/Year of:

April, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	· · · · · · · · · · · · · · · · · · ·					PWS Identi	fication Numb	ber:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity		Consecutive				
Number of Service Connect	tions at End of Month:	477				Total I	Population S	erved at End c	of Month:	1,670	
PWS Owner:	Aqua Utilities Florida	1									
Contact Person:	Brian Heath					Contac	ct Person's Ti	tle:	Area Manager		
Contact Person's Mailing A	ddress: I	PO Box 490310			City:	Leesburg	State: Flo	rida		Zip Code:	34749
Contact Person's Telephone	Number: ((352) 787-0980				Contac	ct Person's Fa	ax Number:	(352) 787-633	3	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.co	om								
B. Water Treatment Pla	ant Information										
Plant Name:	Sunny Hills Well # 1						Plant Telep	none Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City:	Sunny Hills	State: Flo	rida		Zip Code:	32428
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day O	perating Capacity of P	Plant, gallons per day:		1,224,000							
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V				Plant C	lass (per subs	section 62-699	9.310(4), F.A.C.)	: C	
Licensed Operators		Name		License Class	Lice	nse Number		·····································	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С		7605	Days 1st Sh	ift			
Other Operators:											
- 2019년 1월 11일 - 2019년 1919년 - 1913년 1월 11일 - 1919년 1919년 1919년 - 1919년 1			_								
그 주말 것 같아?											

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 1						
111. D	aily Data	for the N	lonth/Year	of:		April, 2005								
			g Virus Inactiv		/al: ▼ Free C	Chlorine	Chlorine Di	oxide	C Ozone	Comt	ained Chlori	ing (Chlore	minac)	
1	traviolet R	-		r (Describe):			Chiorate Di	oxide	1 020110	I Com	Sincu Chion	ine (Chiorai	mics)	
L-					ibution System:	Free Chk	rine [Combir	ed Chlorine	(Chloramine	s) [Chlorine l	Diovide	
Type c													DioAlde	
				<u> </u>	CT Calculations, or			Four-Log	g virus inac	tivation, II				
			1			CT Calc	ulations	r	1		UV	Dose		
							Lowest CT				(226) 45 135 (b)			
	· · ·					Disinfectant	Provided	· .						
	Days Plant				Lowest Residual	Contact Time	Before or at		19 1 4 4				Lowest Residual	
	Staffed or Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	Minimum UV Dose	Disinfectant Concentration at	
Day of		Hours plant	Water	а — П.	Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	
the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm	sec/cm ²	System, mg/L	Out of Operation
1.0	<u>x</u>	24.0											0.4	
2	X	24.0						ļ		ļ		ļ	0.3	
4	x	24.0										+		
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6	X	24.0										t		
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11	X	24.0					<u></u>		<u> </u>	<u> </u>		f		
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Total		(국가국) (영국) (전) (1997년 - 1997년 - (1997년 - 1997년												
Avgerag Maximu														

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

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions. I. General Information for the Month/Year of:

ar of: April, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Number:		1670647	
PWS Type:	Community	Non-Transient Non-Commun	nity T	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month	a: 477				Total Pe	opulation Served at End of M	fonth:	1,670	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath					Contact	t Person's Title: A	rea Manager		
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesbu	rg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Contact	t Person's Fax Number: (1	352) 787-6333		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.com	n							
B. Water Treatment Plate	ant Information									
Plant Name:	Sunny Hills Well # 4	4					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny	Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): V			I	Plant Cla	ass (per subsection 62-699.31		C	
Licensed Operators		Name		License Class	License Nu	mber	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605		Days 1st Shift			
Other Operators:										
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well #4						
L			lonth/Year	of		April, 2005								
			g Virus Inactiv		al EZ r c	· · · · · · · · · · · · · · · · · · ·							<u> </u>	
			g virus inactr			norme	Chlorine Di	oxide	Ozone	Comt	oined Chlori	ne (Chlorar	nines)	
L										(01)		·		
Туре с	of Disinfe	ctant Resid	dual Maintai		ibution System:					(Chloramine		Chlorine I	Dioxide	
				and the second C	T'Calculations, or	UV Dose, to	Demostate							
						CT Calo	ulations				UV,	Dose		
	ł						Lowest CT							
						Disinfectant	Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at	1				Minimum	Lowest Residual	
	Staffed or	1.	Net Quantity	an a	Disinfectant	(T) at C	First				Lowest		Disinfectant	Emergency or Abnormal Operating
3.	Visited by		of Finished		Concentration (C)	Measurement	Customer			and the second secon	Lowest	UV Dose.	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating.	Required, mW-	Remote Point in	Conditions, Repair of Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg min/L			Distribution	Involves Taking Water System Components Out of Operation
Month	"X") X	Operation 24.0	gal. 111,000	Rate, gpd	Peak Flow, mg/L 0.7	minutes	min/L	water, C	TI Applicable	annvi 🤅	mw-sec/cm	sec/cm	System, mg/L 0.4	
2	x	24.0		<u> </u>	0.7								0,4	······································
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5	Х	24.0	143,000		0.7								0.4	
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7	X	24.0	139,000		0.7			ļ				ļ	0.3	
8	X	24.0	146,000	ļ	0.6			<u> </u>	<u> </u>	ļ		 	0.3	
_9 10	<u> </u>	24.0	104,500 104,500		0.5		<u> </u>	·				<u> </u>	0.3	
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12	X	24.0	195,000	┫─────	0.5				<u> </u>				0.3	
13	x	24.0	107,000		0.5		[0.3	
14	Х	24.0	130,000		0.6	_							0.4	
15	Х	24.0	130,000		0.5								0.3	
16	X	24.0		Į	0.5		 	ļ	1	[ļ	0.3	······
17		24.0	157,000	 	0.6								0.4	
18	<u>x</u> x	24.0	137,000 145,000	<u> </u>	0.6		<u>}</u>			<u> </u>			0.4	
20	x	24.0	143,000		0.0		<u> </u>			<u> </u>		<u>├</u> ────	0.4	
21	x	24.0	161,000		0.6		<u> </u>					1	0.3	······································
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Avgera		de de	138,774											
Maxim	m		273,000	1										

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

April, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Nun	iber:	1670647	
PWS Type:	Community	Non-Transient Non-Co	mmunity T	ransient Non-Comr	nunity		Consecutive			
Number of Service Connect	tions at End of Mont	h: 477				Total P	opulation Served at End	of Month:	1,670	
PWS Owner:	Aqua Utilities Florie	da								
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	ddress	PO Box 490310			City: Leesb	urg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica	a.com							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well #	5					Plant Telephone Numbe	r:	(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: Sunny	/ Hills	State: Florida		Zip Code:	32428
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:		1,224,000						
Plant Category (per subsecti	ion 62-699.310(4), F	.A.C.):	V			Plant Cl	ass (per subsection 62-69			
				1		A = 14	A state of the	7 3 1 ml 1 m 2 3	ST. 7	
Licensed Operators	4年1月1日) 1月1日日 - 1月1日日 1月1日日日 - 1月1日日	Name	$= \sum_{i=1}^{n} (1 - 1)^{n} \sum_$	License Class	License N	umber		Day(s) / Shift(s)	worked	
Licensed Operators Lead/Chief Operator:		Name		License Class C	License N 7605		Days 1st Shift	Day(s) / Shift(s)	WORKED	
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name		C				Day(s) / Shift(s)	worked .	
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name		C				Day(s) / Shift(s)		
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name		C				Jay(s) / Shift(s)		
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name		C				Jay(s) / Shift(s)		
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name						Jay(s) / Shitt(s)		
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name						Jay(s) / Shift(s)	worked	
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name						Jay(s) / Shift(s)		
Lead/Chief Operator:	Jean H. Pitzer	Name						Jay(s) / Shift(s)		
Lead/Chief Operator: Other Operators:	Jean H. Pitzer	Name						Jay(s) / Shift(s)		

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605 License Number

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5						
III. D	aily Data	for the M	lonth/Year	of:		April, 2005								
			g Virus Inactiv		al: 🔽 Free C	hlorine f	Chlorine Di	oxide	C Ozone	Comb	ined Chlori	ne (Chlorar	nines)	
	raviolet R			r (Describe):		,	Chlorine Di	0.duc	02010	I Como	nica emori	ne (emoral	(inites)	
L					ibution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	
Type o	Disinie		luar Maintai		T Calculations, or									
1.1					T Calculations, of	CT Calc		rour-Log	<u>viius mac</u>			Dose		
							ulations							
							Lowest CT					5		가 가 있는 것이 있는 것이 있는 것이 같다. 가 가 가 있는 것이 있다. 가 가 가 있는 것이 있는 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가
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$\{ e_{i}, e_{i}^{\dagger} \}_{i \in \mathbb{N}}$	Staffed or Visited by	1.	Net Quantity of Finished	an a	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	-	Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mŴ	Distribution	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^V C	if Applicable	min/L ×	mW-sec/cm ⁴	sec/cm ²	System, mg/L	Out of Operation
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6	X	24.0	1,000		0.5								0.3	
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. 8	X	24.0	1,000		0.6				ļ				0.3	
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13	X	24.0	1,000		0.6								0.3	
14	X	24.0			0.5								0.3	
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27	X	24.0	1,000	<u> </u>	0.6			<u> </u>	<u> </u>				0.4	
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* 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:

May, 2005

A. Public Water System (PWS) Information

PWS Name: Sunny Hills			PWS Identification Number:	1670647
PWS Type: Community Non-Transient Non-Community	Transient Non-Commu	unity	Consecutive	
Number of Service Connections at End of Month: 477		Total P	opulation Served at End of Month:	1,670
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contac	t Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310	С	ity: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contac	t Person's Fax Number: (352) 787-6333	3
Contact Person's E-Mail Address: beheath@aquaamerica.com				
3. Water Treatment Plant Information				
Plant Name: Sunny Hills Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address: 3810 Gables Blvd.	C	ity: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant: 🛛 Raw Ground Water 🗌 Purchased Fir	nished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,224,000			
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 I	License Number	Day(s) / Shift(s)	Worked
Lead/Chief Operator: Jean H. Pitzer	С	7605	Days 1st Shift	
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS Ic	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 1				·		
·			lonth/Year	of•		May, 2005								
			g Virus Inactiv		val: 🔽 Free O				F ()7070	☐ Comb)	
	traviolet R			r (Describe):			C morine Di	DXIDE	1 OZOR	1 Come	onea Chiori	ne (Chiorai	nines)	
							·	Combin	ad Chlorina	(Chloramine	<u>а</u> Г	Chlorine I		
Type of	of Disinfec	ctant Resid	lual Maintan	ned in Distr	ibution System:	I Free Chic								
$\sigma_{i_1} < \varepsilon_{i_1}$				<u> </u>	T Calculations, or	the second s	1000	our-Log	Virus Inac	tivation, if 7				
						CT Calc	ulations	X-1111 La constanta			UV	Dose		
				4			Lowest CT					1.13		
11 - 1967 <u>-</u> 19						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at	e san					Lowest Residual	
	Staffed or	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Net Quantity		Disinfectant	(T) at C	First					Minimum	THE PARTY STORE REPORTED IN	
	Visited by	1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose Required,	Concentration at	
Day of		Hours plant		D. I. Pt.	Before or at First	Point During	During Peak Flow, mg-	Temp of	nU of Watar	Minimum CT Required, mg		mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place "X")	in Operation	Producted, gal	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	min/L	Water ^O C	if Applicable	min/L	mW-sec/cm ²		System, mg/L	Out of Operation
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555 900(3)Alternate



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

May, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identificatio	n Number:	1670647	
PWS Type:	Community	Non-Tra	ansient Non-Com	munity T	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Month	.:	477			T	tal Population Served	at End of Month:	: 1,670	·
PWS Owner:	Aqua Utilities Florida	a								
Contact Person:	Brian Heath					С	ontact Person's Title:	Area N	Aanager	
Contact Person's Mailing A	ddress:	PO Box 49031	0			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	the second se	(352) 787-0980				C	ontact Person's Fax Nu	nber: (352) 7	787-6333	
Contact Person's E-Mail Ac	ddress:	beheath@a	aquaamerica.	com						
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 4	4					Plant Telephone N	lumber:	(850) 773-2	802
Plant Address:	1533 Cash Circle					City: Sunny Hil	ls State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	🗹 Raw Gro	ound Water	Purchased Fini	shed Water					
Permitted Maximum Day O	Dperating Capacity of I	Plant, gallons p	er day:		1,224,000					
Plant Category (per subsect			V	r			nt Class (per subsectior			
Licensed Operators		1	Name		License Class	License Num	the second s	Day(s) / S	Shift(s) Worked	
Lead/Chief Operator:	Jean H. Pitzer				с	7605	Days 1st Shift		·····	
Other Operators:									·····	
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

PWS 1	Ientificatio	n Number:		1670647		Plant Name:	Sunny Hills	Well # 4						
	aily Data	for the N	lonth/Year	of:		May, 2005								
			g Virus Inactiv		al: 🔽 Free C		Chloning Di	avida		Comt	in ad Chlari	na (Chlorer		
4	traviolet R			r (Describe):		incrute 1	Chlorine Di	oxide	1 02016	I Com	Sined Chiori	ne (Chiorai	nuies)	
F					ibution System:	Free Chlo	ina r	Combin	ed Chlorine	(Chloramine		Chlorine I	Dioxida	
Type of	Disinie	clant Resid												
1. 1.1.				C	T Calculations, or			our-Log	Virus Inac	tivation, if A			12 - Barrier	
						CT Calc	ulations				UV	Dose	an a g	
1 1. 1						그는 사람은 물을	Lowest CT	and the second						
						Disinfectant	Provided					- H	5	
	Days Plant				Lowest Residual	Contact Time	Before or at				a sharafar a shi A san ƙwallon		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C 💷	First 🤤		and the second second			Minimum	the second state of the property of the	Me Berthellow Low
	Visited by	1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose Required,	Concentration at	
Day of the	Operator	Hours plant	Water Producted,	Dial Flam	Before or at First	Point During	During Peak Flow, mg-	Temp of	nH of Watar	Minimum CT Required, mg		mW-***	Remote Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
Month	(Place "X")	in Operation	gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	min/L	Water ^o C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0		Tutto, Bpd.	Tour Tron, mg.D		india D.	1911-1919-1919-197			inter scarcin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- cystein, ing c	
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4	Х	24.0	131,000		0.8								0.5	
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10	X	24.0	156,000		0.9					<u> </u>			0.3	
11	X	24.0	206,000		0.9								0.4	
12	Х	24.0	173,000		0.6								0.3	
13	X	24.0	217,000		0.6								0.3	
14	Х	24.0	122,500		0.7								0.3	
15		24.0	122,500									<u> </u>		
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.20	X	24.0	99,000		0.7								0.3	
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- 25	X	24.0	206,000		0.7							<u> </u>	0.4	
26 27	X X	24.0	267,000		0.9							<u> </u>	0.3	
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29	<u>t – – – – – – – – – – – – – – – – – – –</u>	24.0	134,000											
30	x	24.0	138,000		0.6								0.3	
31	Х	24.0	162,000											
Total			4,946,000											
Avgerag			159,548	ł										
Maximi	m		267,000	1										

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

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May, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Numb	er:	1670647	
PWS Type:	Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month:	477				Total	Population Served at End of	f Month:	1,670	
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	Address: P	O Box 490310			City: L	eesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone		352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac		eheath@aquaamerica.co	<u>om</u>							
3. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 5	·					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.	· · · · ·			City: St	unny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Dperating Capacity of Pl	ant, gallons per day:		1,224,000						
Plant Category (per subsect	tion 62-699.310(4), F.A.						lass (per subsection 62-699			
Licensed Operators	· 예정 이 것 같아요. 한 관리 이 것	Name		License Class	Licens	e Number	Da	ıy(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer		<u> </u>	С	7	7605	Days 1st Shift			
Other Operators:										
			<u> </u>							
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605 License Number

PWS I	dentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5	·····					
	aily Data	for the N	lonth/Year	of:		May, 2005								
			g Virus Inactiv											
1	traviolet R	-	+	r (Describe):	-	niorine	Chlorine Di	oxide	☐ Ozone	Comt	bined Chlori	ne (Chlora	nines)	
F														
Type of	of Disinfe	ctant Resid	lual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine l	Dioxide	
1				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	y Virus Inac	tivation, if	Applicable	•		
						CT Calc	ulations				UV	Dose		
					and the second second									
		신 생각을				Disinfectant	Lowest CT Provided							
	Days Plant	ti si		1.18. I	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	ALC: NOT THE REAL PROPERTY OF
	Visited by		of Finished	e de la companya de l Na companya de la comp	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of			ing the state of t	ngan (j. j. j	Before or at First	Point During	During Peak	1		Minimum CT	Operating	Required.	Remote Point in	Conditions; Repair or Maintenance Work that
the Month	(Place "X")	in Operation	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
1	· • · · · ·	24.0	gal. 1,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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6	X	24.0			0.6				·				0.4	
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13	X	24.0	1,000		0.7								0.4	
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Maximu	m S		2,000											

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Number	г: 1670647	
PWS Type:	Community	Non-Transient Non-C	Community T	ransient Non-Comr	nunity	Consecutive		
Number of Service Connec	tions at End of Month	h: 477			Tot	al Population Served at End of	Month: 1,670	
PWS Owner:	Aqua Utilities Florid	da						
Contact Person:	Brian Heath				Сог	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	e Number:	(352) 787-0980			Cor	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress:	beheath@aquaameric	ca.com					
B. Water Treatment Pl	ant Information							
Plant Name:	Sunny Hills Well #	1				Plant Telephone Number:	(850) 77	3-2802
Plant Address:	3810 Gables Blvd.				City: Sunny Hills	State: Florida	Zip Code	: 32428
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day (Operating Capacity of	Plant, gallons per day:		1,224,000				
Plant Category (per subsect	tion 62-699.310(4), F	.A.C.):	v			Class (per subsection 62-699.3		
Licensed Operators		Name		License Class	License Numb	er Day	y(s)7 Shift(s) Worked	lá – jez n
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1st Shift		
Other Operators:								
							·	
	2 2							
	X							

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

ΜΟΝΤΗLΥ ΟΡΕΑΡΙΟΝ REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

DEP Form 62-555.900(3)AG



See Pages 4 for Instructions.

