

Zephyr Shores

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 57 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP
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CTR ECR /
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Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Zephyr Shores

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C	Dance	4	C	Y 4
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Public Water System (PWS) Information PWS Name Zephyrhilis MHC PWS Type	See Pages 4 for Inst								
FWS Name Zephythilis MHC Non-Transient Non-Community Transient Non-Community Tourselent Non-	l. General Informatio	on for the Month/	Year of: January, 2	2004					
FWS Name Zephythilis MHC Non-Transient Non-Community Transient Non-Community Tourselent Non-	A. Public Water Syste	m (PWS) Inform	ation						
Sumber of Service Connect/cons at End of Month: 491 Wis Owner Florida Water Services							PWS Identification Number	er: 6512	018
Number of Service Connections at End of Month: 213 Total Population Served at End of Month: 491	PWS Type:	✓ Community	Non-Transient Non-Comm	unity T	ransient Non-Com	munity	Consecutive		
Contact Person's Title: VP Environmental Services Contact Person's Title: VP Environmental Services Contact Person's Title Depth on Number: (407) 598-4179 Contact Person's Family Address Con	Number of Service Conne	ections at End of Mont				Tota	al Population Served at End of	Month: 491	
Contact Person's Mailing Address: P.O. Box 609520 City: Orlando State: Florida Zip Code: 32860-9520 Contact Person's Telephone Number: (407) 598-4197 Contact Person's Fax Number: (407) 598-4217	PWS Owner:	Florida Water Servi	ces						
Contact Person's Telephone Number: (407) 598-4199 Contact Person's Fax Number: (407) 598-4217 Contact Person's Fax Number: (407) 598-4217 Water Treatment Plant Information Plant Mame: Zephyshills MHC Plant Adephone Number: 863-858-2504 Plant Address: 35235 litghway 54 West Type of Water Treatment by Plant: A know 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.): V Plant Class (per subsection 62-699 310(4), F.A.C.): C Licensed Operators License Classes License Number: Days Is Shift Other Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller B 7519 Days Isl Shift Cotter Operators: Steve Fuller Days Isl Shift Cotter Operators: Steve Fuller Days Isl Shift Cotter Operators: Steve Fuller Days Isl Shift Cotter	Contact Person:	Craig Anderson				Cor	tact Person's Title:	VP Environmental Se	ervices
Certification by Lead/Chief Operator Liensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment plant identified in part I of this report. I certify that the following additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Plant Telephone Number:	Contact Person's Mailing	Address:	P.O. Box 609520			City: Orlando	State: Florida	Zip C	Code: 32860-9520
Plant Name Zephyrhills MHC Plant Telephone Number 863-858-2594 Plant Address 35235 lighway 34 West Plant Sephyrhills Plant Telephone Number Sephyrhills Plant Address Sephyrhills Plant Address Plant Clease Plant Cleas	Contact Person's Telepho	ne Number:				Cor	tact Person's Fax Number:	(407) 598-4217	
Plant Name Zephythills MHC Plant Telephone Number: 863-858-2504 Plant Address 35235 Highway 54 West Zip Code 33210 Type of Water Treatment by Plant Zip 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.) V Plant Class (per subsection 62-699 310(4), F.A.C.) C License Operators Name License Class License Number Zip Day(s) / Shift(s) Worked Lead/Chief Operators Steve Fuller B 7519 Days 1st Shift Days 1st Shift Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller B 7519 Days 1st Shift Cotter Operators Steve Fuller Shift	Contact Person's E-Mail	Address:	craiga@florida-water.com						
Plant Address 35235 Highway 54 West Year Round Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Plant Class (per subsection 62-699-310(4), F.A.C.) C Licensed Operators Day(6) Flant Class (per subsection 62-699-310(4), F.A.C.) C Licensed Operators Day(8) / Shift(8) Worked Day 1st Shift Days 1st Shift	B. Water Treatment F								
Type of Water Treatment by Plant Assw Ground Water Purchased Finished Water Purchased Finished Water Purmitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000	Plant Name:	Zephyrhills MHC					Plant Telephone Number:	863-8	858-2504
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) V						City: Zephyrhills	State: Florida	Zip C	Code: 33810
Plant Class (per subsection 62-699 310(4), F.A.C.): C Licensed Operators License Class: Eicense Number: Day(8)/ Shift(8) Worked Lead/Chief Operators: Steve Fuller B 7519 Days 1st Shift Days 1st Shift Day (S.Y. Shift Class				Purchased Fini	ished Water				
Licensed Operators Lead/Chief Operator: David Rodeiguez A 7880 Days 1st Shift Other Operators: Steve Fuller B 7519 Days 1st Shift Days 1st Shift Days 1st Shift Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. David Rodriguez A-7880					200,000				
Lead/Chief Operators: David Rodgiguez A 7880 Days 1st Shift									
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David Rodriguez A-7880						these additional	operations records to the	e PWS owner so the	he PWS owner can
	retain them, together	with copies of this	report, at a convenient locati	on for at least ter	ı years.				
				David Rodrig	uez			A-78	80
••	Signature and Date								

