The Woods

Docket No. 060368-WS

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

Florida	CMP
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Aqua Utilities Florida, Inc.

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Aqua Utilities Florida, Inc. Monthly Operating Reports

The Woods

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See page 4 for instructions 1. General Information for the Month Year of: January-04 A. Public Water System (PWS) Information PWS Name: The Woods PWS Identification Number: 6600347 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 71 Total Population Served at End of Month: 150 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: Zip Code: 34470 FL Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: The Woods Plant Telephone Number: (352) 369-4881 Plant Address: CR 576 City: Webster State: FL Zip Code: 33597 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant 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 C 8287 6 Days per week Other Operators: Carl Virtuoso \overline{c} 4835 6 Days per week Mike Gorski $\overline{\mathbf{C}}$ 7713 6 Days per week 6 Days per week 6 Days per week 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. Mark March C8287

Page 1

License Number

Printed or Typed Name

Signature and Date

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

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See page 4 for instructions February-04 I. General Information for the Month/Year of: A. Public Water System (PWS) Information 6600347 PWS Identification Number: PWS Name: The Woods Consecutive Transient Non-Community PWS Type: X Community Non-Transient Non-Community Total Population Served at End of Month: 150 Number of Service Connections at End of Month: 71 PWS Owner: AquaSource Utility, Inc. Contact Person's Title: Contact Person: Michael Fitzgerald Area Manager - Florida Zip Code: 34470 State: Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala (352) 732-3213 Contact Person Person's Fax Number: Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information (352) 369-4881 Plant Telephone Number: Plant Name: The Woods CR 576 City: Webster State: FL Zip Code: 33597 Plant Address: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s):Worked License Number * Name License Class **Licensed Operators** 6 Days per week Lead/Chief Operator: Mark March \boldsymbol{C} 8287 6 Days per week 4835 Other Operators: Carl Virtuoso \mathbf{C} 7713 6 Days per week Mike Gorski C 6 Days per week 6 Days per week 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. Mark March C8287 Printed or Typed Name License Number Signature and Date

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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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions I. General Information for the Month/Year of: March-04 A. Public Water System (PWS) Information 6600347 PWS Identification Number: PWS Name: The Woods Consecutive Non-Transient Non-Community Transient Non-Community PWS Type: X Community Total Population Served at End of Month: 150 Number of Service Connections at End of Month: 71 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: (352) 732-3213 Contact Person Person's Fax Number: Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: The Woods Plant Telephone Number: Webster Zip Code: 33597 Plant Address: CR 576 City: State: FLX Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Class License Number Day(s)/Shift(s) Worked Name Lead/Chief Operator: 8287 6 Days per week Mark March C 6 Days per week C 4835 Other Operators: Carl Virtuoso $\overline{\mathbf{C}}$ 7713 6 Days per week Mike Gorski 6 Days per week 6 Days per week 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. Mark March C8287 Printed or Typed Name License Number Signature and Date

Page 1

PWS I	dentifica	tion Numbe	er:	6600347		Plant Name:	The Wood	ls								
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



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Page 1

Mark March

Printed or Typed Name

C8287

License Number

Signature and Date

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

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DEP Form 62-555 900(3)Alternate

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions May-04 I. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Name: The Woods PWS Identification Number: 6600347 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive 150 Number of Service Connections at End of Month: Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road Ocala State: City: (352) 369-4881 (352) 732-3213 Contact Person's Telephone Number: Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com B. Water Treatment Plant Information Plant Name: (352) 369-4881 The Woods Plant Telephone Number: Plant Address: CR 576 City: Webster State: Zip Code: 33597 FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant 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: \mathbf{C} 8287 6 Days per week Mark March Other Operators: \overline{C} 4835 6 Days per week Carl Virtuoso Mike Gorski С 7713 6 Days per week 6 Days per week 6 Days per week 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. Mark March C8287 Printed or Typed Name License Number Signature and Date

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



See page 4 for instructions June-04 I. General Information for the Month Year of: A. Public Water System (PWS) Information 6600347 PWS Name: The Woods PWS Identification Number: PWS Type: X Community Consecutive Non-Transient Non-Community Transient Non-Community 150 Number of Service Connections at End of Month: Total Population Served at End of Month: 71 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road Zip Code: 34470 City: Ocala State: FL (352) 732-3213 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com B. Water Treatment Plant Information Plant Name: The Woods (352) 369-4881 Plant Telephone Number: Zip Code: 33597 Plant Address: CR 576 City: Webster State: FLType of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant 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: 6 Days per week Mark March C 8287 4835 6 Days per week Other Operators: Carl Virtuoso C Mike Gorski $\overline{\mathbf{C}}$ 7713 6 Days per week 6 Days per week A Asset O. J. K. 6 Days per week 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. Mark March C8287

License Number

Printed or Typed Name

Signature and Date

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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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions July-04 1. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Identification Number: 6600347 The Woods PWS Name: Transient Non-Community Consecutive PWS Type: Community Non-Transient Non-Community 150 Number of Service Connections at End of Month: Total Population Served at End of Month: 71 PWS Owner: Agua Utilities Florida Area Manager - Florida Contact Person: Michael Fitzgerald Contact Person's Title: Zip Code: 34470 1343 NE 17th Road Ocala State: FL. Contact Person's Mailing Address: City: (352) 732-3213 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: mvfitzgerald@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 369-4881 Plant Name: The Woods Plant Telephone Number: Zip Code: 33597 City: Webster State: FL Plant Address: CR 576 Purchased Finished Water Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked Licensed Operators License Class License Number Name 6 Days per week Lead/Chief Operators C 8287 Mark March C 7713 6 Days per week Other Operators: Mike Gorski 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. C8287 Mark March Printed or Typed Name License Number Signature and Date

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



See page 4 for instructions

1. General Information for the Month Year of: August-04	
A. Public Water System (PWS) Information	
PWS Name: The Woods PWS Identification Number: 6600347	
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive	
Number of Service Connections at End of Month: 71 Total Population Served at End of Month: 150	
PWS Owner: Aqua Utilities Florida	
Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida	
	2: 34470
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 73	2-3213
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com	
B. Water Treatment Plant Information	
Plant Name: The Woods Plant Telephone Number: (352) 36	9-4881
Plant Address: CR 576 City: Webster State: FL Zip Cod	e: 33597
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.) C	
Licensed Operators Name License Class License Number Day(s)/Shift(s) V	orked .
Lead/Chief Operator: Mark March C 8287 6 Days per w	ek
Other Operators: Tom Felton C 2241 6 Days per w	ek
	<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. I certify that all drinking water treatment chemicals used at thisplant co	
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	
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	
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PW	
	s owner so the Pws
owner can retain them, together with copies of this report, at a convenient location for at least ten years.	
M. I. Marak	
Mark March C8287	
Signature and Date Printed or Typed Name License Number	

											000,28			umixsM
										ļ	905,15			Average
											007,888		- F. 14	LiboT
	£.I						-				16,000	24 hrs	X	31
	5.1										900,8	24 hrs	X	30
	2.1										12,000	24 hrs	Х	67
	5. I										000,21	24 hrs	X	87
	LI										18,000	24 hrs	X	``.Ł7
	9 I										000'11	24 hrs	X	97
	S.I										14,000	24 hrs	X	52
	0.2										39,000	24 hrs	X	74
100	2.1										4,700	24 hrs	X	73
	tr'l										12,000	24 hrs	X	77
	S.1										12,000	24 hrs	X	71
	\$.I										85,000	24 hrs	X	- 70
	2.1										28,000	24 hrs	X	61
	2.1										000'91	24 hrs	X	18
	I'I										72,000	24 hrs	X	41
	Þ.I.										000'99	24 hrs	X	91
											000'99	24 hrs		. 51
	1.2										000'11	24 hrs	X	71
	6.0										000,11	24 hrs	X	EI
	9.0										14,000	24 hrs	X	15
	8.0										000'\$1	24 hrs	X	. II
	6.0										000,£1	24 hrs	X	01
	6.0										12,000	24 hrs	X	6
											20,500	24 hrs		8
	1.0										20,500	24 hrs	X	L
	6.0										12,000	24 hrs	X	9
	8.0										12,000	24 hrs	X	ς
	6.0										12,000	24 hrs	X	b
	L'0										13,000	24 hrs	X	ε .
	I			<u>. </u>							000°51	24 hrs	X	7
											20,000	24 hrs	<u> </u>	I
Watersystem Components Out of Operation	System, mg/L	Sec/cm2	Sec/cm2	J/nim-3m	Applicable	ૂ છે.∵	J\nim-gm	sənunu	J\gm,wol4	Rate, gpd	Produced, gal	noitsragO	(.X.	dinoM
Repair of Maintenance Work that Involves Taking	nonudinsiQ	Wm	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	nr insl9	(Place	orti
Encreency of Abnormal Operating Conditions,	ni inio¶	Required,	UV Dose,	n	lo Hq	јо	gnrnd	garmG mio4	First Customet		bədsini Tio	smoH	Operator	30 VBCI
	* sioms / 18	Dose	QuiteredO	muminiM		.Temp.	Customer	(T) at C Measurement	as no sefore or at		Met Quanity		Visited by	The same
	Disinfectant Concentration	muminiM	Lowest				Before or	-Soniact Time	Disinfectant Concentration				10	
	Residual				TOWN S		Provided	Disinfectant	Lowest Residual				Staffed	
	isəwo.1				15. 公置		Lowest				1 1 1 1 1 1 1		Plant	
		- 000	7 10 2	N/A 1.4	- 10 (48%) 市区書 - 10 (100 (100 (48)	4.787×(4)	- snons	DODO TO	gradit, e.g. of the left of				Days	
		əso	AN E	iddyr ir fuom				Jot ,980G VU 70.	SHOURING TO					G.,
	rowo) ownou	O DOLLIGH				1	4 ********	Tot coordantiae		Manara de la	I DOLLIGILIDIAI IDI	INICALI IIIPIA	annsıcı	10 3d4 I
Chlorine Dioxide	nlorine (Chlora	D banidm	U)	anine	Free Chl					Situdiatsi () n	i bənistnisM lsu			
								:(3	Other (Describe			r Radiation		
Combined Chlorine (Chloramines)	əuozo) <u> </u>	əbixoid	Chlorine D		hlorine	Э ээтЧ	<u> </u>		məA\noitsiv	itsenl suriV go.			
									40-isuguA		fto ago off	or the Mon	LanaCL /	inG III
						S	The Woods	Plant Name:		∠ \$€0099	:1	ion Numbe	lentificat	PI SMd