General Information for the Month/Year of:

June, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills							PWS Id	lentification Numb	ber:	1670647	
PWS Type:	✓ Community		Non-Transient Non-Co	mmunity	Transient Non-Com	munity	/	Consecu	utive			
Number of Service Connect	ions at End of Month:	:	477				Tota	al Populatio	on Served at End o	of Month:	1,670	
PWS Owner:	Aqua Utilities Florida	a	, , , , ,									
Contact Person:	Brian Heath						Cont	tact Person	n's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Bo	ox 490310			City:	Leesburg	State:	Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352)	787-0980				Cont	tact Persor	n's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ad	ldress:	behe	eath@aquaamerica	a.com								
B. Water Treatment Pla	ant Information											
Plant Name:	Sunny Hills Well # 4	4						Plant T	elephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle					City:	Sunny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	1	Raw Ground Water	Purchased Fi	nished Water							
Permitted Maximum Day O	perating Capacity of F	Plant,	gallons per day:		1,224,000					· · · · · ·		
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.):		V					subsection 62-699			
Licensed Operators			Name	이 같은 것은 것을 가지?	License Class	Lice	ense Numbe	r Real	👻 👘 Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer				С		7605	Days 1	st Shift			
Other Operators:												

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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	Distribution Distribution Concentration at Remote Point in Remote Point in	Minimun Sectured, Required, Win		Minimun CT Required, ng		Temp of	Flow, mg. During Peak Erist Provided Provided	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Peak Flow	Net Quantity of Finished Water	theig zwoH	Days Plant Statfed or Visited by Operator (Place	Day of
				•		goJ-mo	Pemostate F Jenostate F		T Calculations, or					
	əbixoi	Chlorine D	J (8	Chloramines) əniroldƏ ba	Combine	ப	P Free Chlor	bution System:	inteid ni bər	ristrisM leu	tant Resid	oəfnisi <mark>O</mark> 1	o ady i
	(səui	e (Chloran	nirold) bəni	idmoʻD 🗍	əuozO	əpixo	Chlorine Die	hlorine	יון: אַ Free C		Virus Inactiv Cthei		raviolet Ra	
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						⊅#II∍M	slliH ynnu?	Plant Name:		Lt90L91		Number'	entification	PI SMc

* 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:

June, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills							PWS ld	entification N	umber:	1670647	
PWS Type:	✓ Community	Non-Transie	nt Non-Community	ν	ransient Non-Com	munity		Consecu	tive			
Number of Service Connect	tions at End of Month	h:	477				Total	Populatio	n Served at E	nd of Month:	1,670	
PWS Owner:	Aqua Utilities Florid	ia										
Contact Person:	Brian Heath						Conta	act Person	's Title:	Area Manager		
Contact Person's Mailing A	Address:	PO Box 490310				City:	Leesburg	State:	Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980					Conta	act Person	's Fax Numbe	r: (352) 787-633	3	
Contact Person's E-Mail Ad	ddress:	beheath@aqua	america.com									
B. Water Treatment Pla	ant Information											
Plant Name:	Sunny Hills Well #	5						Plant Te	lephone Num	ber:	(850) 773-2	2802
Plant Address:	1240 Elkcam Blvd.					City:	Sunny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground	Water	Purchased Fini	shed Water							
Permitted Maximum Day O	Operating Capacity of	Plant, gallons per da	/:		1,224,000							
Plant Category (per subsect			V				Plant C	lass (per :		-699.310(4), F.A.C.)		
Licensed Operators		Nam	Bara de la composición		License Class	Lice	nse Number	이 노동 사람	¥.	Day(s) / Shift(s) Worked	
Lead/Chief Operator:					С		7605	Days 1s	t Shift			
Other Operators:												
	1											

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605 License Number

DEP Form 62-555 900(3)Alternate

PWS Id	entification	n Number		1670647		Plant Name:	Sunny Hills	Well # 5		·				
L			anth /\'an			June, 2005	• · · · · · · · · · · · · · · · · · · ·							
			lonth/Year											
			g Virus Inactiv			hlorine	Chlorine Di	oxide	C Ozone	🔽 Comb	ined Chlori	ne (Chlorar	nines)	
Ult Ult	raviolet R	adiation	C Othe	r (Describe):										
Type o	f Disinfec	ctant Resid	lual Maintai	ned in Distri	ibution System:	Free Chlo	orine Г	Combir	ned Chlorine	(Chloramine	s) Г	Chlorine I	Dioxide	
					T Calculations, or		Demostate	Four-Log	Virus Inac	fivation. if	Applicable ⁴	•		
						CT Calc		24						
						C1 Call	and the second second	1.4.2.2.14					11 11 11 11	
							Lowest CT							
						Disinfectant	Provided							
	Days Plant			an Karak	Lowest Residual	Contact Time	Before or at		1. 11.			Minimum	Lowest Residual Disinfectant	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Davief	Visited by	Hours plant	of Finished Water.		Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum CT	(人) いわい たい	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
Day of the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	(1 late "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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3	Х	24.0	4,000		0.6								0.3	
4	X	24.0	1,000		0.6								0.3	
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6	X	24.0	4,000		0.6		L		1	ļ			0.3	
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Maximu	m		6,000	1										

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

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See Pages 4 for Instructions.

General Information for the Month/Year of:

July, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS Identification Number	er: 1670647	
							CI. 10/0047	
PWS Type:	Community	Non-Transient Non-Commu		ransient Non-Com		Consecutive	C	
Number of Service Connect					T	otal Population Served at End of	f Month: 1,670	
	Aqua Utilities Florid	la	· · · · · · · · · · · · · · · · · · ·					
Contact Person:	Brian Heath				C	ontact Person's Title:	Area Manager	
Contact Person's Mailing Ad	ddress	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			C	ontact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.com	n					
8. Water Treatment Pla	ant Information							
Plant Name:	Sunny Hills Well #	1				Plant Telephone Number:	(850) 773-2	2802
Plant Address:	3810 Gables Blvd.				City: Sunny Hi	lls State: Florida	Zip Code:	32428
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		1,224,000				
Plant Category (per subsecti	ion 62-699.310(4), F.	A.C.): V			Pla	nt Class (per subsection 62-699	.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Num	ber Da	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605	Days 1st Shift		
Other Operators:							• • • • • • • • • • • • • • • • • • •	
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605 License Number

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

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Emergency or Abnormal Operating Emergency or Abnormal Operating Gonditions, Repair or Maintenance Work that Tyvolves Taking Water System Components Out of Operation	Lowest Residual Disinfecture Concentration at Remote Point in Distribution System, mp/L	Munimum WU Dose Required, Wn.	Lowest	Minimum CT Neuran CT Required, mg		io quist	Elowest CT Flowest CT First Customer First First Prove mg-	Disinfectant Contect Tune (T) at C Measurement Point During Peak Flow minute	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd	Net Quantity of Finished Water Producted, gal	insiq zuoH in Octanion	. 5061A)	30 YsU Siti Siti
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Number	r:	1670647	
PWS Type:	Community	Non-Transient Non-Cor	mmunity [] T	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month	n: 477				Total F	Population Served at End of	Month:	1,670	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath							Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesbu	rg	State: Florida		Zip Code:	34749
Contact Person's Telephone		(352) 787-0980	······································		·····	Contac	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica	i.com							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 4	4					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny	Hills	State: Florida		Zip Code:	32428
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:		1,224,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.):	v				ass (per subsection 62-699.3		С	
Licensed Operators		Name		License Class	License Nu	mber	Day	/(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605		Days 1st Shift			
Other Operators:								· · ·		
										· · · · · · · · · · · · · · · · · · ·

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

DEP Form 62-555 900(3)Alternate

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* 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:

onth/Year of: July, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	······					PWS Identification Numbe	r:	1670647	
PWS Type:	Community	Non-Transient Non-Comr	nunity 🗌 T	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month:	477				Total F	Population Served at End of	Month:	1,670	
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Brian Heath					Contac	et Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: PO	O Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number: (3	352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac	idress: <u>b</u>	eheath@aquaamerica.c	<u>om</u>							
3. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 5						Plant Telephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.			······································	City:	Sunny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Deprating Capacity of Pla	ant, gallons per day:		1,224,000						
Plant Category (per subsect	ion 62-699.310(4), F.A.					Plant Cl	ass (per subsection 62-699.	310(4), F. <u>A.</u> C.):	С	
Licensed Operators		Name	ションの時代の記者	License Class	Licen	ise Number	Day	(s)/Shift(s)	Worked	
Lead/Chief Operator.	Jean H. Pitzer			С		7605	Days 1st Shift			
Other Operators:										
										. <u>.</u>
· · · · · · · · · · · · · · · · · · ·										
والمراقبة المستحد ومراجع والمتحد والمراجع والمراجع والمراجع										

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

DEP Form 62-555. 900(3)Alternate

PWS Ic	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5		·				
III. D	aily Data	for the M	onth/Year	of:		July, 2005				···· ···				
			g Virus Inactiv				Chlorine Di		— 0-0-0-0		oined Chlori	(Chile	-(
	traviolet R		-	r (Describe):		1	Chiorene Di	oxide	1 02016	i Com	Sined Chiori	ne (Chioran	nines)	
+ ·						Free Chlo	·	Cambin	ad Chlarina	(Chloramine		Chlorine I	Diarda	
Type c	of Disinfec	ctant Resid	ual Maintai		ibution System:									
				C	T Calculations, or			Four-Log	Virus Inac	tivation, if				
						CT Calc	ulations				<u> </u>	Dose		
2							Lowest CT							
						Disinfectant	Provided		영 이 생활		The State		14 A A	
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished	1	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of		Hours plant		D. J. Flam	Before or at First	Point During	During Peak	Temp of	U of Water	Minimum CT Required, mg		Required, mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place "X")	in Operation	Producted, gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	x /	24.0	10,000	Tone, gpu.	0.5		init/L		L. phicas		in the second	- Scotin	0.3	
2	X	24.0	3,000		0.6								0.4	
. 3		24.0	3,000											
4	X	24.0			0.5								0.3	
5	Х	24.0	1,000		0.5								0.3	
6	X	24.0	1,000		0.5								0.2	
7	X X	24.0	1,000		0.5								0.3	
9	X	24.0	500	<u> </u>	0.5				······				0.3	
10	~	24.0	500		0.5								0.5	
- 11	х	24.0	1,000		0.6								0.4	
12	Х	24.0			0.6								0.4	
13	Х	24.0	1,000		0.6								0.4	
14	Х	24.0			0.5								0.3	
15	X	24.0	1,000		0.5								0.3	· · · · · · · · · · · · · · · · · · ·
16	x	24.0 24.0	500 500		0.5			<u> </u>				+	0.3	
18	x	24.0	1,000		0.6								0.3	
19	X	24.0	1,000		0.6								0.4	
20	Х	24.0			0.6								0.4	
21	Х	24.0	1,000		0.5								0.3	
22	Х	24.0			0.6								0.3	
23	Х	24.0	500		0.4			<u> </u>			·		0.3	
24 25		24.0	500		0.5								0.3	
25	X X	24.0	2,000		0.5								0.3	
20	x	24.0			0.5					<u>-</u>			0.2	······································
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29-	X	24.0	6,000		0.8								0.3	
30	х	24.0	4,000		0.6								0.2	
31		24.0	4,000											
Total	<u></u>		48,000											
	e	the second s	1,548	1										
Maxim	001) – R. M. A. S.		10,000											