Page 1

DEP Form 62-555 .900(3)Alternate

PWS Ic	entification	n Number:		6512018		Plant Name:	Zephyrhills !	мнс						
III. D	aily Data	for the M	onth/Year	of:		January, 2004								
	<u></u>		Virus Inactiv		al: ▼ Free C	hlorine [Chlorine Di	oxide	☐ Ozone	☐ Comb	oined Chlorir	ne (Chloran	nines)	
	raviolet R			r (Describe):		•						<u> </u>		
Type o	f Disinfec	ctant Resid	lual Maintair	ned in Distri	ibution System:	▼ Free Chlo	rine 「	Combin	ed Chlorine	(Chloramine	es) T	Chlorine I	Dioxide	•
- 5000		T TOO TO	=		T Calculations, or				_					
					1 Culculations, of	CT Calc		04. 20 6			UVI			
		44					A 12 STATE OF				10.0			
100	4	-					Lowest CT							
						Disinfectant	Provided	W.					Lowest Residual	
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Disinfectant 2	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		4.		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	A 23.4		Before or at First	Point During	During Peak	B		Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L,	Out of Operation
. :: -1 ::::::::	X	24.0	27,000		2.2						ļ		1.6	
3	X X	24.0 24.0	26,000 28,000		2.0						 		1.4	
4		24.0	25,500		2.2		<u> </u>				-			
5	х	24.0	25,500		2.4								1.5	
6	X	24.0	27,000		2.0								1.4	
7	Х	24.0	25,000		2.1								1.2	
8 %	Х	24.0	22,000		2.5								1.6	
-9	Х	24.0	29,000		2.4								1.4	
10	X	24.0	21,000		2.2				ļ <u>.</u>	ļ <u>.</u>			1.4	
11. *	7/	24.0	22,000		2.0			ļ					1.2	
12	X	24.0 24.0	22,000 29,000		2.0								1.2	
14	X	24.0	26,000		2.0			 					1.1	
15	X	24.0	28,000		2.8								1.8	
16	Х	24.0	27,000		1.8								1.0	
17~	Х	24.0	28,000		2.2								1.1	
18		24.0	24,500											
19	X	24.0	24,500		2.2		· · · -	ļ					1.2	
20	X	24.0	28,000		1.9			 	 -	 	<u> </u>		1.0	
22 ***	X	24.0 24.0	28,000 30,000		1.8			 		 			1.1	
23	X	24.0	29,000	-	1.0			 		<u> </u>	 		0.8	
24	X	24.0	38,000		1.0					l			0.8	
25		24.0	32,000											
26	X	24.0	32,000		1.0								0.9	
27	Х	24.0	27,000		1.4							ļ	0.9	
28	X	24.0	33,000	ļ	0.9			ļ	<u> </u>	 	ļ		0.9	
29 30	X	24.0	32,000	 	0.9			 	 	 	 		0.6 1.0	
31	X	24.0 24.0	29,000 32,000	 	1.4			 	 	 	 -		1.0	
Total 3			857,000	 	1.0		l	L	l	L	L	<u> </u>		

27,645 38,000

^{*} Refer to the instructions (00 this report to determine which plants must provide this information.

Effective August 28, 2003



DEP Form 62-555.900(6)