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



See page 4 for instructions

I. General Information for	or the Month Year of: September-04				
A. Public Water System	(PWS) Information		31		
PWS Name:	The Woods		PWS Identifi	cation Number:	6600347
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-Commun	nity	Consecutive
Number of Service Con	nections at End of Month: 71		Total Population Served a	t End of Month:	150
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flor	ida
Contact Person's Mailing	g Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph	one Number: (352) 369-4881		Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mail	Address: <u>mvfitzgerald@aguaamerica.com</u>				
B. Water Treatment Plan	nt Information				
Plant Name:	The Woods		Plant Telepho		(352) 369-4881
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wat	ter		
Permitted Maximum Da	ay Operating Capacity of Plant, gallons per day:				
	section 62-699.310(4), F.A.C.): IV		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day	r(s)/Shift(s) Worked :
Lead/Chief Operator:	Mark March	C	8287		6 Days per week
Other Operators:	Tom Felton	С	2241		6 Days per week
	Gwayne Murray	С	12419		6 Days per week
	Ken Estes	C	12032		6 Days per week
II. Carifford and Land					
II. Certification by Lead					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant i	dentified in Part I o	f this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that all	drinking water treatmen	nt chemicals used at	thisplant conform to NSF
International Standard 60	or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	C. I also certify that the	following additiona	al operations records for this
nlant were prepared each	day that a licensed operator staffed or visited this plant of	during the month in	dicated above: (1) recor	ds of amounts of ch	emicals used and chemical feed
rates: and (2) if applicable	le, appropriate treatment process performance records. F	uthermore I saree 1	o provide these addition	al operations record	is to the PWS owner so the PWS
	ogether with copies of this report, at a convenient location			iai operations record	as to the 1 was owner so the 1 was
owner can retain them, to	ogether with copies of this report, at a convenient location	ii ioi at least teli yea	115.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	
orginature and Date	Timed of Typed Name	•		Election Hamber	

PWS lo	lentifica	tion Numbe	r:	6600347		Plant Name:	The Wood	İs							
111 124	h Data	for the Man	th Year of:		September-04										
Means	of Achie	eving Four-l	Log Virus Inacti	iviation/Rem			Free (Chlorin		Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)
	Iltraviol	et Radiation	1		Other (Describe	e):			اسا						
			ual Maintained	in Distributi					Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
1.5 2.0			41443		CT Calculations.	, or UV Dose, to I	Demonstrate 1	Four-Log						0.00	
	Days			1.34		CT Calcu	lations		State Live	多一种生活	∵∴∆UV	Dose			
	Plant	1 - 1 - 1			1 th		Lowest CT	i dise	ar con				Lowest		The second secon
	Staffed				Lowest Residual	Disinfectant	Provided				122		Residual		
	OI .				Disinfectant	Contact Time	Before or	44.4		7-2-5			Disinfectant		
	Visited		of a file of Tableton of the New York		Concentration	(T) at C	at First	25.5			Lowest Operating	Minimum UV Dose	Concentration at Remote		
Davide	by:	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	1 emp.	, pH of	Minimum CT	UV Dose,	Required,	Point in	Emergency or Abnorma	al Operating Conditions;
Day of the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if		mW-	mW	Distribution	Renair or Maintenance V	Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L		Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Compo	nents Out of Operation
1	X	24 hrs	9,000		2								1.2		
2	X	24 hrs	16,000		2								1.2		
3	X	24 hrs	16,000		2.2							<u> </u>	1.4		
4	X	24 hrs	10,000		0.9			<u> </u>					0.5		
5		24 hrs	6,500	<u> </u>			ļ	<u> </u>				 	0.7		
6	X	24 hrs	6,500		1.5			-				 	1.0		
8	X	24 hrs	5,000 5,000		2		 	 		 		 	1.0		
9	- X	24 hrs 24 hrs	9,000		2			<u> </u>		 		 	1.1		
10	$\frac{\lambda}{X}$	24 hrs	10,000		2.2		-	 				 	1.4		
11	X	24 hrs	12,000	1	0.5		 	 			 		0.5		
12	X	24 hrs	12,000		2			<u> </u>					1.1		
13	X	24 hrs	6,000		0.8								0.5		
14	X	24 hrs	17,000		0.5								0.3		
15	X	24 hrs	8,000		0.5			<u> </u>				ļ	0.3		
16	X	24 hrs	22,000		1.3		ļ	 					0.2		
17	X	24 hrs	7,000		2			 		 	ļ	 	0.5		
18	X	24 hrs	15,000 15,000	ļ	0.9		ļ	 					1.2		
20	X	24 hrs 24 hrs	7,000	 	2.1	<u> </u>	ļ	╁	<u> </u>	 	 	 	1.1	 	
21	$\frac{\lambda}{X}$	24 hrs	102,000		2.1			 		 	 	t	0.7		
22	X	24 hrs	15,000		2		T					<u> </u>	0.8		
23	X	24 hrs	27,000		1.8								0.6		
24	X	24 hrs	12,000		2								1.4		
25	X	24 hrs	12,000		2		ļ	<u> </u>		<u> </u>	<u> </u>	ļ	1.5		
26		24 hrs	60,500		<u> </u>		<u> </u>					<u> </u>	l		
27	X	24 hrs	60,500	ļ	2.1			_				<u> </u>	1.5	 	
28	X	24 hrs	42,000		2	 	 -			 	 	 	1.3 1.5		
29 30	X	24 hrs 24 hrs	9,000	 	2.2	ļ	 	 	 	 	 	 	1.3		
31		24 hrs	12,000	 	 	 	 	 			 	<u> </u>			
Total		24 ms	566,000			-	J	<u> </u>	<u> </u>			ь	· · · · · · · · · · · · · · · · · · ·		
Average			18,867	1											

102,000

Maximum

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



See page 4 for instructions

I. General Information	for the Month Year of:	October-04			
A. Public Water System	(PWS) Information				
PWS Name:	The Woods	<u> </u>		PWS Identifi	cation Number: 6600347
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Commu	
Number of Service Cor	nnections at End of Month:	71		Total Population Served a	at End of Month: 150
PWS Owner:	Aqua Utilities Florida				
	Michael Fitzgerald			Contact Person's Title:	Area Manager - Florida
Contact Person's Mailir				City: Ocala	State: FL Zip Code: 34470
Contact Person's Telep				Contact Person Person's F	Fax Number: (352) 732-3213
Contact Person's E-Ma	il Address: <u>mvfitzgera</u>	ld@aquaamerica.com			
B. Water Treatment Pla	nt Information				
Plant Name:	The Woods			Plant Teleph	
Plant Address:	CR 576			City: Webster	State: FL Zip Code: 33597
Type of Water Treated			rchased Finished W	ater	
	Day Operating Capacity of Plant, gallo	ns per day:			
	bsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection	
Licensed Operators	Name		License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		c	8287	6 Days per week
Other Operators:	Barry Cohen		С	8253	6 Days per week
化學數 預知形成的的原質					
			<u></u>	<u> </u>	
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed i	n Florida, am the lead/	chief operator of the	he water treatment plant i	identified in Part I of this report. I certify that the
					nt chemicals used at thisplant conform to NSF
					following additional operations records for this
					ds of amounts of chemicals used and chemical fee
					nal operations records to the PWS owner so the PV
			_	=	ial operations records to the F w 3 owner so the F v
owner can retain them, t	ogether with copies of this report,	at a convenient location	n for at least ten ye	ears.	
		Mark March			C8287
Signature and Date		Printed or Typed Name	е		License Number
orginature and Date		Timed of Typed Name	•		Bround Frantion

Page 1

PWS Id	lentificat	ion Numbe	r:	6600347		Plant Name:	The Wood	s						
III. Dai	ly Data f	or the Mon	th Year of:		October-04									C. L. I Chlair (Chlamaines)
			og Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):								
Type o	f Disinfe	ctant Residu	ual Maintained i	n Distribution					Free Chl				hlorine (Chlor	
	i i				CT Calculations,		Demonstrate F	our-Log	Virus Inactiv	ation, if App	licable* .			
	Days			a 1 Jans	MR Office and the later of the	CT Calcu		10000	SA HUET TO	20		ose		1.00
	Plant	*					Lowest CT				* - 1.A.		Lowest	
	Staffed		Karatan, Pan		Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or	12 12			1.00		Residual Disinfectant	
	or Visited				Concentration	(T) at C	at First	7	35. 2.		Lowest	Minimum	Concentration	The state of
	by		Net Quanity		(C) Before or at	Measurement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Temp.		Minimum	Operating		at Remote	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	ĊТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	14,000		2			ļ					1.4	
2	X	24 hrs	13,000		2			ļ					1.5	
3	X	24 hrs	7,000		2.2					ļ — — —			1.6	
5	X	24 hrs 24 hrs	16,000 6,000		2.2							 	1.5	
6	$\frac{\hat{x}}{x}$	24 hrs	15,000		2.2			 		 	 		1.5	
7	X	24 hrs	11,000	 	1.4			 					1.0	
8	X	24 hrs	14,000		1.2			l —					0.8	
9	X	24 hrs	10,000		2.2								1.4	
10	Х	24 hrs	9,000		2								1.4	
11	X	24 hrs	15,000		2.1								1.5	
12	X	24 hrs	8,000		1.5								1.0	
13	X	24 hrs	15,000		1.8								1.2	
14	X	24 hrs	93,000	<u> </u>	1.5								1.1	
15	X	24 hrs	14,000		1.6			ļ					1.0	
16	X	24 hrs	42,000	<u> </u>	1.5			 			 		1.1	
17	X	24 hrs 24 hrs	10,000		1.5			-			 		1.0	
19	X	24 hrs	15,000		1.4								0.8	
20	X	24 hrs	13,000		1.4				 		 		0.9	
21	X	24 hrs	15,000		1.5								0.8	
22	X	24 hrs	12,000		1.6								0.8	
23	Х	24 hrs	30,000		1.4								1.0	
24		24 hrs	30,000	L										
25	X	24 hrs	22,000		1.5								0.9	
26	X	24 hrs	14,000		1.6						ļ		0.9	
27	Х	24 hrs	12,000		1.5						 		0.8	
28	X	24 hrs	15,000		1.6			ļ	 	 			0.9	
29	X	24 hrs	16,000 14,000	<u> </u>	1.5						 		0.9	
30		24 hrs 24 hrs	14,000		1.4		<u> </u>	 		<u> </u>	 		0.7	
Total	<u> </u>	24 nrs	547,000	ļ				L		L	L			
Average			17.645	İ										