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

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August, 2005



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills	·····					PWS Identification Number	er:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Con	nmunity 🔄 T	ransient Non-Com	nunity		Consecutive			
Number of Service Connec	tions at End of Month	a: 477				Total	Population Served at End of	f Month:	1,670	
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A		PO Box 490310			City: Lees	burg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica	. <u>com</u>							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well #	1					Plant Telephone Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunr	y Hills	State: Florida		Zip Code:	32428
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect		A.C.):	V			Plant C	lass (per subsection 62-699		С	
Licensed Operators		Name	11. 水浇油 書詞	License Class	License 1	Number	TDa	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	760	5	Days 1st Shift			
Other Operators:										
	1			1						
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
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								······		
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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

PWS Id	entification	n Number:		1670647	·····	Plant Name:	Sunny Hills	Well # 1						
			lonth/Year	of:		August, 2005								
			g Virus Inactiv		al: 🔽 Free C	· · · · · · · · · · · · · · · · · · ·	Chlorine Di	ovide	F 07072	Comt	ined Chlari	ne (Chloron	aince)	
1	raviolet R			r (Describe):			Chiorine Di	oxide	1 Ozone	I Come	nneu Chiori	ue (Cinoran	111(3)	
						E Erro Chu	ring r	Combin	ed Chlorine	(Chloramine	<u>а</u> Г	Chlorine I	Dioxide	
Type of	I Disinfe		iuai Maintai		ibution System:									
				<u> </u>	T Calculations, or			our-Log	, Virus Inac	tivation, II				
1 · · ·						CT Calc	ulations		<u> </u>		UV I	Dose		
							Lowest CT			14	1.9 ⁴	and the second		
1		·				Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at		n an tha stair Tha an tha an tha			Minimum	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				an a	UV Dose		
	Visited by		of Finished Water		Concentration (C) Before or at First	Measurement	Customer	100 N 17 D		Minimum CT	Lowest Operating	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
Day of the	(Place	Hours plant in	Producted,	Peak Flow	Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0												
2	X	24.0												
3	x	24.0								<u> </u>		 		
4	X	24.0				· · · · · · · · · · · · · · · · · · ·				<u> </u>		<u> </u>		
5	X X	24.0 24.0			·		╂			<u> </u>				
7		24.0				}	<u> </u>	<u> </u>			<u> </u>	<u> </u>		
8	x	24.0					<u>├</u> ────							
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12	X X	24.0				_	I	ł		┼────	<u> </u>			
13		24.0						<u> </u>	<u> </u>	<u> </u>				
15	x	24.0												
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25	X	24.0						T			L	ļ		
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28	x	24.0		<u>}</u>		<u>}</u>			<u> </u>	╂─────	<u></u>		<u>-</u>	
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Total					· ····································		·	<u> </u>	<u> </u>					
Avgerag	e]										
Maxim	m	이 모양 전품	1	1										

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

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS	Identification Numb	ber:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Co	mmunity 🔄 T	ransient Non-Com	nunity	Conse	ecutive			
Number of Service Connec	ctions at End of Mont	h: 477				Total Popula	ation Served at End o	of Month:	1,670	
PWS Owner:	Aqua Utilities Flori	da								
Contact Person:	Brian Heath					Contact Pers	son's Title:	Area Manager		
Contact Person's Mailing A	Address	PO Box 490310			City: Leesbur	g State	: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Contact Per:	son's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica	a.com							
B. Water Treatment Pl	lant Information			<u> </u>						
Plant Name:	Sunny Hills Well #	4				Plant	Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny I	lills State	Florida		Zip Code:	32428
Type of Water Treatment b	by Plant:	Raw Ground Water	Purchased Fin	ished Water	. <u> </u>				·	
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect	ction 62-699.310(4), F		V				er subsection 62-699			
Licensed Operators		Name		License Class	License Nu	nber	; 5 🖓 Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer	······································		С	7605	Days	1st Shift			
Other Operators:									- <u></u>	
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

DEP Form 62-555 .900(3)Alternate

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 1670647 Plant Name: Sunny Hills Well # 4 III. Daily Data for the Month/Year of: August, 2005 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Corone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): 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* Carl UV Dose CT Calculations W.C. AS. 9- X Lowest CT 1 Disinfectant Provided Days Plant Lowest Residual Contact Time Before or at Lowest Residual Staffed or Net Quantity Disinfectant (T) at C First. Minimum Disinfectant Lowest UV Dose Visited by of Finished Concentration (C) Concentration at Emergency or Abnormal Operating Measurement Customer Operating Required, Day of Operator Hours plant Water Before or at First Point During During Peak Minimum CT Remote Point in Conditions: Repair or Maintenance, Work that Temp of pH of Water, Required, mg UV Dose. mW-(Place Customer During Involves Taking Water System Components the in Producted. Peak Flow Peak Flow. Flow, mg-Distribution -Water, ^oC if Applicable Peak Flow, mg/L - Out of Operation Month "X") Operation Rate, gpd. min/L min/L mW-sec/cm² sec/cm² gal. minutes System, mg/L 1 Х 24.0 312,000 0.8 0.4 2 х 24.0 270,000 0.8 0.4 3 х 24.0 263,000 0.7 0.4 4 Х 24.0 243,000 0.9 0.4 5 Х 24.0 195,000 0.9 0.4 Х 24.0 175,500 0.9 04 6-7 24.0 175.500 8 Х 24.0 201,000 0.9 0.4 9 Х 24.0 248,000 0.8 0.4 0.8 10 Х 24.0 200,000 0.4 11 х 24.0 233,000 0.8 0.4 12 Х 24.0 256,000 0.8 0.4 13 Х 24.0 74,000 0.7 0.3 14 24.0 191,000 0.7 0.3 Х 15 X 24.0 215,000 0.6 0.3 16 х 24.0 166,000 0.8 0.4 17. Х 24.0 165,000 0.7 0.4 18 24.0 0.7 0.4 х 170,000 19 X 24.0 170,000 0.7 0.4 20 х 24.0 202,000 0.7 0.4 21 24.0 202,000 22 24.0 250,000 0.8 0.4 х 23 Х 24.0 134,000 0.8 0.4 0.4 24 Х 24.0 190,000 0.7 25 24.0 257,000 0.7 0.3 х 0.3 26 х 24.0 258,000 0.7 27 0.7 0.3 Х 24.0 123,500 28 24.0 123,500 29 Х 24.0 194,000 0.6 0.3 30 24.0 183,000 0.6 0.3 X 31 -X 24.0 178,000 Total 18.50 6,218,000 Avgerage 200,581 Maximum 10 312,000 1240

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

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See Pages 4 for Instructions. I. General Information for the Month/Year of:

of: August, 2005

A. Public Water System (PWS) Information

PWS Name: S	Sunny Hills						PWS Identification Num	ber:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Community	ד 🛄 דו	ransient Non-Com	munity		Consecutive			
Number of Service Connectio	ons at End of Month:	477				Total	Population Served at End	of Month:	1,670	
PWS Owner: A	Aqua Utilities Florida									
Contact Person: B	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing Add	dress: F	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone N	Number: (352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Add	Iress:	peheath@aquaamerica.com								
B. Water Treatment Plan	nt Information									
Plant Name: S	Sunny Hills Well # 5						Plant Telephone Number	r:	(850) 773-2	802
Plant Address: 1	1240 Elkcam Blvd.				City:	Sunny Hills	State: Florida	· · · · · · · · · · · · · · · · · · ·	Zip Code:	32428
Type of Water Treatment by H	Plant:	Raw Ground Water	urchased Fini	shed Water					<u></u>	
Permitted Maximum Day Ope	erating Capacity of P	lant, gallons per day:		1,224,000						
Plant Category (per subsection	on 62-699.310(4), F.A	C.): V					lass (per subsection 62-69			
Licensed Operators		Name		License Class	Lice	nse Number	۳ <u>۵</u>	ay(s) / Shift(s)	Worked	
Lead/Chief Operator: J	lean H. Pitzer			С	L	7605	Days 1st Shift			
Other Operators:		· · · · · · · · · · · · · · · · · · ·					[
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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