Effective _____

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	2 for Instruc	tions.										
_			mation for the Month		Januar	y, 2004				DWG 11 - 25 - 2 - 1	T 1	6515212
System N			American Condomir							PWS Identification N	lumber:	6515213
System T	Total and an experience of			Non-Transient Non-	Community [7]	Transient Non-Comm	nunity			at Cad of Month		
		nection	s at End of Month:	ei 11 117 6 1					Total Population Ser	ved at End of Month.		
System C			and the second second second second	Florida Water Servic	es				Contact Percon's Tit	e: Vice President of	Environmental Servi	ces
Contact I		 	and the same of th	Craig Anderson P. O. Box 609520				City: Orlando			Zip Code: 32860-95	
	Person's Mailir Person's E-Mai			craiga@florida-wate				City. Offaildo		ephone Number: (40		T <u> </u>
Contact	CISONS E-IVIA	Addie	588.	Craiga@nonua-wate					Contact Follows Te		'ZILL'.'\ILL'	
		chief o	perator or authorized	representative of this		David Rodriguez		rovided in this report i	is true and accurate to		rledge and belief. 7880 A (Chief Oper License Number or	
Signature	and Date					Printed or Typed Na	me				License Number or	itte
	131 13 11 11		21.10	115 . 6 . 1 . 14	N C	Ion	uary, 2	2004				
			Maintained in Distri	Data for the Month	Year or :	Free Chlorine		Combined Chlorine	(Chloramines)			
Type of i	Jisimeciani K	Siduai	Maintained in Distri	Junion System.		Tree Cinornie	Ţ - [*] - '	Tomorio cinorio				
	a = No. of Sites	Where	Disinfectant Residual		Disinfectant Residual	Disinfectant Residual	Day of	a = No. of Sites Where	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual	Disinfectant Residual	Disinfectant Residual
1	Disinfectant Re			Not Detected and HPC	Not Detected and HPC > 500/mL	Not Measured and HPC > 500/mL	the Month	Disinfectant Residual Was Measured	Not Measured but HPC Measured	Not Detected and HPC Not Measured	> 500/mL	HPC > 500/mL
Month 1	Was Measu	irea	Measured	Not Measured	- 500/IIL	111C > 300/IIIL	17	was Measured	i i i i i i i i i i i i i i i i i i i	11011111111111		
2	i - i	:					18					
3				·			19	1				
4							20	1				<u> </u>
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12	<u>1</u>						28					<u> </u>
13				i			30			1		<u></u>
14							31		ļ			J.,
15	1			• • •			Total	22			g	
	j	 Joe ie -	which disinfactors	cidual ic undatactable	$= (c+d+e)/(a+b) \times 10^{-1}$	 00 =	L	J	2			
	ous month, V		winen distillectant fe	sidual is undetectable %	= (c/u/c//(a/b) x I							
r or previ	ous monur, v			70								



Signature and Date

See Pages 4 for Instructions. 1. General Information for the Month/Year of: February, 2004 A. Public Water System (PWS) Information 6512018 PWS Identification Number: Zephyrhills MHC PWS Name: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: 491 Total Population Served at End of Month Number of Service Connections at End of Month: 213 PWS Owner: Florida Water Services VP Environmental Services Contact Person: Craig Anderson Contact Person's Title: P.O. Box 609520 City: Orlando State: Florida Zip Code: 32860-9520 Contact Person's Mailing Address: Contact Person's Telephone Number: (407) 598-4199 Contact Person's Fax Number: (407) 598-4217 craiga@florida-water.com Contact Person's E-Mail Address: **B.** Water Treatment Plant Information 863-858-2504 Plant Telephone Number: Plant Name: Zephyrhills MHC City: Zephyrhills State: Florida Zip Code: 33810 35235 Highway 54 West Plant Address: Purchased Finished Water Raw Ground Water Type of Water Treatment by Plant: 200,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): ν Plant Class (per subsection 62-699.310(4), F.A.C.) **Licensed Operators** Name License Class License Number 44 Day(s) / Shift(s) Worked Lead/Chief-Operator: David Rodgiguez 7880 Days 1st Shift Other Operators: Steve Fuller 7519 Days 1st Shift II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A-7880 David Rodriguez