93,000

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



 									
See page 4 for instructions			_						
I. General Information f	or the Month Year of:	November-04							
A. Public Water System	(PWS) Information								
PWS Name:	The Woods				PWS Identi	fication Numb	oer:	6600347	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient	Non-Comm	unity		Consecutive	
Number of Service Con	nections at End of Month:	71		Total Popul	ation Served	at End of Mo	nth:	150	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact Per	son's Title:	Area Mana	ger - Flor		
Contact Person's Mailin	g Address: 1343 NE 17th Road			City:	Ocala	State:	FL_	Zip Code:	34470
Contact Person's Teleph	none Number: (352) 73	2-6027		Contact Per	son Person's	Fax Number:		(352) 732-32	213
Contact Person's E-Mai	l Address: beheath	@aquaamerica.com							
B. Water Treatment Plan	nt Information								
Plant Name:	The Woods				Plant Telep	hone Number	:	(352) 732-60	027
Plant Address:	CR 576			City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated	by Plant: X Raw Ground	Water Pu	rchased Finished Wa	iter					
Permitted Maximum D	ay Operating Capacity of Plant, ga	llons per day:							
	osection 62-699.310(4), F.A.C.):	IV		Plant Class	(per subsecti	ion 62-699.31			
Licensed Operators	Name		License Class	License	e Number		Day	(s)/Shift(s) Work	ed 💮 💮
Lead/Chief Operator:	Mark Mar	-ch	С	8	287		ϵ	Days per week	
Other Operators:	Barry Col	en	С	8	253		- (Days per week	
ti di in di katalan di di di di di di di di di di di di di									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
		······································							
II. Certification by Lead	Chief Operator								
I the undersioned water	treatment plant operator license	d in Florida, am the lead.	chief operator of the	ne water trea	tment plant	identified in	Part I o	f this report. I	certify that the
information provided in	this report is true and accurate t	n the best of my knowled	loe I certify that a	l drinking w	ater treatme	ent chemical	s used at	thisplant confo	orm to NSF
International Standard 6	0 or other applicable standards r	ofereneed in subsection t	(2 555 220(2) E A	C. Lalso ce	ertify that th	e following:	additiona	l operations red	cords for this
international Standard of	o or other applicable standards i	CC 1 1 14 14 1 1 4)2-333.320(3), 1 .A	.C. I aiso co	ruiy mat ui	e tonowing a	nto of ab	amicals used or	d abamical food
plant were prepared each	day that a licensed operator sta	med or visited this plant	during the month if	idicated abo	ive: (1) reco	orus or amou	nts of Ch	ennicais used ai	id Chemical feed
	le, appropriate treatment proces				hese additio	onal operatio	ns record	is to the PWS o	wner so the PWS
owner can retain them, to	ogether with copies of this repor	t, at a convenient location	n for at least ten ye	ars.					
		Mark March				C8287			

Page 1

License Number

Printed or Typed Name

Signature and Date

PWS Ic	S Identification Number: 6600347 Plant Name: The Woods													
III. Dai	ly Data !	for the Mon	th Year of:		November-04									
Means	of Achie	ving Four-I	Log Virus Inacti	iviation/Rem	oval: *	`	Free (hlorin	e 📗	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			T. C C				1.1 in Chlor	ramines) Chlorine Dioxide
Type o	Disinfe	ctant Resid	ual Maintained	in Distribution					Free Chl				hlorine (Chlor	
100	2.0				CT Calculations	or UV Dose, to I	Demonstrate I lations			ation, if App	UV.	A TOTAL		
	Days		* * * * · · · · · · · · · · · · · ·						E-994	<u> </u>	, UV.	Dose	一一 一	
	Plant				Lowest Residual	Disinfectant	Lowest CT Provided	504.5	2				Lowest Residual	
	Staffed]	Disinfectant	Contact Time	Before or	計畫出					Disinfectant	
14,44	Visited		Little of	1	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	1 1 1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	X.	Minimum	Operating		at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	∼ pH of	CT	UV Dose,	Required,	Point in M	- Emergency of Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C ·	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L-	** Water System Components Out of Operation
2	X	24 hrs 24 hrs	23,000 15,000	 	1.1		 	<u> </u>		ļ <u></u>		 	0.7	
3	X	24 hrs	17,000	 	1.3								0.8	
4	X	24 hrs	7,000	 	1.3								0.7	
5	X	24 hrs	9,000		1.3						T		0.8	
6	X	24 hrs	55,000		1.2								0.9	
7.		24 hrs	54,000											
-8	X	24 hrs	44,000		1.1								0.6	
9	X	24 hrs	30,000		1.3								0.8	
10	X	24 hrs	13,000	<u> </u>	1.2		ļ					ļ	0.7	
11	X	24 hrs	17,000		1.2		ļ <u> </u>						0.6	
12	X	24 hrs	10,000 19,000	 	1.5					<u> </u>			0.8	
14	X	24 hrs 24 hrs	17,000		0.8			ļ . — .			 	 	0.7	
15	X	24 hrs	14,000	 	1.4						 	 	0.8	
16	X	24 hrs	16,000		1								0.6	
17	X	24 hrs	16,000		1.2								0.7	
18.	Х	24 hrs	16,000		1.5								0.7	
19	X	24 hrs	55,000		0.8								0.5	
20	X	24 hrs	18,000		1			L					0.9	
21	Х	24 hrs	20,000		1.5							ļ	0.9	
22	X	24 hrs	21,000		1.2						 	 	0.8	
23	X	24 hrs	21,000		1.4								0.8	
24	X	24 hrs	50,000	<u> </u>	1.2								0.7	
25 26	X	24 hrs 24 hrs	16,000 26,000	ļ	1.3						 	 	0.9	
27	X	24 hrs	16,000		1.2						<u> </u>	 	0.7	
28	$\frac{\lambda}{X}$	24 hrs	21,000	 	1.2			-			 		0.7	
29	X	24 hrs	13,000		i								0.6	
30	X	24 hrs	15,000		1.2								0.8	
31		24 hrs					l							
Total ::	X1.211		684,000											

55,000

Maximum

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



See page 4 for instructions December-04 I. General Information for the Month Year of: A. Public Water System (PWS) Information 6600347 PWS Identification Number: The Woods PWS Name: Consecutive Transient Non-Community PWS Type: X Community Non-Transient Non-Community 150 Total Population Served at End of Month: Number of Service Connections at End of Month: 71 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Contact Person: Brian Heath Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Contact Person Person's Fax Number: (352) 732-3213 Contact Person's Telephone Number: (352) 732-6027 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 732-6027 Plant Name: The Woods Plant Telephone Number: Zip Code: 33597 Plant Address: CR 576 City: Webster State: FL X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): License Number Day(s)/Shift(s) Worked License Class Licensed Operators 34 Name 6 Days per week Lead/Chief Operator: 6813 Will Fontaine 6597 6 Days per week \overline{C} Other Operators: John Worrell 10027 6 Days per week Marty Neal tio or Life 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. 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. Futhermore, 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. C6813 Will Fontaine License Number Printed or Typed Name

Page 1

Signature and Date

PWS Id	WS Identification Number: 6600347 Plant Name: The Woods													
III Dai	la Data f	or the Mon	th Voor of		January-04									
			_og Virus Inacti	viation/Rem			Free (Chlorin	e []	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			لـــا					
			ual Maintained i	in Distributio	on System:	·			Free Chl				hlorine (Chlor	ramines) Chlorine Dioxide
	4 5				CT Calculations	, or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl		+ 2.74 KA	700	
	Days	1 g.	, ·		1. 克泽美国特色型金额	🔆 CT Calcu				4.	UVI	Dose		
1. 1.1.1.	Plant	3.4		1			Lowest CT	GLEW.	12.40	3 = 3 3 5 5			Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	OI		9 3		Disinfectant Concentration	Contact Time (T) at C	Before or at First		8 - 6	ů,	Lowest	Minimum	Disinfectant Concentration	
	Visited by		Net Quanity		(C) Before or at	Measurement	Customer	Temp:		Minimum	Operating		at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	4,900		1.1								0.6	
2	X	24 hrs	9,900		1.6			ļ					0.5	
3	X	24 hrs	8,700		1.6	<u> </u>		<u> </u>					0.6	
4	X	24 hrs	6,200		1.7			 					0.6	
6	X	24 hrs	4,800 5,100		1.7								0.6	
7	X	24 hrs 24 hrs	5,100		1.7	-		-			 	 -	1.0	
8	X	24 hrs	4,900		0.9	<u> </u>	 	 					0.5	
9	X	24 hrs	6,400		1			 					1.4	
10	X	24 hrs	7,200	-	2.1			 					0.5	
11	X	24 hrs	4,800		1.4	<u> </u>							0.9	
12	X	24 hrs	5,400		1.3								0.8	
13	X	24 hrs	6,300		1.8								0.9	
14	X	24 hrs	4,600		1.4								0.8	
15	X	24 hrs	4,500		1.5			<u> </u>					0.5	
16	X	24 hrs	4,100		1.8			<u> </u>			ļ	ļ	0.6	
17	X	24 hrs	4,600	ļ	1.6		 	ļ				ļ	0.8	
18		24 hrs	5,450		1.7		 	 			 	-	0.8	
19 20	X	24 hrs 24 hrs	5,450 5,600	<u> </u>	1.7		 	 			 	 	0.8	
21	$\frac{\lambda}{X}$	24 hrs	4,300	 	1.4		 	 				 	0.7	
22	$\frac{\lambda}{X}$	24 hrs	4,800		1.6		 	†		 			0.9	
23	X	24 hrs	5,100		1.4			†					1.0	
24	X	24 hrs	4,800	†	1.7			1					1.2	
25		24 hrs	4,700											
26	X	24 hrs	4,700		1.6								1.0	
27	X	24 hrs	5,600		1.8			 		<u> </u>	<u> </u>		1.0	
28	X	24 hrs	5,200		1.9			ļ		L	ļ		1.3	
29	X	24 hrs	6,000		2.1		<u> </u>	ļ		 		<u> </u>	1.5	
30	X	24 hrs	4,000	ļ	2.2	 	<u> </u>	-				 	1.8	
31	X	24 hrs	6,800		1.7	L	<u> </u>	L	L	L	L	L	1.4	1
Total:	or Total	12.00	170,000 5,484	1										
Average			5,484	4										

9,900

Maximum

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



DEP Form 62-555 900(3)Alternate

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions I. General Information for the Month Year of: January-05 A. Public Water System (PWS) Information PWS Name: The Woods 6600347 PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 150 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: The Woods Plant Telephone Number: (352) 787-0980 Plant Address: CR 576 Webster City: State: FL Zip Code: 33597 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators License Class Name License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Will Fontaine \mathbf{C} 6813 6 Days per week Other Operators: John Worrell C 6597 6 Days per week Marty Neal $\overline{\mathbf{c}}$ 10027 6 Days per week 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years, Will Fontaine C6813 Signature and Date Printed or Typed Name License Number