ULD EDItion for ULD Statistic Control Statistics August 2005 Mem of Acheving Four Log Vina Interontation@urmers F free Chlorine C Continued Chlorine (Chloramines) Type of Disinfecture Residual Maintained in Distribution System: F free Chlorine C Combined Chlorine (Chloramines) C Internet Decide Type of Disinfecture Residual Maintained in Distribution System: F free Chlorine C Contacture Chloramines) C Internet Decide Days Plant Net Quantity Contacture free Chlorine C Contacture free Chlorine (Chloramines) UV Doce Use of the plant of the	PWS Io	lentificatio	n Number:		1670647		Plant Name:	Sunny Hills	Well # 5		·····				
Neares of Acheving Four-Log Virus Inactivation (F) Other (Devine) If Face Chains If Cohorae Doxide If Continue Chloramices) Type of Disinfectant Residual Maintained in Distribution System: If Face Chorae Control Cohoraentes) If Chorae Doxide If Control Chloramices) If Chlorae Doxide Type of Disinfectant Residual Maintained in Distribution System: If Face Chorae Control Chlorae Chlorae IV Doce Dury Flam Net Quantity If Calculations, or UV Doce, to Demostate Four-Log Virus Inactivation, if Applicable* Uv Doce Iverse Residual Staff of an Applicable Invest Residual Distribution System: Distribution System: Iverse Residual Distribution Staff of an Applicable Invest Residual Concernance of Parting Response Parton Parting Part Power Pa	III. D	aily Data	for the N	lonth/Year	of:		August, 2005								
C Other (Description) Free Chorine Combined Chlorine (Chloranines) Chlorae Dioxide Days Plant CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose Devise Residual Days Plant Net Quantity Devise Rashall Divert CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* Lowest Residual Days Plant Net Quantity Devise Rashall Divert CT Calculations UV Dose Days of Operator In the Operator I			-			al: 🔽 Free C		Chlorine Di	iovide		E Com	ained Chlori	na (Chlarar	ninas)	
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills							PWS Identification Num	iber:	1670647	·····
PWS Type:	Community	Non-Transi	ent Non-Commu	nity 🔄 🛄 '	Transient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	1:	477				Total	Population Served at End	of Month:	1,670	
PWS Owner:	Aqua Utilities Floric	la					_				
Contact Person:	Brian Heath						Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310				City: Leesb	urg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980					Conta	ct Person's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac	ldress:	beheath@aqu	aamerica.co	m							
3. Water Treatment Pla	ant Information										
Plant Name:	Sunny Hills Well #	1						Plant Telephone Number	r:	(850) 773-2	802
Plant Address:	3810 Gables Blvd.					City: Sunn	y Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	✓ Raw Ground	l Water	Purchased Final	nished Water						
Permitted Maximum Day C	Dperating Capacity of	Plant, gallons per da	iy:	_	1,224,000						
Plant Category (per subsect	tion 62-699.310(4), F	. <u>A.</u> C.):	v				Plant C	lass (per subsection 62-69			
Licensed Operators		Nan	ne		License Class	License N	umber	C	Day(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer				С	7605	5	Days 1st Shift			
Other Operators:											
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name

License Number

C7605

DEP Form 62-555, 900(3)Alternate

PWS Id	entification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 1						
	aily Data	for the N	lonth/Year	of:		September, 200	5							
			g Virus Inactiv		al: 🔽 Free C			·····	F 0	F				
				r (Describe):		morme 1	Chlorine Di	oxide	Czone	Comt	oined Chlori	ne (Chloran	nines)	
L'	raviolet R						. –							
Туре с	of Disinfec	stant Resid	lual Maintair		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac		Applicable*			
	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -					CT Calc	ulations	1.1			UV	Dose		
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						Disinfectant	Lowest CT Provided					1. 2. 2. 전신		
	Days Plant				Lowest Residual	Contact Time	Before or at	Į					Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	I .				Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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• Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills							PWS Id	entification Num	ber:	1670647	
PWS Type:	✓ Community	Non-Transient No	n-Community	Tra	nsient Non-Comr	nunity		Consecu	tive			
Number of Service Connect	tions at End of Month	h: 4	77				Tota	al Populatio	on Served at End	of Month:	1,670	
PWS Owner:	Aqua Utilities Florid	da						_				
Contact Person:	Brian Heath						Cont	tact 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					Cont	tact Person	's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ad	ldress:	beheath@aquaam	erica.com									
B. Water Treatment Pla	ant Information											
Plant Name:	Sunny Hills Well #	4						Plant Te	elephone Number		(850) 773-2	802
Plant Address:	1533 Cash Circle					City:	Sunny Hills	State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Wate	r 🗌 Purcha	ased Finist	ned Water							
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		1	,224,000							
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.):	v				Plant	Class (per	subsection 62-69	9.310(4), F.A.C.)	С	
Licensed Operators		Name	이 이 이 않는 것		License Class	Lice	nse Numbe	त्र े	D D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			C	2		7605	Days 1s	t Shift			
Other Operators:												
		······································								······································		
Hora Carlos												

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605 License Number

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

PWS Id	lentification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 4						
III. D	aily Data	for the M	lonth/Year	of:		September, 200)5							
-		-	g Virus Inactiv		al: 🔽 Free C	blorine	Chlorine Di	ovide	C Ozone	Comt	oined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):		1	Chiornic Di	UNIC	1 02016	1 Com		ne (Chiorai	(IIIICS)	
-								Cambin		(Chloramine		Chlorine I		
I ype c	of Disinfec	ctant Resid	lual Maintai		ibution System:	Free Chl					·			
				C	T Calculations, or			Four-Log	y Virus Inac	tivation, if				
1.03						CT Cal	ulations				UV	Dose		
							Lowest CT			يون الأي يحمد ويرار . الم				
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				and a second	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak		$ f = \sqrt{ f } f ^2$	Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		w mW⊲≛	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm	sec/cm ²	System, mg/L*	Out of Operation
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3	X	24.0	199,000		0.8		ļ					<u> </u>	0.4	
4		24.0	199,000				·	Į	[[[
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15	x	24.0	245,000		0.7				<u> </u>				0.3	
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17	X	24.0	229,500		0.6								0.3	
18		24.0	229,500											
19	X	24.0	273,000		0.5								0.2	
20	X	24.0	354,000		0.5								0.2	
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 Total
 6,337,000

 Avgerage
 204,419

Maximum

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

354,000



See Pages 4 for Instructions. I. General Information for the Month/Year of:

September, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills							PWS I	dentification Numb	ber:	1670647	
PWS Type:	Community	Non-	Transient Non-Com	munity 🗌 T	ransient Non-Com	munity	,	Consec	utive			
Number of Service Connect	tions at End of Month	1:	477				To	al Populati	on Served at End o	of Month:	1,670	
PWS Owner:	Aqua Utilities Florid	la	10 10						······································			
Contact Person:	Brian Heath						Co	ntact Perso	n's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490	310			City:	Leesburg	State:	Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0	980				Co	ntact Perso	n's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac	ddress:	beheath(@aquaamerica.	com								
B. Water Treatment Pla	ant Information											
Plant Name:	Sunny Hills Well #	5	-					Plant 7	elephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.					City:	Sunny Hill	s State:	Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	🗹 Raw (Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C	Operating Capacity of	Plant, gallon	s per day:		1,224,000							
Plant Category (per subsect		.A.C.):	V	7			Plan		subsection 62-699			
Licensed Operators		ter en trans	Name		License Class	Lice	nse Numb	er	D a	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer				С		7605	Days 1	st Shift			
Other Operators:												
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Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

DEP Form 62-555. 900(3)Alternate

ΑΟΝΤΗLΥ ΟΡΕΑΡΙΟΝ REPORT FOR PW"S5 TREATING WAY GROUND WATER OR PURCHASED FINISHED WATER

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Conditions, Repair or Abnormal Operating Conditions, Repair or Maintenance Work that Myolyes Taking Water System Components Our of Operation	Remote Point in Concentration at	Minimin UV Dose Required.	Towest Doceating	Minimun CT Required, mg minL		10-gangT	Lowest CT Provided Before or at First Customer Pinng Peak Hjow, mg- mn/L	Disinfectant Disinfectant Contact Time Messurement Point During Point During	Lowest Residual Disinfectant Concentration (C) Before of at First Customer During Peak Flow, mg/L	Peak Flow	Net Quantity of Finished Water Producted,	htelg zuoH in Operation	Days Plant Staffed or Visited by Operator	Jo ys (I Sdu Anold
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								September, 200			onth/Year o			
						S # 119M	slliH ynnu2	Plant Name:	l	<u></u> 90_91		Number	noileoiltina	<u>191 SMa</u>

* 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:

October, 2005

A. Public Water System (PWS) Information

PWS Name: Sunny Hills				PWS Identification Number:	1670647
PWS Type: Comm	unity Non-Transient Non-Community	y Transient Non-Com	munity	Consecutive	
Number of Service Connections at End	of Month: 499		Total	Population Served at End of Month:	1,747
PWS Owner: Aqua Utilit	es Florida				
Contact Person: Brian Heath			Conta	act Person's Title: Area Ma	nager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Conta	act Person's Fax Number: (352) 78	7-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Inform	nation				
Plant Name: Sunny Hills	Well # 1			Plant Telephone Number:	(850) 773-2802
Plant Address: 3810 Gable	s Blvd.		City: Sunny Hills	State: Florida	Zip Code: 32428
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day Operating Cap	pacity of Plant, gallons per day:	1,224,000			
Plant Category (per subsection 62-699.3			Plant C	Class (per subsection 62-699.310(4), F	
Licensed Operators		License Class	License Number	Day(s) / Sl	iift(s) Worked
Lead/Chief Operator: Jean H. Pitz	er	С	7605	Days 1st Shift	
Other Operators:					
		-			······································
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Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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

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						<u> # II-M</u>	slliH ynnu2	Plant Name:	1	<u></u>		Number	acteorgitua	PI 5/M