Printed or Typed Name

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

License Number

PWS I	dentificatio	n Number:		6512018		Plant Name:	Zephyrhills	мнс						
III. D	aily Data	for the N	lonth/Year	of:		February, 2004								
Means	of Achievi	ing Four-Lo	g Virus Inacti	vation/Remov	val: ▼ Free (Chlorine [Chlorine Di	oxide	☐ Ozone	☐ Comb	oined Chlori	ne (Chlorat	mines)	
	traviolet R			er (Describe):		•	C	0,1100	, 020.10	, com	onica emori	ne (emora	inics)	
-					ribution System:	▼ Free Chlo	vrine [Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide	
Турс	1 1311110	T. Can	T TVIAIIICAI								<u> </u>		Jioade	The second secon
					CT Calculations, or	TUV Dose, to	Demostate	rour-Log	y virus inac	xivation, if	Applicable	And the state of t		
	1				COLUMN TO SERVICE SERV	CI Calc	allations	For any	Professional	1	, UV.	Dose		
							Lowest CT				and owest			
		1				Disinfectant	Provided	**************************************					124	
	Days Plant	1			Lowest Residual	Contact Time	Before or at				1000		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	all the second s	
Day of	Visited by	Hours plant	of Finished Water		Concentration (C) Before or at First	Measurement . Point During	Customer During Peak			Minimum CT	130	Required,	Concentration at	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm	sec/cm ²	System, mg/L	Out of Operation
5. 1 20		24.0	27,500											
2	X	24.0	27,500		2.2								1.2	
3	X	24.0	36,000		2.4				<u> </u>				1.4	
4	X	24.0	39,000		2.5					ļ			1.6	
5	X	24.0	38,000		2.4				ļ	ļ			1.5	
7	X	24.0	42,000 59,000		2.8		 		 -	<u> </u>		 	2.0	
- 8-	 ^	24.0	28,000	 	2.3			 -		 	 		2.0	
9	Х	24.0	28,000		2.0		 -			 			1.4	
10	Х	24.0	68,000		2.2								1.2	
11.	X	24.0	59,000		3.5			-					2.4	
12	X	24.0	31,000		2.0								1.4	
13	X	24.0	11,000		2.0								1.5	
14	x	24.0	17,000		0.6				 	ļ			0.8	
15 16	x	24.0	8,000 8,000		0.7			 	ļ <u>.</u>	 		 	0.8	
17	X	24.0	11,000		2.0			 -	 	 			1.1	
18	X	24.0	17,000	-	3.0					 -		 	2.0	
19	X	24.0	12,000	 	2.2	 			 				1.4	
. 20	х	24.0	9,000		2.0								1.2	
21	X	24.0	18,000		2.2								1.4	
22		24.0	12,500					ļ <u> </u>					ļ	
23	X	24.0	12,500		1.8				ļ	ļ	<u> </u>	<u> </u>	1.2	
24	X	24.0	17,000	ļ	1.4			<u> </u>	<u> </u>		***		1.0	
25 26	X	24.0	8,000		0.8			 	 	 			0.8	
27	X	24.0	11,000 8,000	 	1.4	 	 	 -	 	 -		 	0.8	
28	 ^	24.0	16,000		1.4				 			 		
29	х	24.0	16,000	t	0.8								0.8	
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Total		ow. The s	695,000	1										
Avgerag	je .		23,966											

68,000

Maximum

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

Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

	l Water System Infor	mation for the Mont	h'Year of:	Februa	ry, 2004						
System N	ame:	American Condomii	nium						PWS Identification 1	Number:	6515213
System T	ype: [▽	Community [7]	Non-Transient Non-	Community [Transient Non-Comm	nunity				·	
	of Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month		1080
System O	wner:		Florida Water Service	ces							
Contact P	erson:		Craig Anderson				=	Contact Person's Tit		p	
Contact P	erson's Mailing Add	ress:	P. O. Box 609520				City: Orlando			Zip Code: 32860-95	520
Contact P	'erson's E-Mail Addre	ess:	craiga@florida-wate	er.com				Contact Person's Tel	ephone Number: (40	7) 574-6691	
	ersigned lead/chief o	perator or authorized	representative of this	s consecutive system,	Certify that the information David Rodriguez Printed or Typed Name		ovided in this report	is true and accurate to		7880 A (Chief Oper License Number or	
II. Daily	Distribution System	Disinfectant Residua	l Data for the Month	Year of:	Feb	uary,	2004				
		Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
Day of the	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual Not Measured but HPC	Disinfectant Residual	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	Disinfectant Residual	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	Disinfectant Residual	Disinfectant Residu
Month 1	was Measured	Measured	Not Measured	2 300/IIIL	HFC > 300/IIL	17	l Was Measured	Wicasurco	110t Weasured		
2			<u>.</u>	4		18	1		 		
3	· · · · · · · · · · · · · · · ·		i		<u></u>	19	l				
4	1		i		;;	20	l	· ·· · ·			
5	1	<u>.</u>	I	1 · · · · · · · · · · · · · · · · · · ·		21	1	1	i	·	
6	1		1			22					I
7	· ···· <u>-</u> ·· · · ·				· - ·	23	1				
8		ļ			·	24	1				1
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	1		†· · · -	<u> </u>		26	1				
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10 11		: · · · · · · · · · · · · · · · · · · ·	Ť	† · · · · · · · · · · · · · · · · · · ·		28	T				
11	<u> </u>					29	1 -		-		
	<u> </u>		4	<u> </u>		27			:	i .	
11 12	1		#			30			i		
11 12 13	1										
11 12 13 14	1					30	20			1	
11 12 13 14 15	l l entage of samples in	which disinfectant re	sidual is undetectable	c = (c+d+e)/(a+b) x 1	00 =	30 31	20				