Page 1

PWS Id		ion Numbe	r:	6600347		Plant Name:	The Wood	s						
		or the Mon			January-05									
			Log Virus Inacti	viation/Rem			Free C	Chlorin	e	Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								
Type of	Disinfe	ctant Resid	ual Maintained	in Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	
					CT Calculations,	or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiv	ation, if Appl				
	Days			rang May in the second of the		CT Calcu	lations			2. 图 是一般。	⊸∵UV I	Dose		
	Plant						Lowest CT	7 T.					Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided	14.4					Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First Customer			Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	2.00
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	During	emp.	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	. c-		A Committee of the Comm	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	5,300		1.7								1.3	
2		24 hrs	5,500											
3	X	24 hrs	5,600		2.1			ļ		ļ. <u>.</u>			1.8	
4	X	24 hrs	5,500		1.4			<u> </u>					1.1	
5	X	24 hrs	5,600	ļ	1.7			ļ	<u> </u>				1.3	
6	X	24 hrs	4,700	 	1.1								0.8	
7	X	24 hrs	5,500	<u> </u>	1.4			├			 	<u> </u>	1.0	
8	X	24 hrs 24 hrs	3,400 6,000	 	1.3	<u> </u>				 	 		1.0	
10	X	24 hrs	6,000	 	1.1		<u> </u>	 					0.6	
11	X	24 hrs	5,600	 	1.8			 		 			0.8	
12	X	24 hrs	4,200		1.4						†	1	0.6	
13	X	24 hrs	5,900		1.6								0.8	
14	X	24 hrs	4,200		1.7								0.7	
15		24 hrs	4,600									<u> </u>		
16	X	24 hrs	4,600	<u> </u>	1.5					ļ			0.8	
17	X	24 hrs	4,500		1.5	<u> </u>				ļ	 	 	0.5	
18	X	24 hrs	10,100	ļ	1.9			<u> </u>		 	 		0.7	
19	X	24 hrs	6,100		1.3		ļ	 		 	 	 	1.0	
20	<u>X</u>	24 hrs 24 hrs	5,600 4,200		1.4		 	+	 	 	 	 	0.8	
22	$\frac{X}{X}$	24 hrs	6,000	 	2	 	 	 		 	 	 		
23		24 hrs	5,000		-		1	\vdash		1				
24	X	24 hrs	5,100	 	1.4				T				0.7	
25	X	24 hrs	5,600	1	1.6								0.8	
26	Х	24 hrs	4,500		1.7								0.8	
27	X	24 hrs	5,400		1.5						ļ <u>.</u>	<u> </u>	0.8	
28	X	24 hrs	4,600		1.5		ļ	<u> </u>	ļ	<u> </u>		 	0.7	
29	X	24 hrs	4,200		1.7	ļ		<u> </u>		 	 	 	 	
30		24 hrs	5,600	<u> </u>	1.5	<u> </u>				 	 	 	0.8	
	<u> </u>			 	1.3	<u> </u>	1	L	1		<u> </u>	Ь	1	
			<u> </u>	1										
31 Total	X	24 hrs	5,700 164,400 5,303		1.5						l		0.8	

10,100

Maximum

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



See page 4 for instructions							
General Information for	or the Month/Year of:	February-05					
A. Public Water System		rebruary 03					
	The Woods	······································			IPWS Identif	ication Number:	6600347
	X Community	Non-Transient Non-Comm	munity [\neg	Transient Non-Commu		Consecutive
	nections at End of Month:	72	indirity [Total Population Served		
	Aqua Utilities Florida				Total Topulation	2.10 0.7.10	
	Brian Heath				Contact Person's Title:	Area Manager	- Florida
Contact Person's Mailing	g Address: PO Box 490310				City: Leesburg	State: FL	
Contact Person's Teleph	one Number: (352) 78	37-0980			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail	Address: beheat	n@aquaamerica.com					
B. Water Treatment Plan	nt Information						
Plant Name:	The Woods				Plant Teleph	one Number:	(352) 787-0980
Plant Address:	CR 576				City: Webster	State: FL	Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground	d Water Pur	chased Finishe	l Wa	ter		
	ay Operating Capacity of Plant, ga	illons per day:					
	section 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection		
Licensed Operators	Name		License Cla	SS	License Number	事家 医蜂性异合物	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Font	aine	C		6813		6 Days per week
Other Operators:	John Wor	rell	C		6597		6 Days per week
	Marty N	eal	С		10027		6 Days per week
· · · · · · · · · · · · · · · · · · ·							
S SUMMERS							
全身,这个人的							
					L	L	
II Cartification but and	Chief On souton						
II. Certification by Lead							
I, the undersigned water t	treatment plant operator license	ed in Florida, am the lead/o	chief operator	of th	e water treatment plant	identified in Pa	rt I of this report. I certify that the
information provided in t	his report is true and accurate t	o the best of my knowledg	ge. I certify th	at all	l drinking water treatme	nt chemicals us	ed at thisplant conform to NSF
International Standard 60	or other applicable standards	referenced in subsection 63	2-555.320(3),	F.A.	C. I also certify that the	following addi	tional operations records for this
							of chemicals used and chemical feed
							ecords to the PWS owner so the PWS
	gether with copies of this repo	-	7	-	•	- F	
van roum mont, w	S copies of ans topo) ••			
		Will Fontaine				C6813	
Signature and Date		Printed or Typed Name				License Numbe	er.

Page 1

PWS	dentif	cation Number	er:	6600347		Plant Name:	The Wood	s								
													<u> </u>			
III. Da	ily Da	ta for the Mor	ith Year of:		February-05					CLL '- F	N: i d		2	Combined Chl	orine (Chloramines)	
Mean	s of Ac	hieving Four-	Log Virus Inact	iviation/Rem	ioval: *		Free C	Chlorine	e [_]	Chlorine I	noxide	□ '	Ozone []	Combined Citi	offic (Cinoralinies)	ļ
	Ultrav	iolet Radiation	n		Other (Describe	<u>:): </u>									Chlorine Dioxi	do
Type	of Disi	nfectant Resid	lual Maintained	in Distributi	on System:				Free Chl				hlorine (Chlor	ramines)	Chlorine Dioxi	ac
						or UV Dose, to I		our-Log	Virus Inactiv	ation, if Appl		5.00				
1	Day	rs			主体 表 生之				Mess. Th		· UVI	Dose 1	25		Anna Selection	
1	Pla	. 1				3 . 3.	Lowest CT					100	* Lowest		The second secon	e films
	Staff	ed			Lowest Residual	Disinfectant	Provided				517	1	- , Residual,		· · · · · · · · · · · · · · · · · · ·	
	or	1		1	Disinfectant	Contact Time	Before or			三三字 蒙	2.		Disinfectant			域
	Visit	1			Concentration	(T) at C	at First	Tu.	# 5- E	Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote			
	by		Net Quanity		(C) Before or at	Measurement Point During	Customer During	Temp.	pH of	CT	UV Dose,	Required;	Point in	Emergency or A	bnormal Operating Conditi	ions:
Day o	f Opera (Pla		of Finished Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water,	Water, if .	Required.	mW-	mW	Distribution	Repair or Mainte	ance Work that Involves T	aking
Monti			Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	The second secon	sec/cm2	System, mg/L		Components Out of Operati	
1	$\frac{1}{X}$		4,300	Ture, gp		1.5							0.7			
2	X		5,200	†		1.4			[0.7	<u> </u>		
3	X		3,200			1.6							0.8	<u> </u>		
4	X	24 hrs	5,000			1.5						<u> </u>	0.7	 		
5	X	24 hrs	3,800			1.3						ļ		ļ		
6		24 hrs	6,150									ļ		ļ		
7.	X		6,150	<u> </u>		1.9		└			ļ	<u> </u>	0.8	 		
8	X		5,800	1	ļ	1.5		<u> </u>		_	<u> </u>	ļ	0.7			
9	X		5,200	↓	ļ <u> </u>	1.4	ļ	 			 	 	0.7	}		
10	X		6,600	 	ļ	1.4	 	 		<u> </u>		<u> </u>	0.8	 		
11	1 X		5,300	 	 	1.3	 	 				 	\	ļ		
12	X	24 hrs 24 hrs	4,500 6,450	 	 	1.2	 	 	 		 	 	 	 		
14	+		6,450	 	 	1.3	 	 	 				0.5			
15	$+\hat{x}$		5,000	 		1.2	 	 				T	0.7			
16	$\frac{1}{x}$		4,900			1.4	 	<u> </u>					0.7			
17	1 X		4,600	†	 	1.3		1					0.7			
18	X		4,800			1.2						<u> </u>	0.6			
19	X		4,800			1.1						L		ļ		
20		24 hrs	6,000								L		 			
21	X		6,000			1.3		<u> </u>		<u> </u>	 	 	0.7	-		
-22	. X		4,100			1.5	ļ	<u> </u>	ļ	L		↓	0.7	 		
23	Х		6,100	<u> </u>		1.2	ļ	 		ļ	<u> </u>	<u> </u>	0.6	 		
24	X		3,900	ļ	<u> </u>	1.6	 	 	ļ	<u> </u>		 	0.8	 		
25	X		4,700			1.6	<u> </u>	ļ	ļ		 	 	0.7	 		
26	X		3,900		 	1.6	 		 	 	 	 	 	 		
27	1_	24 hrs	4,500		 	 	 	}	 		 	 	0.6	 		
28	X		4,500	 	 	1.4	 	 	 	 	 	1	0.0	 		
29	1-	24 hrs	1	-	 	 	 -	 	 	 	 	 	 	 		
30		24 hrs	 	 	 	 	ļ	 		1	 	 	+	 		
Total		24 hrs	141,900	 		<u> </u>										
	12.0															

6,600

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



DEP Form 62-555 900(3)Alternate

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions March-05 I. General Information for the Month Year of: A. Public Water System (PWS) Information 6600347 PWS Name: The Woods PWS Identification Number: Transient Non-Community Consecutive PWS Type: X Community Non-Transient Non-Community 216 Number of Service Connections at End of Month: Total Population Served at End of Month: Aqua Utilities Florida PWS Owner: Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 Leesburg State: FL City: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: The Woods Zip Code: 33597 CR 576 City: Webster State: FLPlant Address: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): IV Day(s)/Shift(s) Worked License Class License Number Licensed Operators Name Lead/Chief Operator: \mathbf{C} 6813 6 Days per week Will Fontaine $\overline{\mathbf{C}}$ 6597 6 Days per week Other Operators: John Worrell 6 Days per week Marty Neal C 10027 i de j 三种 二氢异丙基 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine License Number Signature and Date Printed or Typed Name