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

91emetlA(5)006 555-S8 mo F 930



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Number	r;	1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity T	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	ions at End of Month	n: 499				Total P	opulation Served at End of	Month:	1,747	
PWS Owner:	Aqua Utilities Florid	la		· · · · · · · · · · · · · · · · · · ·						
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Lees	sburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.c	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well #	4					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sun	ny Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsection							ass (per subsection 62-699.		С	
Licensed Operators		Name		License Class	License]	Number	Da Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	760	05	Days 1st Shift			
Other Operators:										<u> </u>
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Signature and Date

Jean Pitzer

Printed or Typed Name

C7605

License Number

DEP Form 62-555 900(3)Alternate

PWS I	Ientification	n Number:		1670647		Plant Name:	Sunny Hills	Well # 4						
TT. D	aily Data	for the N	lonth/Year	of:		October, 2005								· · · · · · · · · · · · · · · · · · ·
	-		g Virus Inactiv		val: 🔽 Free C	·····	Chlorine Di		F 0	– – –			· 、	
	traviolet R	-	-	r (Describe):		inorme i	Chiorine Di	oxide	1 Ozone	Comt Com	oned Chlori	ine (Chlorai	mines)	
H											. –			
Туре	of Disinfe	ctant Resid	lual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine l	Dioxide	······································
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if a	Applicable	*	a second	
					한 영화는 것 바람	CT Calc	ulations	i en e			UV.	Dose		
1.071			1. A.								387.284			
							Lowest CT							
	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
	Staffed or		Net Quantity	e de la composition d	Disinfectant	(T) at C	First		1. S. S.			Minimum		
19.5	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	i i i i i i i i i i i i i i i i i i i	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During.	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg			Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L;	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	181,500		0.7				ļ	L			0.3	
2		24.0	181,500					ļ			<u> </u>			
4	X X	24.0	230,000		0.7								0.3	
5	X	24.0	179,000		0.6						· · · · · ·		0.3	
6	x	24.0	179,000		0.9		<u>+</u>	<u>├</u> ───				+	0.5	
7	X	24.0	185,000		0.9		<u> </u>	<u> </u>	1				0.5	
8	x	24.0	167,500		0.9		<u> </u>						0.5	
- 9		24.0	167,500				†		·····					
10	Х	24.0	246,000		0.9						·	1	0.4	
11	Х	24.0	219,000		0.8			l					0.3	
12	Х	24.0	155,000		0.8								0.4	
13	x	24.0	271,000		0.7		· · · · -		ļ	l	· · · · ·		0.3	
14	X	24.0	203,000		0.8					ļ			0.3	·- · · · · · · · · · · · · · · · · · ·
15	X	24.0 24.0	143,500 143,500		0.8		l	<u> </u>					0.3	
17	x	24.0	282,000		0.8	···	<u> </u>			+		<u> </u>	0.4	
18	X	24.0	181,000		0.8		<u> </u>	<u> </u>		<u> </u>		+	0.4	
19	X	24.0	146,000		0.8		<u> </u>					+	0.4	
20	Х	24.0	261,000		0.8			1					0.4	
21	Х	24.0	178,000		0.8					1			0.3	
22	X	24.0	223,500		0.8								0.3	
23		24.0	223,500											
24	X	24.0	151,000		0.8				<u> </u>				0.4	
25	X	24.0	205,000		0.8			ļ	<u> _</u>				0.4	
26 27	<u>x</u>	24.0	233,000		0.7					ł			0.4	······································
27	X X	24.0	175,000		0.8			<u> </u>	├ ── ──	<u>├──</u> ───	 	+	0.4	
29	- <u>^</u>	24.0	215,500	l	0.8		<u> </u>	 		<u> </u>	<u> </u>	+	0.4	
30		24.0	215,500		5.7		<u> </u>	<u> </u>	<u> </u>	1	†	1		<u> </u>
31	x	24.0	218,000					1					1	······································
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Avgerag			193,935											
Maxim	m -		282,000]										

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

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See Pages 4 for Instructions. I. General Information for the Month/Year of:

October, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills					PWS	Identification Numb	per:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity	Conse	cutive			
Number of Service Connecti	ions at End of Month:	499				Total Popula	tion Served at End o	of Month:	1,747	
PWS Owner:	Aqua Utilities Florida						······································			
Contact Person:	Brian Heath					Contact Pers	on's Title:	Area Manager		
Contact Person's Mailing Ad	Idress: PC) Box 490310			City: Leesburg	g State:	Florida		Zip Code:	34749
Contact Person's Telephone	Number: (35	52) 787-0980			0	Contact Pers	on's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Add		eheath@aquaamerica.co	m							
B. Water Treatment Plan	nt Information									
Plant Name:	Sunny Hills Well # 5				<u></u>	Plant	Telephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: Sunny H	lills State:	Florida		Zip Code:	32428
Type of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased Fini	ished Water		•				
Permitted Maximum Day Op	perating Capacity of Pla	nt, gallons per day:		1,224,000						,,,,
Plant Category (per subsection		C.): V			PI	lant Class (pe	er subsection 62-699	9.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Nun	nber	Da	ay(s)/Shift(s)	Worked	
Lead/Chief-Operator:	Jean H. Pitzer			С	7605	Days	1st Shift			
Other Operators:										
table can be added										
								· · · · · · · · · · · · · · · ·		

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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

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Involves Taking Water System Components	Distribution	∾ -Wm	DA Dose:	Required, mg	, not Water,	to quist	-am, woli	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	əų
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						5 # 11ªM	slliH ynnul	Plant Name:		190291		. Number:	oiteaditua	PI SMd

* 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: November, 2005 A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Numbe	r:	1670647	,,,
PWS Type:	Community	Non-Transient Non-Comr	nunity 🗌 T	ransient Non-Com	nunity		Consecutive			
Number of Service Connect	tions at End of Month	1: 499				Total P	opulation Served at End of	Month:	1,747	
PWS Owner:	Aqua Utilities Florid	la				1	•			
Contact Person:	Brian Heath					Contact	Person's Title:	Area Manager		······································
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesbu	irg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980		·		Contact	Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac		beheath@aquaamerica.c	om							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well #	I					Plant Telephone Number:		(850) 773-2	802
Plant Address:	3810 Gables Blvd.				City: Sunny	Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day O	Derating Capacity of	Plant, gallons per day:		1,224,000						
Plant Category (per subsect							ss (per subsection 62-699.	310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Nu	umber	Day - Day	/(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer	· · · · · · · · · · · · · · · · · · ·		С	7605	1	Days 1st Shift			
Other Operators:										
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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

TREATING RAW GROUND WATER OR PURCHASED FINISHED WAR DATER	NONTHLY OPERATION REPORT FOR PW"Ss
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Conditions, Repeir or Maintenance Work that Involves Taking Water System Components Out of Operation	Remote Point in Distribution System, mg/L	Kequred. ww- Sec/cm ²	Derating	Minimum CT Required, mg Min/L	, PH of Water, if Applicable	Temp of Water, ^O C	During Peak Flow, mg- Mn/L	Peak Flow, Peak Flow, minutes	Before or at First Customer During Peak Flow, mg/L	Peak Flow	Water Producted, gal	thours plant in Detration	Operator (Place ("X")	Month the Annow
Emergency or Abnormal Operating	Lowest Residual Disinfectant Concentration at	Minimum 320GI VU	Lowest				Lowest CT Provided First First	Disinfectant Contact Time (T) at C	Lowest Residual Disinfectant Concentation (C)		Net Quantity of Finished		Days Plant Staffed or Visited by	
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* Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Numbe	r	1670647	
PWS Type:	 Community 	Non-Transient Non-Com	munityT	ransient Non-Com	munity		Consecutive	·····		
Number of Service Connect	tions at End of Month:	499				Total F	opulation Served at End of	Month:	1,747	
PWS Owner:	Aqua Utilities Florida					•				
Contact Person:	Brian Heath					Contac	t Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesbu	rg	State: Florida		Zip Code:	34749
Contact Person's Telephone		352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad	ddress: b	eheath@aguaamerica.c	com							
B. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 4						Plant Telephone Number:		(850) 773-2	802
Plant Address:	1533 Cash Circle				City: Sunny	Hills	State: Florida		Zip Code:	32428
Type of Water Treatment by		Raw Ground Water	Purchased Fini	ished Water						
Permitted Maximum Day O				1,224,000						
Plant Category (per subsect		.C.):V			I	Plant Cl	ass (per subsection 62-699.	310(4), F.A.C.):	С	
Licensed Operators		Name	二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、	License Class	License Nu	mber	The Day	(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	7605		Days 1st Shift			
Other Operators:										

11. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer

Printed or Typed Name

C7605 License Number

DEP Form 62-555. 900(3)Alternate

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* 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:

November, 2005

A. Public Water System (PWS) Information

PWS Name:	Sunny Hills						PWS Identification Numb	ber:	1670647	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity 🗌 T	ransient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	499				Total I	Population Served at End o	of Month:	1,747	
PWS Owner:	Aqua Utilities Florida	a								
Contact Person:	Brian Heath			······································		Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Lees	burg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.cor	n							
8. Water Treatment Pla	ant Information									
Plant Name:	Sunny Hills Well # 5	5					Plant Telephone Number:		(850) 773-2	802
Plant Address:	1240 Elkcam Blvd.				City: Sunr	ny Hills	State: Florida		Zip Code:	32428
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:		1,224,000						
Plant Category (per subsection		A.C.): V					lass (per subsection 62-699			
Licensed Operators		Name		License Class	License N	Number	Da	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Jean H. Pitzer			С	760	5	Days 1st Shift			
Other Operators:										
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

DEP Form 62-555 900(3)Alternate

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



See Pages 4 for Instructions.