See Pages 4 for Instructions. General Information for the Month/Year of: March, 2004 A. Public Water System (PWS) Information 6512018 PWS Identification Number: PWS Name: Zephyrhills MHC ✓ Community Transient Non-Community Consecutive Non-Transient Non-Community PWS Type: Number of Service Connections at End of Month 213 Total Population Served at End of Month: 491 PWS Owner Florida Water Services Contact Person: Craig Anderson Contact Person's Title: **VP Environmental Services** State: Florida Zip Code: 32860-9520 Contact Person's Mailing Address: P.O. Box 609520 City: Orlando (407) 598-4199 Contact Person's Fax Number: (407) 598-4217 Contact Person's Telephone Number: craiga@florida-water.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Zephyrhills MHC 863-858-2504 Plant Name: Plant Telephone Number: Zip Code: 33810 Plant Address: 35235 Highway 54 West City: Zephyrhills State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 v 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 Name License Class License Number ead/Chief Operator: David Rodgiguez 7880 Days 1st Shift Other Operators: Steve Fuller 7519 Days 1st Shift II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A-7880 David Rodriguez

Page 1

Printed or Typed Name

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

Signature and Date

License Number

Zephyrhills MHC

Plant Name:

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											178,12		12 12 12 12 12 12 12 12 12 12 12 12 12 1	/vgcrage
											000,878			o IBIO
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	61								7.1		34,000	24.0	X	30
	2.1						l		0.1		32,000	24.0	X	56
											32,000	24.0		82
	Þ.I								5.1		000,02	0.42	X	LZ
	b .1								0.2		18,000	0.42	X	97
	9.1								8.1		24,000	24.0	X	72
	0.1		T						9.1		30,000	24.0	X	74
	7.1								9'1		000,62	24.0	X	23
	2.1								8.1		14,000	24.0	Х	. 22
	9.1			f					7.4		000,22	0.42	X	17
			 								000,22	24.0	i –	∵0Z ¹
	€1		1				 		0.2		000,24	24.0	X	61
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	7.1								4.2		000'11	24.0	X	91
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	-	 	 		 				100		000,62	24.0	 	9
	L'0		 		 	 	 	 	8.0	ļ	000,01	24.0	X	5
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Out of Operation	System, mg/L	zec/cm ^z	mW-sec/cm²	J/mim	sidesiiqqA li	C STORE	J/uim _	munics	Peak Flow, mg/L	Rate, gpd.	gar	Operation		плом
Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components	noituditasiQ	Munmung TVV Dose Required, 'mW-	IN Dose Obersing Towest	Minimum CT Required, mg	pH of Water,	Temp of	Before or at First Customer During Peak Flow, mg-	Contact Time (T) at C Measurement Point During Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Peak Flow	Net Quantity of Finished Water Producted,	insiq siuoH	ээв!Ч)	Jo ysc the
		9800	I AN	The state of the state of				10mm						
[19] (19] - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		1.54	*pplicable	Yation, if A	Virus Inact	20A-nuo	A state F	UV Dose, to I	T Calculations, or	၁	<u> </u>	<u> </u>		1.5
	opixoi	Chlorine D	ı (s	Chloramine	ea Chlorine (ouiguio	our.		pution System:	ed in Distri	nistnisM lsu	tant Resid	Disinfec	λbe o
										(Descripe):	∟ Огрег	noitsibi	aviolet Ra	u() _
	(29di)	merold'), a	ined Chlorin	4440J	auozo		viCl Anivold')	T oninoln	David 🔽 🗆 ik		Virus Inactiva			
								Магсh, 2004		:1	onth/Year o	IOL ING M	HIV DATA	10

^{*} Refer to पेहमफीतास्येक्षर फिल्फिंग report to determine which plants must provide this information. Effective August 28, 2003

8107159

PWS Identification Number:



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	2 for Instructions.										
I. General	Water System Infor	rmation for the Montl	h/Year of:	March	n, 2004						
System Na	ime:	American Condomii	nium						PWS Identification 1	Number:	6515213
System Ty	rpe: 🔽	Community	Non-Transient Non-	Community [7]	Transient Non-Comr	munity					
Number o	f Service Connection	ns at End of Month:		309				Total Population Ser	rved at End of Month		1080
System Ov	wner:		Florida Water Service	es							,
Contact Pe	erson:		Craig Anderson					Contact Person's Tit	le: Vice President of	Environmental Servi	
Contact Pe	erson's Mailing Add	ress:	P. O. Box 609520				City: Orlando		State: FL	Zip Code: 32860-95	520
Contact Pe	erson's E-Mail Addr	ess:	craiga@florida-wate	r.com				Contact Person's Te	lephone Number: (40)7) 574-6691	
I, the unde		perator or authorized	representative of this		certify that the information David Rodriguez Printed or Typed Name	me		is true and accurate to	o the best of my know	7880 A (Chief Oper License Number or	
II. Daily I	Distribution System	Disinfectant Residua	l Data for the Month	Year of:	Ma	arch, 2	004				
Type of D	isinfectant Residual	Maintained in Distri	bution System:	ান	Free Chlorine		Combined Chlorine	(Chloramines)	,		
i		b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	Disinfectant Residual	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	Disinfectant Residual	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1	i				17	1				
2	1					18	1				
3	1		!			19	1				
4	1					20			: 	· ·	
5	1		•			21			: :		1
6						22	1		1		! !
7						23	1				! !
8	1					24	1		i i		i i
9	1	:				25	1	4			· · · · · · · · · · · · · · · · · · ·
10	1					26	1				
11	1	:	1			27		4	4 - 4		
12	1			,		28					
13			•	• •	i	29	1	4			
14						30	1		ļ . <u></u>		• •
15	1			•	4	31	1				
16	1				: <u></u>	Total	23				
V = percer	ntage of samples in v	which disinfectant re-	sidual is undetectable	$= (c+d+e)/(a+b) \times 10^{-6}$	00 =						
For previo	us month, V =		%								



See Pages 4 for Instru	uctions.						
. General Information	for the Month/	Year of: Apri	, 2004				
A. Public Water System	(PWS) Inform:	ation					
PWS Name:	Zephyrhills MHC					PWS Identification Number:	6512018
PWS Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-Cor	nmunity	Consecutive	
Number of Service Connect						al Population Served at End of Mo	onth: 491
PWS Owner:	Florida Water Servi						
Contact Person:	Craig Anderson				Cor	ntact Person's Title: VI	Environmental Services
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			Cor	ntact Person's Fax Number: (4)	07) 598-4217
Contact Person's E-Mail Ad		craiga@florida-water.	com				
3. Water Treatment Pla	ant Information						
Plant Name:	Zephyrhills MHC					Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54	West			City: Zephyrhills	State: Florida	Zip Code: 33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purcha:	sed Finished Water			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		200,000			
Plant Category (per subsect			V			Class (per subsection 62-699.310	
Licensed Operators		Name		License Clas	s License Numb	er Day(s) / Shift(s) Worked
Lead/Chief Operator:	David Rodgiguez			Α	7880	Days 1st Shift	<u> </u>
Other Operators:	Steve Fuller	·····		В	7519	Days 1st Shift	
I Certification by Lead	VChief Operate						
			ride on the lea	d/chief operator of th	ne water treatmen	plant identified in part I of	this report. I certify that the
							als used at this plant conform to NSF
International Standard	60 or other appl	icable standards reference	ed in subsection	1 02-333.320(3), F.A	.C. Taiso certify	mat the following additiona	operations records for this plant
							als used and chemical feed rates; and
	-	-			le these additiona	operations records to the P	PWS owner so the PWS owner can
retain them, together v	vith copies of thi	s report, at a convenient	location for at le	east ten years.			
			Davi 4	Rodriguez			A-7880
Signature and Data							License Number
Signature and Date			rinte	d or Typed Name			Electise Indition

PWS Ic	entification	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
III. D	I. Daily Data for the Month/Year of: April, 2004													
	Means of Achieving Four-Log Virus Inactivation/Removal:													
	raviolet R		C Othe			•	cinorate 5			,	inea cinori	(011101111	,	
Type o	f Disinfed					▼ Free Chlo	orine T	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
1,750	Distilled	I Teste			T Calculations, or									
177.2					1 Calculations, or			i Out-Log	virus iliac	Arvacion, 112	UV.			
						The control of the co	diations	T	A SAME OF SAME	Silver Tresign	W-116	*** ** **		
							Lowest CT							
						Disinfectant	Provided					Minimum		
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First				16.	Minimum	Lowest Residual Disinfectant	
i Nog	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose"	Concentration at	Emergency or Abnormal Operating:
Day of	Operator	Hours plant	1.		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	15.5 (1) (1) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation 💆 🗡
. 1	X	24.0	26,000		1.4								1.2	
2	X	24.0	21,000		1.5			 					1.0	
3	Х	24.0	30,000 20,000		1.4					-			1.2	
5	Х	24.0	20,000		0.6			 					1.0	
6-	X	24.0	27,000		0.8								0.9	
7	Х	24.0	26,000		1.2								1.1	
- 8	Х	24.0	25,000		0.5								1.0	
-9	X	24.0	16,000		0.6			ļ					0.8	
10	X	24.0	40,000		0.6								0.7	
11	X	24.0 24.0	16,500 16,500		0.6				 				0.8	
13	X	24.0	17,000		0.6								0.8	
14	X	24.0	13,000		0.8								0.9	
15	Х	24.0	11,000		0.7								0.8	
16	Х	24.0	27,000		1.4								1.1	
17	X	24.0	17,000		1.2								1.0	
18		24.0	10,500											
19	X	24.0	10,500		2.4								1.4	
20	X	24.0	21,000		1.0			 					1.0	
22	X	24.0	16,000		1.2								1.0	
23	X	24.0	18,000		0.6								0.7	
24	X	24.0	13,000		2.5								2.0	
25		24.0	16,500											
26	X	24.0	16,500		2.2								1.6	
27	X	24.0	13,000		2.5								1.8	
28	X	24.0	11,000		2.0			-					1.8 0.8	
30	X	24.0 24.0	11,000		0.7			-					0.8	
30		24.0	10,000		0.0			 						
Total	i de la composición del composición de la compos		559,000	<u> </u>										
Authorization	= 900	- W. B. C. C. C.	10 622	1										