Page 1

PWS Id	entificat	ion Number	r:	6600347		Plant Name:	The Wood	s							
					March-05										
III. Dai	y Data I	or the Mont	th Year of:	(D)			L Franc	Chlorine		Chlorine I)iovida)zone	Combined Chl	orine (Chloramines)
			og Virus Inacti	viation/Rem			Free C	morms	· L	CHIOTHIC L	MARIUC		/2011c	Comonica cin	o, (
		et Radiation			Other (Describe)):			T 5 611			1:10	Lister (Chlor	inag)	Chlorine Dioxide
Type of	Disinfe	ctant Residu	ual Maintained i	n Distribution	on System:		The state of the state of the		Free Chl				hlorine (Chlor	ammes)	Cinorite Dioxide
					CT Calculations,			our-Log	Virus Inactiv	ation, if Appl	icable* UV I	20 4 Mg			형 나 가는 사람들이 보냈다.
1	Days			a 192		CT Calcu				- 10 and	0 UV 1	Jose			
	Plant	24		1			Lowest CT		K.				Lowest Residual		등장 아시겠습니다.
	Staffed			1 3	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or					100	Disinfectant	7.5	경기가는 사람들 폭했다. 그는 모모
	or Visited				Concentration	Contact Time	at First				Lowest	Minimum	Concentration	155	
	by		Net Quanity	i in	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating.	UV Dose	at Remote		그 나는 아니라 꽃이 다른 일본
Day of	Operator	Hours	of Finished	100	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or A	bnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW- ²³	mW'	Distribution		nance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	Components Out of Operation
[÷	X	24 hrs	5,300		1.4								0.7	ļ	
2	X	24 hrs	3,500		1.3							ļ	0.7		
3	X	24 hrs	5,400		1.2							ļ	0.5	 	
4	X	24 hrs	3,400		1.3								0.5		
.5	X	24 hrs	4,000		1.4										
6	- V	24 hrs	5,750		1.6								0.7		
8	X	24 hrs 24 hrs	5,750 5,400		1.6								0.9		
9	X	24 hrs	3,000		1.6								0.8		
10	X	24 hrs	3,700		1.7								0.8	 	
11	X	24 hrs	4,600		1,6								0.8		
12	X	24 hrs	5,000		1.6										
13		24 hrs	4,100												
14	X	24 hrs	4,100		1.5								0.7		
15	X	24 hrs	3,200		1.6								0.7		
16	X	24 hrs	2,600		1.3								0.5		
17	X	24 hrs	3,400		1.3								0.4		
18	X	24 hrs	3,100		1.6								0.5		
19	Х	24 hrs	3,300	ļ 	1.4		ļ	<u> </u>			 	 		 	<u>, </u>
20		24 hrs	3,850		, , , , , , , , , , , , , , , , , , , ,		ļ	ļ					0.7		
21	X	24 hrs	3,850		1:5		ļ				ļ	 	0.7		····
22	X	24 hrs	2,900		1.4		 				 	 	0.7	 	
23	X	24 hrs	3,000 3,400		1.4		 	 -			 	 	0.8	 	
25	X	24 hrs 24 hrs	3,400		1.6		 	 -			 		0.9		
26	$\frac{\lambda}{X}$	24 hrs	2,600	 	1.6		 				 				
27		24 hrs	3,750	 	1.0			 			l			 	
28	X	24 hrs	3,750		1.7		 						0.9		
29	X	24 hrs	3,600		1.7		 						0.9		
30	X	24 hrs	2,500	<u> </u>	1.6								0.9		
31	Х	24 hrs	3,706		1.4								0.8		
Total			118,806												

5,750

Maximum

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



See page 4 for instructions					
I. General Information f	or the Month Year of: April-05				
A. Public Water System	(PWS) Information				
	The Woods		PWS Identifi	cation Number:	6600347
	X Community Non-Transient Non-Com	munity	Transient Non-Commun	nity	Consecutive
	nections at End of Month: 72		Total Population Served a	at End of Month:	216
	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Mailin	ng Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	none Number: (352) 787-0980		Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	The Woods		Plant Telepho	one Number:	(352) 787-0980
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	iter		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:				
Plant Category (per sub	osection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		6 Days per week
Other Operators:	John Worrell	С	6597		6 Days per week
	Marty Neal	С	10027		6 Days per week
Projekt to the state					
The state of the s					
power 1					
	<u></u>		<u> </u>	L	
II. Certification by Lead					<u> </u>
	treatment plant operator licensed in Florida, am the lead/				
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	l drinking water treatmer	nt chemicals used a	at thisplant conform to NSF
	0 or other applicable standards referenced in subsection 6				
plant were prepared each	n day that a licensed operator staffed or visited this plant of	during the month in	ndicated above: (1) record	ds of amounts of c	hemicals used and chemical feed
rates: and (2) if applicab	le, appropriate treatment process performance records. F	uthermore. I agree	to provide these addition	nal operations reco	rds to the PWS owner so the PWS
	ogether with copies of this report, at a convenient location			• F	
owner can retain mein, t	ogether with copies of this report, at a convenient location	at toust tell yo			
	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name	2		License Number	

PWS Ic	lentifica	tion Number	r:	6600347		Plant Name:	The Wood	s						
III Dai	ly Data	for the Mon	th Year of		April-05		 					 		
			og Virus Inacti	viation/Rem			X Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe									
Type of	Disinfe	ctant Residu	ual Maintained	in Distributio					Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxide
	tast				CT Calculations,	, or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiv	ation, if App	icable*			amines) Chlorine Dioxide
1.0	Days					CT Calcu	lations		Property of the second		UV.	Dose		
1	Plant						Lowest CI						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	
Day of	Operator	4 4 4 4 4 4 4 4 4	of Finished	Jakan ing Pa	First Customer	Point During	During :	of	€ pH of	CT	UV Dose,	Required,	Point in	Emergency of Abnormal Operating Conditions,
the	(Place	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair of Maintenance Work that Involves Taking Water System Components Out of Operation
Month 1	X	24 hrs	4,100	Rate, gpu	1.5	minutes	mg-mar.	30 No. 30	эдрисане	ing-inner	SCOCIIIZ	Scorentz	0.8	water system components out of operation
2	X	24 hrs	4,000	†	1.4		<u> </u>							
3		24 hrs	5,550											
4	X	24 hrs	5,550		1.5								0.9	
-5	X	24 hrs	3,300		1.8			ļ			<u> </u>	L	1.0	
6	X	24 hrs	3,400	ļ	17	ļ	<u> </u>	-	<u></u>				0.8	
7	X	24 hrs	4,100 2,300	 	1.5			 		 		 	0.8	
8	X	24 hrs 24 hrs	3,700	-	1.5						 	 	0.7	
10	<u> </u>	24 hrs	3,600		1.5				<u> </u>	 		-		
11	X	24 hrs	3,600		1.9								0.8	
12	X	24 hrs	7,400		1.4								0.7	
13	X	24 hrs	4,400		1.3			ļ		ļ			0.7	
14	X	24 hrs	4,500		1.4		ļ	<u> </u>		 		ļ	0.9	
15	X	24 hrs	4,000	 	1.3		<u> </u>			 			0.6	
16	X	24 hrs 24 hrs	4,000 5,400	 	1.4		 	 -		-	 			
18	$\frac{\lambda}{X}$	24 hrs	5,000	 	1.7			 		 			0.6	
19	$\frac{\lambda}{X}$	24 hrs	5,600	 	1.8	 	 	-		 			0.8	
20	X	24 hrs	5,600		2								0.9	
21	X	24 hrs	4,600		2					<u> </u>			1.2	
22	X	24 hrs	3,200	ļ	1.6			 		ļ		ļ <u>.</u>	1.0	
23	X	24 hrs	5,800	ļ	1.5	ļ	 		 	 	 	 	 	
24	X	24 hrs 24 hrs	4,100 4,000	 	1.4			 	 	 			1.0	
26	X	24 hrs	4,000	 	1.5	 			 	 			0.8	
27	X	24 hrs	4,200	†	1.5		 			t	1		0.8	
28	X	24 hrs	4,000		1.7								0.7	
29	X	24 hrs	3,700		1.4								0.7	
30	X	24 hrs	5,100	ļ	1.5		 	├ ──	<u> </u>	 	ļ			
31	1	24 hrs	122.000	ļ	L	L	L	1	L	L	<u> </u>	L	L	<u> </u>
Total Average			132,000 4,400	1										

Maximum

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



See page 4 for instructions								
I. General Information f	for the Month Year of: May-05							
A. Public Water System								
	The Woods		PWS Identific	cation Number:	6600347			
	X Community Non-Transient Non-Com	munity	Transient Non-Community Consecutive					
	nnections at End of Month: 72		Total Population Served a	t End of Month:	216			
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Flo				
Contact Person's Mailin		City: Leesburg State: FL Zip Code: 34749						
Contact Person's Teleph			Contact Person Person's Fax Number: (352) 787-6333					
Contact Person's E-Mai	il Address: <u>beheath@aquaamerica.com</u>							
B. Water Treatment Pla	nt Information							
Plant Name:	The Woods		Plant Telepho		(352) 787-0980			
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597			
Type of Water Treated		rchased Finished Wa	ater					
	Day Operating Capacity of Plant, gallons per day:							
	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.)					
Licensed Operators	Name	License Class	License Number	Section 2	ay(s)/Shift(s) Worked			
Lead/Chief Operator:	Will Fontaine	С	6813		6 Days per week			
Other Operators:	John Worrell	С	6597		6 Days per week			
	Marty Neal	С	10027	6 Days per week				
			<u> </u>					
1.10 Pate 1.15								
				 				
			 					
	<u> </u>	l	<u> </u>	<u></u>				
II. Certification by Lead	Chiaf Operator							
					Cat:			
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator of t	he water treatment plant i	dentified in Part I	of this report. I certify that the			
information provided in	this report is true and accurate to the best of my knowled	lge. I certify that a	ll drinking water treatmer	nt chemicals used	at thisplant conform to NSF			
International Standard 6	0 or other applicable standards referenced in subsection 6	52-555.320(3), F.A	.C. I also certify that the	following addition	nal operations records for this			
plant were prepared each	h day that a licensed operator staffed or visited this plant	during the month i	ndicated above: (1) record	ds of amounts of c	chemicals used and chemical feed			
rates: and (2) if applicab	ole, appropriate treatment process performance records. F	uthermore, I agree	to provide these addition	nal operations reco	ords to the PWS owner so the PWS			
owner can retain them t	together with copies of this report, at a convenient locatio	n for at least ten yo	ears.					
o cuit roum divili, t		•						
	Will Fontaine			C6813				
Signature and Date	Printed or Typed Name	е		License Number				
Signature and Date	Timed of Typed Name			2.001.001				