Polymer Page 3 Due in December

General Information for the Month/Year of:

December, 2005

A. Public Water System (PWS) Information PWS Name: Sunny Hills PWS Identification Number: Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month 499 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** Plant Name: Sunny Hills Well # 1 Plant Telephone Number: Plant Address: 3810 Gables Blvd. Sunny Hills Florida City: State: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,224,000 Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.):

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Licensed Operators		License Class	License Number		Day(s) / Shift(s) Worked
Lead/Chief Operator:	Jean H. Pitzer	С	7605	Days 1st Shift	
Other Operators:					

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 can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

1670647

Zip Code:

Zip Code:

(850) 773-2802

С

34749

32428

1.747

Area Manager

(352) 787-6333

License Number

DEP Form 62-555. 900(3)Alternate

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

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See Pages 4 for Instructions. Oecember, 2005 A. Public Water System (PWS) Information PWS Name PWS ldentification Number: 1670647 PWS Name Sumy Hills PWS Information Non-Community Consecutive Information Number: 1670647 PWS Name Sumy Hills PWS Information Information Number: 1670647 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 400310 City Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (32) 787-0980 Contact Person's Fax Number: (352) 787-0333 Contact Person's Fax Number: (352) 787-0333 Contact Person's E-Mail Address: Deheatth/@aquaamerica.com Contact Person's Fax Number: (850) 773-2802 Plant Address: Is32 Cash Crief Purchased Finished Water Plant Telephone Number: (250) 773-2802 Plant Address: Is33 Cash Crief V V Plant Cass (per subsection 62-699-310(4), F.A.C.): C Poemited Maximum Day Operation Real May Cass and Real May Is24,000 Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per s	FLORIDA	Polymer Page 3 Due in December				
General Information for the Month/Year of: December, 2005 A. Public Water System (PWS) Information PWS Name Sunny Hills PWS Name Sunny Hills PWS Identification Number: 1670647 PWS Name Sunny Hills PWS Identification Number: 1670647 PWS Strice Connections at End of Month 499 Total Population Served at End of Month: 1.747 PWS Owner. Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City. Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-080 Contact Person's Fax Number: (352) 787-6333 Contact Person's Lephone Number: 16320 ratione Number: (263) 773-2802 Plant Address: 1533 Cash Circle Totat Person's Fax Number:	See Pages 4 for Instructions.	i olymer i age 5 bue in betember				
PWS Name: Sumy Hills PWS Identification Number: 1670647 PWS Type: Immunity Non-Transient Non-Community Consecutive Immunity 1,747 PWS Owner: Aqua Utilities Florida Immunity Total Pepulation Served at End of Month: 1,747 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida 2/p Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's FAMI Address: Deheath@aquaamerica.com 34749 Swater Treatment Plant Information Contact Person's FAMI Address: Deheath@aquaamerica.com State: Florida 2/p Code: 34749 Plant Name: Sunny Hills Well # 4 Contact Person's FAMI Address: Deheath@aquaamerica.com State: Florida Zip Code: 32428 Plant Name: Sunny Hills Well # 4 City: Sunny Hills State: Florida Zip Code: 32428 Plant Class Core restoned Pipersone Capacity of Plant, gallons per day: 1,224,000 Plant Class (per subsection 62-699.310(4), FA C): C Plant Class (per s		Year of: December, 2005			·····	
PWS Name: Sumy Hills PWS Identification Number: 1670647 PWS Type: Immunity Non-Transient Non-Community Consecutive Immunity 1,747 PWS Owner: Aqua Utilities Florida Immunity Total Pepulation Served at End of Month: 1,747 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida 2/p Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's FAMI Address: Deheath@aquaamerica.com 34749 Swater Treatment Plant Information Contact Person's FAMI Address: Deheath@aquaamerica.com State: Florida 2/p Code: 34749 Plant Name: Sunny Hills Well # 4 Contact Person's FAMI Address: Deheath@aquaamerica.com State: Florida Zip Code: 32428 Plant Name: Sunny Hills Well # 4 City: Sunny Hills State: Florida Zip Code: 32428 Plant Class Core restoned Pipersone Capacity of Plant, gallons per day: 1,224,000 Plant Class (per subsection 62-699.310(4), FA C): C Plant Class (per s	A. Public Water System (PWS) Inform	ation				
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PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City. Lesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-080 Contact Person's Telephone Number: (352) 787-633 Contact Person's Telephone Number: (352) 787-080 Contact Person's Fax Number: (352) 787-633 Swater Treatment Plant Information Plant Telephone Number: (850) 773-2802 Plant Address: 1533 Cash Circle City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: Image: Ima	PWS Type: Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
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Contact Person's Mailing Address: 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 Address: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6333 Swater Treatment Plant Information Plant Address: 1533 Cash Circle Plant Telephone Number: (850) 773-2802 Plant Address: 1533 Cash Circle City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: I Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.) C Plant Stepport (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators: V Plant Class (per subsection 62-699.310(4), F.A.C.) C C License Operators: C 7605 Days 1st Shift Day(s) / Shift(s) Worked C Cotter Operators: C 7605 Days 1st Shift C C C Cotter Operators: C C 7605 Days	PWS Owner: Aqua Utilities Flori	ida				
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6333 Water Treatment Plant Information Plant Address: 1533 Cash Circle Plant Telephone Number: (850) 773-2802 Plant Address: 1533 Cash Circle City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: [2] Raw Ground Water [] Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,224,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C License Closs License Class License Class License Class C 703 (b) / Shift(s) Worked License Operators: [] Contact Person's Fax Number Permitted Maximum Day Operating Capacity of Plant, gallons per day: [] License Class [] License Number [] Days [] Shift(s) / Worked License Operators: [] Contact Person factor [] Contact Person factor <	Contact Person: Brian Heath			Conta	ct Person's Title: Area	a Manager
Contact Person's E-Mail Address: beheath@aquaamerica.com 3. Water Treatment Plant Information Plant Telephone Number: (850) 773-2802 Plant Name: Sunny Hills Well # 4 Plant Telephone Number: (850) 773-2802 Plant Address: 1533 Cash Circle City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: [2] Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Ticensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Ican H. Pitzer C 7605 Days Ist Shift Other Operators:	Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
B. Water Treatment Plant Information Plant Name: Sumny Hills Well # 4 Plant Telephone Number: (850) 773-2802 Plant Address: 1533 Cash Circle City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: Image: Mark Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Ticcensed Operators: Istainer License Class License Number Day(s) / Shift(s) Worked Dead/Chile Operators: Istainer C 7605 Days Ist Shift Other Operators: Istainer Istainer Istainer Istainer Image: Image	Contact Person's Telephone Number:			Conta	ct Person's Fax Number: (352) 787-6333
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Type of Water Treatment by Plant:		# 4			Plant Telephone Number:	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): C License Operators Interpretation Lead//Chief Operators: Interpretation Jan H. Pitzer C Other Operators: Interpretation Image: Constraint of the period of the				City: Sunny Hills	State: Florida	Zip Code: 32428
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Jean H. Pitzer C 7605 Days 1st Shift Other Operators: Icense Class License Class License Class License Class Image: Class Class Class License Class License Class License Class License Class Image: Class Class Class License Class License Class License Class License Class Image: Class Class Class Class Class License Class License Class License Class Day(s) / Shift(s) Worked Image: Class Cl						
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Jean H. Pitzer C 7605 Days 1st Shift Other Operators:			1,224,000			
Lead/Chief Operator: Jean H. Pitzer C 7605 Days 1st Shift Other Operators:				the second se		·· · · ·
Other Operators:		Name	License Class			/ Shift(s) Worked
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

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

• -, •

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

PWS I	PWS Identification Number: 1670647 Plant Name: Sunny Hills Well # 4													
	aily Data	for the N	lonth/Year	of:		December, 200	5							
			2 Virus Inactiv		al: 🔽 Free C		·		F 0					
		•	-	r (Describe):		morine j	Chlorine Di	oxide	Ozone	☐ Comb	oined Chlori	ne (Chloran	nines)	
<u>+</u>	traviolet R											······		
Type of	of Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	orine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if	Applicable'		이 아이	
1. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19 19 19 19 19 19 19 19 19 19 19 19 19 19 1				1.1		CT Calc					UVI	Dose		
											ন্ধ্য হয় প্ৰথম			
							Lowest CT							
						Disinfectant	Provided							
	Days Plant Staffed or		Net Quantity		Lowest Residual	Contact Time (T) at C	Before or at				A. 5. 87 (53	Minimum	Lowest Residual	
	Visited by		of Finished		Concentration (C)	Measurement	First				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,		Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water.	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²		Out of Operation
150	X	24.0	172,000		0.9	the second second second second							0.4	
2	X	24.0	175,000		0.9					·		·	0.4	
3 -	X	24.0	116,000		0.9								0.4	
4		24.0	116,000											
5	X	24.0	208,000		1.0								4.0	
6	X	24.0	133,000		1.0								0.4	
7	X	24.0	181,000		0.8	<u> </u>							0.3	
8	X	24.0	73,000		0,5								0.2	
9 10	X X	24.0	153,000		0.6								0.3	
10	<u> </u>	24.0	137,500		0.7	·			<u> </u>				0.4	
12	X	24.0	90,000	}	0.8								0.4	
13	x	24.0	124,000		0.8				·				0.4	
14	x	24.0	139,000		0.6	· · · · ·							0.3	· · · · · · · · · · · · · · · · · · ·
15	х	24.0	130,000		0.6								0.3	
16	x	24.0	227,000		0.6								0.3	
17	Х	24.0	111,500		0.6								0.3	
18		24.0	111,500											
19	x	24.0	150,000		0.6								0.3	
- 20	X	24.0	159,000		0.6								0.3	
21	x	24.0	146,000		0.8								0.4	······
22	x	24,0	152,000		0.8								0.4	
23	X X	24.0 24.0	161,000		0.8								0.4	
*25	<u>^</u>	24,0	169,500 169,500		0.8								0.4	
26	x	24.0	115,000		0.8			<u> </u>					0.4	· · · · · · · · · · · · · · · · · · ·
27	x	24.0	160,000		0.8				<u> </u>			·	0.4	
28	x	24.0	145,000		0.8								0.4	
29	x	24.0	171,000	1	0.6								0.3	
30	х	24.0	174,000		0.8								0.4	
31	Х	24.0	157,000											
Total			4,564,000											
Avgerag			147,226]										
Maximu	m		227,000											