40,000

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

Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	2 for Instructions.						.= .				
		mation for the Mont		April,	, 2004						√€1€212
System N		American Condomii							PWS Identification N	Number:	6515213
System T Number o	ype: of Service Connection		Non-Transient Non-	Community []	Transient Non-Com	munity		Total Population Ser	ved at End of Month		1080
System O	wner:		Florida Water Service	ces						en e	
Contact P	Person:		Craig Anderson	,				Contact Person's Titl			
Contact P	erson's Mailing Add	ress:	P. O. Box 609520				City: Orlando			Zip Code: 32860-9:	520
Contact P	Person's E-Mail Addr	ess:	craiga@florida-wate	er.com				Contact Person's Tel	ephone Number: (40	7) 574-6691	
I, the und	ersigned lead/chief o	perator or authorized	representative of this	s consecutive system,	certify that the infor	mation pi	ovided in this report	is true and accurate to	the best of my know	ledge and belief.	
					David Rodriguez					7880 A (Chief Oper	
Signature	and Date		/		Printed or Typed Na	me				License Number or	Title
II. Daily	Distribution System	Disinfectant Residua	l Data for the Month	Year of:	A	pril, 20	004				
		Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
Day of the		Disinfectant Residual Not Measured but HPC	Disinfectant Residual Not Detected and HPC	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	Disinfectant Residual	Disinfectant Residual	Disinfectant Residual
Month 1	Was Measured	Measured	Not Measured	> 300/IIIL	TIPC > 300/IIL	17	Was Measured	Ivicasured	110t Headard		
2		4	·			18		i			
3	,			 		19	-	T		ļ · · · · · ·	
4				 		20	1				
5] · · · · · · · · · · · · · · · · · · ·		21	† · · · i · ·				
6			T			22	1				
7	:					23	1				
8	1		• •			24	1	<u> </u>	:		
9	· · · · · · · · · · · · · · · · ·		<u>†</u>		·	25				<u> </u>	
10	1					26	† ₁	• • = •			
11			**			27	1				
12			· -	<u>.</u>		28	1				
13	. 1					29	1	:			• • • • • • • •
14						30	†-··				
15	1	:	i			31	1	* · · · · · · · · · · · · · · · · · · ·	<u> </u>	i i	* · · · ·
16	1		4	4		Total	24	· ·			
	entage of camples in	which disinfectant re	cidual is undetectable	$e = (c+d+e)/(a+b) \times 10$	00 =		÷				
	ous month, V =	winen distriction it	%	(0.0.0)(a.b) X							

DEP Form 62-555 900(6) Effective



See	Радес	1	for	Inetra	ictions.
.766	1 aves	4	w	THATE	ICHIUMS.