PWS I	dentifica	tion Numbe	er:	6600347		Plant Name:	The Wood	ls						
III. Daily Data for the Month Year of: May-05														
Means of Achieving Four-Log Virus Inactiviation/Removal: * X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide														
- 7						, or UV Dose, to I	Demonstrate f				licable*	monica C	mornic (Cino	
	Days			11.01 3 1 27		CT Calcu	lations				UVI	Dose **		
	Plant			and the second	I to the state of	The second	Lowest CT		21 34 N	200		13-460 Feb.	Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided				50 m		Residual	
i	OF.				Disinfectant	Contact Time	Before or				4.		Disinfectant	4
	Visited				Concentration	(T) at C	at First		MARKET SERVICES		Lowest	Minimum	Concentration	
Dougs	by Oneseter	YYaum	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During	During Pools Floor	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
Month	"X").	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	5,600	181-2	1.5	THE PARTY OF THE P	ing inne		ripplicable	ing-may.	SOCIUL	SCUCIIIZ	System, mg/L	water system components Out of Operation
2	X	24 hrs	4,000		1.5	~~~							1	
3	X	24 hrs	4,600		1.4					~			1	
4	X	24 hrs	3,400		1.5								1	
5	X	24 hrs	3,300		1.5								1.1	
6	X	24 hrs	3,300		1.4								0.9	
8	X	24 hrs	3,300		1.5									
9	X	24 hrs 24 hrs	3,800 4,400		1.6									
10	X	24 hrs	3,600		1.3								0.6	
11	X	24 hrs	3,700		1.3								0.5	
12	Х	24 hrs	3,800		1.4								0.5	
13	X	24 hrs	3,700		1.5								0.7	
14	X	24 hrs	3,700		1.5									
15	X	24 hrs	4,500		1.4									
16	X	24 hrs	5,500		1.5								0.8	
17 18	X	24 hrs	4,700		1.4								0.8	
19	$-\frac{2}{x}$	24 hrs 24 hrs	4,800 6,500		1.3								0.8	
20	$\frac{\lambda}{X}$	24 hrs	2,800		1.6								0.6	
21	X	24 hrs	4,600		1.7								1.0	
22	X	24 hrs	2,900		1.6									
23	Х	24 hrs	6,300		1.2								0.6	
24	X	24 hrs	4,100		1.3								0.6	
- 25	X	24 hrs	4,300		1.2								0.5	
26	X	24 hrs	4,100		1.3								0.5	
27	X	24 hrs	3,800		1.2								0.5	
28	X	24 hrs	5,700		1.5									
29 30	X	24 hrs	5,300		1.6									
31	X	24 hrs 24 hrs	6,500 6,100		1.6								0.8	
Total		24 nrs	136,700		1./							1	1.2	L
Average			4,410											
		100000000000000000000000000000000000000	.,,											

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



See page 4 for instructions				
I. General Information f	or the Month Year of: June-05			
A. Public Water System	(PWS) Information			
PWS Name:	The Woods		PWS Identification	on Number: 6600347
PWS Type:	X Community Non-Transient Non-Com	nmunity	Transient Non-Community	Consecutive
Number of Service Con	nections at End of Month: 72		Total Population Served at En	nd of Month: 216
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title: Are	ea Manager - Florida
Contact Person's Mailin	g Address: PO Box 490310		City: Leesburg Sta	
Contact Person's Teleph	none Number: (352) 787-0980		Contact Person Person's Fax N	Number: (352) 787-6333
Contact Person's E-Mai	l Address: beheath@aquaamerica.com			
B. Water Treatment Pla	nt Information			
Plant Name:	The Woods		Plant Telephone 1	Number: (352) 787-0980
Plant Address:	CR 576	te.	City: Webster Sta	te: FL Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground Water Pt	urchased Finished Wa	ater	
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:			
Plant Category (per sub	osection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813	6 Days per week
Other Operators:	John Worrell	С	6597	6 Days per week
	Marty Neal	С	10027	6 Days per week
	•			
II. Certification by Lead	Chief Operator			
I the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of t	he water treatment plant iden	tified in Part I of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	lge I certify that a	ll drinking water treatment ch	nemicals used at thisplant conform to NSF
Information provided in	0 or other applicable standards referenced in subsection 0	150. 1 0011113 tilat a 62 555 220(2) E A	C. I also certify that the foll	owing additional operations records for this
International Standard of	or other applicable standards referenced in subsection of	02-333.320(3), F.A	.C. I also certify that the form	formarine of chamicals used and chamical food
plant were prepared each	day that a licensed operator staffed or visited this plant	during the month i	ndicated above: (1) records o	amounts of chemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process performance records. F	Futhermore, I agree	to provide these additional of	operations records to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient location	on for at least ten ye	ears.	
	WALE		CC.	012
	Will Fontaine			813
Signature and Date	Printed or Typed Nam	ie	Lic	cense Number

											001.7	- N.	- 12	Average
											004,4			* . * . * . * . * . * . * . * . * . * .
	T		T					Γ	T		132,000	S.IU 1/2		latoT
				ļ							000,0		1,	31
	L'0	ļ		ļ	_	<u> </u>			S.I		008,€	S14 b2	X	30
	8.0		!	ļ	ļ	_	<u> </u>		L'1		005,2	24 hrs	X	56
	8.0		!		 			ļ <u>-</u> -	91		000,4	24 hrs	X	87
	L'0	 		ļ	 	<u> </u>	<u> </u>		8.1		006,8	24 hrs	X	7.7
	ļ			ļ	ļ	ļ			5.1		009'\$	24 hrs	X	97
	ļ					.			8.1		3,000	24 hrs	X	72
	1.1					i			L'1		009ξ	S14 PZ	X	74
	1.1	<u> </u>				ļ			61		006,2	srd 42	X	23
·	0.1			ļ		ļ	ļ		LT		009't	sud 42	X	- 77
	1.2		<u> </u>	<u> </u>		<u> </u>			8.1		007,4	sıd þs	Х	71
	1.3					ļ			1.8		004,4	24 hrs	X	- 07
						ļ			L'I		001,7	24 hrs	X	61
					L				2.1		4,500	24 hrs	X	81
	2.1								1.8		000'9	24 hrs	X	LI
	1.2								LI		4,200	24 hrs	X	91
	0.1		L						9.1		6,700	24 hrs	X	SI
	0.5					<u> </u>			1.8		4,800	24 hrs	X	T.
	9.0			1		ļ.,	<u> </u>		91		006,ε	24 hrs	X	EI
			ļ <u>.</u>			l	<u> </u>		S'I		008,€	24 hrs	X	17
			l	<u> </u>	<u> </u>	L			1.3		008,2	24 hrs	X	П
	0.1			Í	İ	ĺ			t'I		4,800	24 hrs	X	10
	[[]								91		4,100	24 hrs	X	6
	1.0								14		006,ξ	24 hrs	X	8
	l'I								Li		4,000	24 hrs	X	L
	0.1								ST		009'€	24 hrs	X	9
						I			91		3,700	24 hrs	X	ς
									LĪ		009'€	24 hrs	X	Þ
	7.1								LI		906,8	24 hrs	X	ε
	Ī								9.1		₹′200	24 hrs	X	Z
	I								1.5		009'₺	24 hrs	X	ī
unines) Chlorine Dioxide Engerey of Abnormal Operating Conditions: Ecpair or Maintenance Work that Involves Taking Water System Components Out of Operation	nlorine (Chlora Residual Besidual Disinfectant at Remote at Remote Distribution Distribution System, mgUr					'80Л-то	snoise Facility of Sanonshine Passed CT Passed I Facility of Sanonshine Customer During I July 1884 Facility of Sanonshine Pess Manney Taring Tring Tring Manney Tring T	or UV Dose, to D CT Calcul Disinfectant (T) at C Measurement Point During Peak Flow, Point During		n Distributio	isal Maintained i Met Quanity Of Finished Water Produced, gal	otant Resid	f Disinfe Days Plant Staffed or Visited by Operator (Place	
								:(Other (Describe			t Radiation		
Comonica Caloraic (Cinorannes)	= auoz	o 🗆	anixon	Chlorine D		hlorine	X Free C			viation/Kem ⊢⊤	ritoant suriv go.			
Combined Chlorine (Chloramines)		<u> </u>	obinoi	G Salasia		[4].	J 3 [A		20-ounc		th Year of:			
									20 ~ <u>1</u>					
							THE WOOD	LISHI IASHUG:	[/ + c0099		ou wumpe	rentiticat	DESMA

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



See page 4 for instructions					
I. General Information t	or the Month Year of: July-05				
A. Public Water System					
PWS Name:	The Woods		PWS Identif	ication Number:	6600347
	X Community Non-Transient Non-Co	mmunity	Transient Non-Commu		Consecutive
	nections at End of Month: 72		Total Population Served		216
	Aqua Utilities Florida		<u> </u>		
	Brian Heath		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Mailir	ng Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	none Number: (352) 787-0980		Contact Person Person's 1	Fax Number:	(352) 787-6333
Contact Person's E-Mai	I Address: beheath@aquaamerica.com				
B. Water Treatment Pla	nt Information				
Plant Name:	The Woods		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground Water	Purchased Finished Wa	iter		
	ay Operating Capacity of Plant, gallons per day:	72,000			
	osection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813		6 Days per week
Other Operators:	John Worrell	С	6597		6 Days per week
그리고 됐다. 하는 이 없	Marty Neal	C	10027		6 Days per week
·基督会持续的第三条。					
					
			<u> </u>		
		<u> </u>			
II. Cardiffeedian last Land	I Chi of On annua				
II. Certification by Leac					
I, the undersigned water	treatment plant operator licensed in Florida, am the lea	d/chief operator of th	ne 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 knowle	edge. I certify that al	I drinking water treatme	nt chemicals used a	at thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection	62-555.320(3), F.A.	.C. I also certify that the	following addition	nal operations records for this
plant were prepared each	n day that a licensed operator staffed or visited this plan	t during the month in	ndicated above: (1) recor	rds of amounts of c	hemicals used and chemical feed
rates: and (2) if annlicab	le, appropriate treatment process performance records.	Futhermore, I agree	to provide these addition	nal operations reco	rds to the PWS owner so the PWS
owner can retain them t	ogether with copies of this report, at a convenient locat	ion for at least ten ve	ars.		
omer can retain them, t	ogether with copies of this report, at a convenient rocat				
	Will Fontaine			C6813	
Cionatura and Data	Printed or Typed Na.	me	· · · · · · · · · · · · · · · · · · ·	License Number	
Signature and Date	rinieu or Typeu Na	nic .		License Number	