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



See Pages 4 for Instructions. General Information for the Month/Year of: Public Water System (PWS) Information PWS Name: Summy fills PWS Name: Community Immer of Service Connections at End of Month 409 PWS Owner Aqua Utilities Florida Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Tellephone Number: (352) 773-2802 Plant Name: Summy Hills Well # 5 Mater Tractament Plant Information [City: Sumy Hills State: Florida Promited Maximum Dav Operating Capacity of Plant, galons per day 1240 Elicans Bloy. Type of Water Teatment by Plant: [Zity Supace Plant] Liceonse Class		Polymer Page 3 D	ue in December					
Public Water System (PWS) Information PWS Name: Sunny Hills PWS Owne: Aqua Utilities Florida Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-980 Contact Person's Flexing Address: Deheath@aquaamerica.com Contact Person's Flexing Address: Deheath@aquaamerica.com Water Treatment Plant Information Purchased Finished Water Plant Address: Deheath@aquaamerica.com Water Treatment Plant Information (Baw Ground Water Plant Address: I / 2 Elexam Bid Type of Water Treatment by Plant: I / Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): Permited Maximum Day Operating Capacity of Plant, gallons per day: 1,224,000 Plant Class (per subsection 62-699.310(4), F.A.C.): V License Oumber Day(s)/S Shift(s) Worked Corteat Person's Is shift <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
PWS Name: Sunny Hills PWS Identification Number: 1670647 PWS Type: □ Community □ Transient Non-Community □ Consecutive Number of Service Connections at End of Month: 499 Total Population Served at End of Month: 1,747 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Title: Area Manager Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0880 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0880 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: Deheath@aquaamerica.com Contact Person's Fax Number: (350) 773-2802 Water Treatment Plant Information Plant Telephone Number: (850) 773-2802 Plant Address: Ipp Code: 32428 Type of Water Treatment by Plant: [-] Raw Ground Water Purchased Finished Water Plant Category of Plant, gallons per day: 1,224,000 Plant Category (p	. General Information for the Month/	Year of:	December, 2005					
PWS Name: Sunny Hills PWS Identification Number: 1670647 PWS Type: □ Community □ Transient Non-Community □ Consecutive Number of Service Connections at End of Month: 499 Total Population Served at End of Month: 1,747 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Title: Area Manager Contact Person's Telephone Number: (352) 787-0800 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0800 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0800 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0800 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: Deheath@aquaamerica.com Contact Person's Fax Number: (350) 773-28002 Water Treatment Plant Information Plant Telephone Number: (850) 773-28002 Plant Address: Ipp Code: 32428 Type of Water Treatment by Plant: [_] Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): C Permitted Max	A Public Water System (PWS) Inform	ation						
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Number of Service Connections at End of Month 499 Total Population Served at End of Month: 1,747 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person's Mailing Address: 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 Pax Number: (252) 787-6333 </td <td></td> <td>Non-Transient</td> <td>Non-Community</td> <td>Transient Non-Com</td> <td>munity</td> <td></td> <td></td> <td><u>, </u></td>		Non-Transient	Non-Community	Transient Non-Com	munity			<u>, </u>
PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: 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 Address: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6333 Water Treatment Plant Information Plant Telephone Number: (850) 773-2802 Plant Address: Plant Name Sumy Hills Sumy Hills State: Florida Zip Code: 32428 Type of Water Treatment Plant: [] Plant Gase of the set of the se					·		Lof Month: 1 747	
Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: 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 Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Contact Person's Fax Number: (352) 787-6333 Water Treatment Plant Information Plant Telephone Number: (850) 773-2802 Plant Name: Sunny Hills Well # 5 Plant Telephone Number: (850) 773-2802 Plant Address: 1240 Elkcam Blvd. City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water						r opulation served at End	1,717	
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Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Name: Sunny Hills Well # 5 Plant Telephone Number: (850) 773-2802 Plant Address: 1240 Elkcam Blvd. City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: Image: A Raw Ground Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Class License Number Image: A Day(s) / Shift(s) Worked Image: A Day(s) / Shift(s) Worked Other Operators: Image: A Day (S) / Shift(s)	Contact Person's Mailing Address:	PO Box 490310					~	le: 34749
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Plant Name: Sunny Hills Well # 5 Plant Telephone Number: (850) 773-2802 Plant Address: 1240 Elkcam Blvd. City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant: // Raw Ground Water Purchased Flinished Water 1,224,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C License d Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operators: Isean H. Pitzer C 7605 Days 1st Shift Other Operators: Isean H. Pitzer Isean H. Pitzer Isean H. Pitzer Isean H. Pitzer	Contact Person's E-Mail Address:	beheath@aquaar	nerica.com			***************************************	· · · · · · · · · · · · · · · · · · ·	
Plant Address: 1240 Elkcam Blvd. City: Sunny Hills State: Florida Zip Code: 32428 Type of Water Treatment by Plant:	B. Water Treatment Plant Information			· · ·				A
Type of Water Treatment by Plant:	Plant Name: Sunny Hills Well #	5				Plant Telephone Numbe	er: (850) 7	73-2802
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,224,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name Lead/Chief Operator: Jean H. Pitzer Other Operators: C 7605 Days 1st Shift	Plant Address: 1240 Elkcam Blvd.				City: Sunny Hills	State: Florida	Zip Coo	le: 32428
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Jean H. Pitzer C 7605 Days 1st Shift Other Operators: Image: Control operators Image: Control operators Image: Control operators Image: Control operators	Type of Water Treatment by Plant:	🗹 Raw Ground Wa	iter 🔄 Purchased	I Finished Water				
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operators Jean H. Pitzer C 7605 Days 1st Shift Other Operators:				1,224,000				· · · · · · · · · · · · · · · · · · ·
Lead/Chief Operator: Jean H. Pitzer C 7605 Days 1st Shift Other Operators:								
Other Operators:		Name		License Class	License Number		Day(s) / Shift(s) Worke	d 🦾
				С	7605	Days 1st Shift		
	Other Operators:						at an at the	
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이는 이상 전에 가장 가장 이는 것을 수가 있다. 						<u> </u>		

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Jean Pitzer Printed or Typed Name C7605

License Number

DEP Form 62-555. 900(3)Alternate

Sa 18 #

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

PWS Id	PWS Identification Number: 1670647 Plant Name: Sunny Hills Well # 5													
III. Daily Data for the Month/Year of: December, 2005														
Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine 🔽 Chlorine Dioxide 🔽 Ozone 🔽 Combined Chlorine (Chloramines)														
Ultraviolet Radiation Other (Describe):														
Type of	Type of Disinfectant Residual Maintained in Distribution System: 🔽 Free Chlorine 🔽 Combined Chlorine (Chloramines)													
	1997 1997 - 1997 1997 - 1997			C	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									
			CT Calculations UV Dose											
			a an		in the part						84 		that the second s	
						Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					1 년 1 월	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,		Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, YC	if Applicable	e min/L	mW-sec/cm ²	sec/cm ²		Out of Operation
1	X	24.0			0.8			 	L			<u> </u>	0.4	
2	X X	24.0 24.0	A commence of the second se		0.8								0.4	
4	<u> </u>	24.0	· · · · · · · · · · · · · · · · · · ·		0.0				<u> </u>				0.4	
5	x	24.0		.	1.0		- · · · · · · · · · · · · · · · · · · ·						0,5	
6	X	24.0			1.0			1					0.5	
7.5.	Х	24.0	1		1.0								0.5	
8	Х	24.0	1,000		0.9								0.5	
9	Х	24.0			0.9				<u> </u>				0.4	
10	x	24.0	500		0.9			<u> </u>		ļ			0.4	
11		24.0	500		0,9	-				 			0.4	
-13	X	24.0	1,000		0.9			1					0.4	· · · · · · · · · · · · · · · · · · ·
14	X	24.0	,		0.9			<u> </u>					0.4	······································
15	x	24.0		· · · ·	0.9							†	0.4	
16	х	24.0	1		0.9								0.3	
17	х	24.0	500	1	0.8								0.3	
18		24.0												
19	x	24.0		ļ	0.8			L					0.3	
20	X	24.0			0.8			<u> </u>					0.4	
21	X	24.0			0.8								0.4	
22 23	X X	24.0		.	0.8			ļ	<u> </u>				0.4	
23	X	24.0			0.8					4			0.4	
25	^	24.0		l	0.8				1	<u> </u>			0.4	
26	x	24.0	· · · · · · · · · · · · · · · · · · ·		0.8				1	1	· · · · · · · · · · · · · · · · · · ·	1	0.4	· · · · · · · · · · · · · · · · · · ·
27	x	24.0		<u>+</u>	0.9								0.4	
28	x	24.0		†	0.8			1				1	0.4	
29	х	24.0			0.8			İ					0.4	
30	х	24.0			0.8								0.4	
31	Х	24.0	A second s											
Total			23,000	1										
Avgera			742	1										
Maximi	fin 🦷	<i>a</i> .	1,500	1										

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