PWS lo	dentificat	ion Numbe	r:	6600347		Plant Name:	The Wood	s									
III Do	l. Data t	or the Mon	th Your of		July-05												
			og Virus Inacti	viation/Rem			X Free (hlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlo	orine (C	hloramine	s)
		et Radiation			Other (Describe		M Hack	,11101111		Cinorine	JIONIGC	L., `	520He	combined can), mie (e		٠,
			ual Maintained i	in Distribution		.).		X	Free Chl	orine	C	mbined C	hlorine (Chlor	amines)		Chlorine D	Dioxide
Type o		cam resid	dar ivianitanied i		CT Calculations	or IIV Dose to I	Demonstrate F						mornie (emoi	diffines)	10 % E166		
ľ	D						lations				UV		105. 14			The Charles	
	Days Plant		1.544		war die 1	Sile ye.	Lowest CT	98.4	196	154344	14 1 4 4 7 19 C		Lowest				
1	Staffed			트는 그 경찰	Lowest Residual	Disinfectant	Provided	19 49 19 45 C* 1 - V (1 2 - 1)					Residual				
1	or				Disinfectant	Contact Time	Before or		40 f	Transfer of the second	LEW CON		Disinfectant				v.
	Visited		Angerous II		Concentration	(T) at C	at First				Lowest	Minimum	Concentration			7 . 4.	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	The state of the state of the state of	at Remote			and the same	
Day of	Operator	Hours	of Finished	Dark Flam	First Customer During Peak	Point During	During	of	pH of	CT Required,	UV Dose, mW-	Required,	Point in	Emergency or A			
the Month	(Place	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	mg-min/L	sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Mainter Water System (the second second second	the state of the s	
I	X	24 hrs	3,600	ruite, gpu	1.5	minutes	ing inner.		търпского	ang-muo	Scorcing	SCOCIIIZ	0.9	water bystem	жирокс	IL OUT OF O	poracion: (3) (4)
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3	Х	24 hrs	3,600		1.5												
4	X	24 hrs	7,100		1.4								0.7				
5	X	24 hrs	3,600		1.4								0.6				
6	X	24 hrs	6,400		1.5								0.6				
7	X	24 hrs	4,600	ļ	1.1						<u> </u>		0.4				
8	X	24 hrs	3,700		1.4						 	<u> </u>	0.6				
10	X	24 hrs	3,700 4,400		1.4												
11	$\frac{\hat{x}}{x}$	24 hrs 24 hrs	5,000	ł	1.2								0.4				
12	X	24 hrs	3,800		1.4								0.5				
13	X	24 hrs	4,200		1.5								0.4				
14	X	24 hrs	4,400		1.7								0.5				
15	X	24 hrs	4,200		1.3								0.4				
16	X	24 hrs	4,400		1.8												
17	X	24 hrs	4,700		2.1												
18	X	24 hrs	4,500	<u> </u>	2		ļ				ļ	ļ	1.6				
19	X	24 hrs	4,400	ļ	2.1		}				<u> </u>		1.7				
20	X	24 hrs	4,800 4,800	<u> </u>	2.2						 	 	1.7				
22	X	24 hrs 24 hrs	4,800		2.1		 				 	-	1.7				
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25	Х	24 hrs	5,300		1.7								0.5				
26	Х	24 hrs	4,700		1.6								0.5				
27	Х	24 hrs	5,300		1.8								0.6				
28	X	24 hrs	5,700		1.7						_	ļ	1.0				
29	X	24 hrs	6,500		1.8	·		L			ļ	<u> </u>	1.4				
30	X	24 hrs	5,100		1.6												
31 Total	X	24 hrs	3,800		1.7	L	L	Ц	1		L	<u> </u>	L	<u> </u>			
	right sec		144,500 4 661	1													

Maximum ...

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



See page 4 for instructions I. General Information for the Month Year of: August-05 A. Public Water System (PWS) Information 6600347 PWS Name: The Woods PWS Identification Number: X Community Consecutive PWS Type: Transient Non-Community Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 216 PWS Owner: Aqua Utilities Florida Contact Person's Title: Contact Person: Brian Heath Area Manager Contact Person's Mailing Address: PO Box 490310 State: FL Zip Code: 34749 City: Leesburg (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 787-0980 The Woods Plant Name: Plant Telephone Number: Zip Code: 33597 Plant Address: CR 576 Webster State: FL City: X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Day(s)/Shift(s) Worked License Class License Number Licensed Operators Name Lead/Chief Operator: C 6813 6 Days per week Will Fontaine \overline{C} 6597 6 Days per week Other Operators: John Worrell 6 Days per week \mathbf{C} 10027 Marty Neal -

II. Certification by Lead Chief Operator

DEP Form 62-555 900(3)Alternate

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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Will Fontaine	C6813
Signature and Date	Printed or Typed Name	License Number

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Water System Components Out of Operation	System, mg/L	zec/cm2	Sec/cm2	7/uu-3uı	Applicable	ാ	J/nim-8m	sənnun	Flow, mg/L	Rate, gpd	Produced, gal	Operation	("X"	Month
Repair or Maintenance Work that Involves Taking	noitudirizid	War	-Wm	Reduired,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	ni tas19	(Place	эцт
Emergency or Abnormal Operating Conditions;	ni mioq	Required,	UV Dose,	TO	lo Hq	10	During	gaint Daing	First Customer		of Finished	smoH	Operator	
	at Remote	UV Dose	Operating	muminiM		Temp	Customer	Measurement	(C) Before or at		Net Quanity		- pλ	
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	Disinfectant						Before or	Contact Time	Disinfectant				10	
	Residual		6.5				Provided	Disinfectant	Lowest Residual				Staffed	1
	Lowest			E1 .			TO isswood			_		1.25 9 4 5 1	Plant	
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unines) Chlorine Dioxide	norine (Chlora	moined Cl			Free Chlo					n Distributio	i bənisinisM İst	tant Residi	Disinfe	Type of
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(senimerold') aginold') baniquo?			ob:woil	u : 190		:) - wa X					or the Mon		
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* Refer to the instructions for this report to determine which plants must provide this information.

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DEP Form 62-555 900(3)Alternate

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information f	For the Month Year of: September-05		· · · · · · · · · · · · · · · · · · ·		
A. Public Water System					
PWS Name:	The Woods		PWS Identifi	cation Number:	6600347
PWS Type:	X Community Non-Transient Non-Com	munity [Transient Non-Commu	nity 🔲	Consecutive
Number of Service Con	nections at End of Month: 72		Total Population Served a	at End of Month:	216
PWS Owner:	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin	g Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	none Number: (352) 787-0980		Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mai	I Address: beheath@aquaamerica.com				
B. Water Treatment Plan	nt Information				
Plant Name:	The Woods		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	ter		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	72,000			
	section 62-699.310(4), F.A.C.): IV	•	Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(:	s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813		Days per week
Other Operators:	John Worrell	C	6597	6	Days per week
	· Marty Neal	С	10027	6	Days per week
医二羟基氏炎 医二氏性囊肿					
n paggan belag pang banggan sa sa sa					
	4-1-1-1-1				
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant i	identified in Part I of	this report. I certify that the
	this report is true and accurate to the best of my knowled				
	or other applicable standards referenced in subsection 6				
	day that a licensed operator staffed or visited this plant				
	le, appropriate treatment process performance records. F			iai operations records	to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.		
	wu c			C(912	
0' ' ' ' ' ' ' ' '	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name	c		License Number	

Page 1

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	7.0		 			†"	<u> </u>	€.1		-	3,800	54 hrs	X	73
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Land Control of the C	at Remote	UV Dose	-gnusneqO	mminiM		Temp.	Customer	Measurement	is to stoled (O)	35	Net Quanty		ρλ	
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	Residual	**************************************	1 mg - 1				Provided	Disinfectant	Lowest Residual				Staffed	
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						5	The Wood	Plant Name:	i	LtE0099		ıədmuM noi	teatitual	4 5/Md

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



See page 4 for instructions General Information for the Month Year of: October-05 A. Public Water System (PWS) Information PWS Name: The Woods PWS Identification Number: 6600347 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 216 PWS Owner: Agua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 787-0980 Plant Name: The Woods Plant Telephone Number: Zip Code: 33597 Plant Address: CR 576 Webster State: City: FLX Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) IV Day(s)/Shift(s) Worked Licensed Operators Name License Class License Number Lead/Chief Operator: C 6813 6 Days per week Will Fontaine Other Operators: John Worrell C 6597 6 Days per week $\overline{\mathbf{C}}$ 10027 6 Days per week Marty Neal TOTAL MELLEN ST 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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. C6813 Will Fontaine Signature and Date Printed or Typed Name License Number

Page 1

PWS Ic	lentifica	tion Numbe	er:	6600347		Plant Name:	The Wood	is						
III. Dai	III. Daily Data for the Month Year of: October-05													
			Log Virus Inacti	iviation/Rem			X Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiatior			Other (Describe							_		
			ual Maintained	in Distribution	on System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
1) IN 1		T			or UV Dose, to I	Demonstrate	Four-Log	Virus Inactiv	ation, if App			economic district	
1	Days			in the second	2011年中国第二	CT Calcu	lations				UV	Dose 👈 🗀		
	Plant				14.	AME LINE	Lowest CT			1.436.7		/参25/02	Lowest	
	Staffed				Lowest Residual	· Disinfectant	Provided				1.4		Residual	
	or				Disinfectant	Contact Time	Before or			2 2 A		\$4.34°	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum UV Dose	Concentration at Remote	
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water,	Water, if	Required,	mW.	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	2,900	1	1.7					<u></u>				
2	X	24 hrs	4,000		1.6									
. 3 ∵	X	24 hrs	4,600		1.5								0.5	
4 ,	X	24 hrs	300		1.5								0.7	
5 - 5	X	24 hrs	5,100		1.4			<u> </u>	ļ		ļ		0.7	
6	X	24 hrs	4,000		1.2			ļ			<u></u>		0.5	
7	X	24 hrs	6,500	ļ	1.1		<u> </u>	 			 		0.5	<u> </u>
8	X	24 hrs	11,100	·	1.8		ļ	 					 	
10	X	24 hrs	6,600		2.2	· · · · · · · · · · · · · · · · · · ·		 		 	 	 	1.4	
11	- <u>^</u>	24 hrs 24 hrs	6,300		2.2			┼			 	 	1.7	
12	X	24 hrs	4,700		2.1			 			<u> </u>		1.4	
13	X	24 hrs	4,000	1	1.5			<u> </u>				 	1.0	
14	X	24 hrs	4,700	1	1.7			1				1	1.1	
15	X	24 hrs	4,200		1.6									
16	X	24 hrs	5,300		1.6									
17	X	24 hrs	5,400		1.7			ļ					1.3	
18	X	24 hrs	5,500		1.4			ļ		<u> </u>	<u> </u>	ļ	1.2	
19	X	24 hrs	3,500		1.3			ļ				ļ	1.0	
20	X	24 hrs	4,500	 	1.5			 			<u> </u>		0.8	
21	X	24 hrs	4,900	ļ	1.4			 	 	 	 	 	0.8	
22	X	24 hrs 24 hrs	4,400 6,000	 	1.8		 	 		ļ	 	 		
24	- X	24 hrs	4,800		2		<u> </u>	 			 	 	1.5	
25	X	24 hrs	4,900	 	2.1		 	 	 		 		1.8	
26	X	24 hrs	4,800	****	2.2			†					1.8	
27	- X	24 hrs	4,800	<u> </u>	2.2			1	T				1.6	
28	Х	24 hrs	4,900		2.1								1.4	
29	X	24 hrs	2,700		2.1									
30	X	24 hrs	5,700		2			<u> </u>						
31	X	24 hrs	5,300		2		L	<u> </u>	L	<u>L</u>	<u></u>	L	1.2	
Total ;	in Section		157,500	4										
Average			5,081]										

Maximum

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



See page 4 for instructions November-05 1. General Information for the Month/Year of: A. Public Water System (PWS) Information 6600347 PWS Name: The Woods PWS Identification Number: Consecutive PWS Type: X Community Non-Transient Non-Community Transient Non-Community Total Population Served at End of Month: 216 Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager PO Box 490310 Zip Code: 34749 Contact Person's Mailing Address: Leesburg State: FL City: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: The Woods Plant Telephone Number: CR 576 Webster State: FLZip Code: 33597 Plant Address: City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators License Number Day(s)/Shift(s) Worked Name License Class Lead/Chief Operator: Will Fontaine C 6813 6 Days per week \overline{C} 6597 6 Days per week Other Operators: John Worrell \overline{c} 6 Days per week 10027 Marty Neal Control of the Control 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. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C6813

Page 1

Printed or Typed Name

Signature and Date

License Number

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	1.3						L		6.1		001'9	24 hrs	X	52
	£.1	<u> </u>		<u> </u>		L	1		8.1		004,8	24 hrs	X	74
	9.1								7		001,7	24 hrs	X	23
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	7.1								6.1		00£,6	24 hrs	X	17
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									7		004'9	54 pts	X	61
	p.I								1.8		004'9	54 pts	X	81
	91								1.2		5,800	24 hrs	X	LI
	LI								7		00£'9	24 hrs	X	91
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	p.I								8.1		006'9	24 hrs	X	71
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			1						7.1	<u> </u>	9,200	24 hrs	X	9
	1								L'I		4,200	24 hrs	X	S
	L.0								9.1		3,400	24 hrs	X	1
	7.0								4.1		008,8	24 hrs	$\frac{\lambda}{x}$	3
	I								1.3		006'\$	24 hrs	X	7
	2.1								1.8	<u> </u>	5,400	24 hrs	X	1
Water System Components Out of Operation	System, mg/L	zec/cm2	sec/cm2	J\nim-gm	Applicable	Э.	J/aim-gm	səmuim	J\gm,wo⊡	Rate, gpd	Produced, gal	Operation	("X"	Month
Emergency of Abnormal Operating Conditions, Repair of Augmenance Work that Involves Taking	at Remote Point in Distribution	UV Dose Required, Wm	Operating UV Dose, -Win	Minimuni CT Reduired,	' ho Hq.'' Yater, if	of Water,	During: Peak Flow,	Point During Peak Flow,	First Customer During Peak	Peak Flow	of Finished Vater	smoH ni malq	Operator	эtр
	Concentration	muminiM	Towest		F.F. ask	Temp.	Su First	Measurement	(C) Before or at		Net Quanity		þλ	
	Disinfectant				7 5 5 SE	trius	Before or	Condact Time: Dia (T)	Concentration				botiziV	
	Residual			1			Provided	Disinfectant	Disinfectant				10	
	Lowest			15 15 15 15 15 15 15 15 15 15 15 15 15 1		1. 7.08	Towest CT		Lowest Residual			le Jab	beffed	
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comments (comments)	nlorine (Chlora	I Dairion	NO +aldesi				T stertenom9(or UV Dose, to D						
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(. —							Other (Describe			r Radiation		
Combined Chlorine (Chloramines)) Sone)	əbixoi	Chlorine D		hlorine	X Free C		* :lsvo	moA\noiseiv	Log Virus Inacti	l-nuoA gniv	of Achie	Means
·									November-05		th Zear off			
						S	The Wood	Flant Name:		7 450000	1.13	SOUTH MUTTOR	renutica	LWDIC

13,200

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



See p	age 4	for	instruct	tions
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I. General Information f	or the Month Year of: December-05				
A. Public Water System					
	The Woods		DWS Identific	cation Number:	6600347
	X Community Non-Transient Non-Com	munity	Transient Non-Commun		Consecutive
	nections at End of Month: 72	manity	Total Population Served a		216
	Aqua Utilities Florida		Total i opulation beived a	t End of World.	210
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	<u> </u>		Contact Person Person's F		(352) 787-6333
Contact Person's E-Mai					
B. Water Treatment Plan					
	The Woods		Plant Telepho	one Number:	(352) 787-0980
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	iter		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	72,000			
Plant Category (per sub	osection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		6 Days per week
Other Operators:	John Worrell	С	6597		6 Days per week
	Marty Neal	С	10027		6 Days per week
					· · · · · · · · · · · · · · · · · · ·
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					.,
			<u> </u>		
II. Certification by Lead	Chiat Onagotan				
	·				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	ne water treatment plant is	dentified in Part I o	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	l drinking water treatmen	it chemicals used a	t thisplant conform to NSF
International Standard 60	0 or other applicable standards referenced in subsection 6	62-555.320(3), F.A.	C. I also certify that the	following addition	al operations records for this
	a day that a licensed operator staffed or visited this plant				
	le, appropriate treatment process performance records. F				
	ogether with copies of this report, at a convenient location				
owner can retain them, to	ogether with copies of this report, at a convenient recause	Tor at least ten ye			
	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name	2		License Number	
Ŭ	71			-	

											8,700	*	w	Maximu
											5,635			Average
											006,271			IBIOT
									6.1		004'9	24 hrs	X	31
	€.1								8.1		001'9	24 hrs	X	30
	1.2								LI		001'9	24 hrs	X	57
	7.1								7.1		4,600	24 hrs	X	82
	7.1								LI		006'9	24 hrs	X	7.7
	£.1					Ī			61		3,300	24 hrs	X	97
											3,300	24 hrs		72
									8.1		7,200	24 hrs	X	74
	7.1								61		000'9	24 hrs	X	23
	7.1								7		000'9	24 hrs	X	77
	1.3								7		2,200	24 hrs	_ X	71
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	17								2.1		008,∂	24 hrs	X	I
Emergency or Agnormal Operating Conditions. Repair of Mainfenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Dismicectant Concentration at Remote Point in Distribution System, mg/L	Minimum UV Dose Required, mW sec/cm2	Lowest Operating UV Dose, mW-	Minimum. CT Required, mg-minN.	PH of Water, if Applicable	C Temps of Water,	Lowest CT Provided Before or at First Customer During Pesk Flow, mg-mink	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Peak Flow Rate, gpd	Net Quantly of Finished Water Produced, gal	Flours Plant in Plant in	Days Plant Staffed or Visited by Operator (Place (T'')	Day of
		9500	a vu	\$6 K		ada eur		CT Calcul	.					1
		<u> </u>					4 stratenom9(or UV Dose, to D				de .		10.037
Chlorines Dioxide	nlorine (Chlora	D bənidm	ioO [orine	Free Chlo	X				oitudinteiQ n	i bənistnisM lsu			-
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Combined Chlorine (Chloramines))Sone	Э []	əbixoi	Chlorine D		hlorine	O 5517 X		* :lsvo	viation/Rem	itas Inacti	I-1uo4 gniv	əidəA To	Means
***									December-05		th Zear of	or the Mon	Lated d	III. Dai
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						S	The Wood	Plant Name:		₹\$0099	L:	odmuM noi	lentificat	PI SMd

Page 2

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

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WO#0002161235 SUMMIT CHASE CYCLE 3309 PREM-CODE=637784
SCHED-DATE 122606 PROMISED ALL DAY ORDER-DESC MVIN/Move In Customer
PRINT-DATE 12/21/06 PRINT-TIME 15:03:18 ORDER-STATUS NEW
SUMMIT CHASE
CUST/PREM 000982862/637784 DIST F
CUST-NAME GOLEMO, PEGGY
SRV-ADDR 30239 TAVARES RIDGE BLVD
SRV-CITY TAVARES FL 32778-4464
PHONE# H 352-455-1841 W - -
                                                             STYP
SCAT
SET-MTR
                                                                           RSM1 SRM1
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U78318121
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SET-SIZE
SET-RMTH
                                                                           31-OCT-2003
000700
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NONE
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A/R-BAL
AMT-COL
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M-CITY
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BILL-FR=12
                               SWIM(Y,N) N
FROZEN
LAST-SIZE 5/8 LAST-DATE 31-OCT-03
                                                             MODEL-2
PREM-ID
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READ ONLY: DATE
                                             READ
                                             REMOTE
               TIME
                                                            TEST SZ TYPE CHECK X SEAL YEAR HEAT -----
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REM
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CURB STOP: ON OFF | SWIM POOL: YES | NO EMP#
ERT#-------REMARKS:-------
R-DATE ACTN READING CONSUM DYS C AMOUNT CHG-DATE CAT RATE BILL-CHG 121306 OUT 2715 44 33 A 20.86 111006 READ 2671 61 30 A 25.34
MTR-INST:
WORK-ORDER-REMARKS:
TENT 12-26-06 - TURN WATER ON AND GET READ
APP-Time Start 21-DEC-2006 08:00:00 End 21-DEC-2006 20:00:00 Call-Ahead Ord# 2161235 Type Phone# Ext #
                                                                                      Min-Before
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