See Pages 4 for Instru									
. General Information	for the Month/Y	ear of: May, 2004							
A. Public Water System	(PWS) Informa	tion							
	Zephyrhills MHC				PWS Identification Number	er: 6512018			
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive				
Number of Service Connect	ions at End of Month	: 213		Total 1	Population Served at End of Month: 491				
PWS Owner:	Florida Water Service	es							
Contact Person:	Craig Anderson			Conta	ct Person's Title:	VP Environmental Services			
Contact Person's Mailing A		P.O. Box 609520		City: Orlando	State: Florida	Zip Code: 32860-9520			
Contact Person's Telephone	Number:	(407) 598-4199		Conta	ct Person's Fax Number:	(407) 598-4217			
Contact Person's E-Mail Ad	ldress:	craiga@florida-water.com							
3. Water Treatment Pla	ant Information								
Plant Name:	Zephyrhills MHC				Plant Telephone Number:	863-858-2504			
Plant Address:	35235 Highway 54 V			City: Zephyrhills	State: Florida	Zip Code: 33810			
Type of Water Treatment by			sed Finished Water						
Permitted Maximum Day O	 		200,000						
Plant Category (per subsecti	ion 62-699.310(4), F.		<u>_</u>		lass (per subsection 62-699.				
Licensed Operators		Name	License Class	License Number		y(s) / Shift(s) Worked			
Lead/Chief Operator:	David Rodgiguez		Α	7880	Days 1st Shift				
Other Operators:	Steve Fuller		В	7519	Days 1st Shift				
				<u></u>					
	· · · · · · · · · · · · · · · · · · ·								
	,								
I Certification by Lead	I/Chief Operator	•							
		operator licensed in Florida, am the lea	d/chief operator of the	water treatment n	lant identified in part I	of this report. I certify that the			
i, the undersigned water	er treatment plant	operator necesseu in Florida, am the lea	denier operator or me	f. that all drinking	rant identified in part i	picals used at this plant conform to NSE			
information provided i	in this report is tru	ie and accurate to the best of my knowle	eage and benef. I certi	iy macan orniking	g water treatment chem	nicals used at this plant conform to NSF			
		cable standards referenced in subsection							
						icals used and chemical feed rates; and			
	•	process performance records. Furtherm		these additional o	perations records to the	e PWS owner so the PWS owner can			
retain them, together w	vith copies of this	report, at a convenient location for at le	east ten years.						
		David	Rodriguez			Λ-7880			
Signature and Date			d or Typed Name			License Number			

Zephyrhills MHC

Plant Name:

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		_									260,000			finoT
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		1									002,11	24.0		30
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	0.1		1						6.0		13,000	24.0	X	87
	8.1								8.2		000,8	24.0	X	LZ
	1.2								0.2		000,11	24.0	X	97
	0.1								0.2		000,11	24.0	X	52
	9.0								9.0		000,01	0.42	X	74
											000'01	24.0		73
	1.0		I						0.1		14,000	0.42	X	ार
	Þ'l								0.£		10,000	24.0	X	- 17
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	2.2								3.5		000,2	0.42	X	LI
			1								000,2	0.42		: 91
	6.0								9.0		16,000	24.0	Х	SI
	2.2								2.5		000,7	24.0	X	ÞΙ
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	b .2	<u> </u>	1	1					3.5		000,7	0.42	Х	71
	6.0		<u> </u>						TT		12,000	24.0	X	11
	91								7.7		005,7	0.42	X	01
	<u> </u>		 					<u> </u>	 		005°L	24.0		6
	8.1		 	· · · · · · · · · · · · · · · · · · ·	·				0.5		000,11	24.0	X	8
	0.2	 	 						0.5		000,8	24.0	X	L
	7.1		 						91		000,7	0.4.0	X	9
	0.1		 ,						7.1		000,2	0.42	X	Ś
	9.1								8.2		000'Z	24.0	X	
	0.1								8.2		005°I	24.0	X	ε
									-		005,1	24.0	 " 	2
	2.0								9'0		000'5	24.0	x	- 1
motersqO to mO	System, mg/L	zwo/oes	my-sec/cm		sldssilqqA li	O TOTRA	J/aim	sənuim	Peak Flow, mg/L	Rate, gpd.	Esq	Operation	("X"	Month
Involves Taking Water System Components	Distribution		Jasoci VI	Required, mg	name to rid	o amor	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted	uı	Sold)	əth
Conditions, Repair or Mamienance Work that		-Wm	and Mit	E STIMBURGA	E	30 amaT	During Peak	Point During	Before or at First		and the state of t	Hours plant		Day of
Emergency or Abnormal Operating		Required,	Operating	T) mmminiM	22				***		A Company of the Comp	Tacia amora	1. 1	30 7.00
Therefore in Abnormal Cherating	Concentration at	UV Dose	Towest	id: A little		15 (5	Customer	Measurement	(D) notistinesonoD	and the second	bodzini4 to	· '	Visited by	
	Disinfectant	muminiM	3	7757 ****	Sales and		izni7	Dis(T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual					14.	Before or at	Contact Time	Lowest Residual		No. 18		Days Plant	
				- 4			Provided	Disinfectant					-	
					1985 E.			terotoelainid .				1		
Emergency or Admonistic Operating		1 335		宝子 养			Lowest CT				.	1	1 1	
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]		AND			<u> </u>	<u> </u>	CT Calcu	6. 1 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	l	ļ '] .
	<u> </u>	<u> </u>	*əldsəildə	A Ti .noitsvi	Virus Inact	20√1-mo ⁵	Jemostate I	UV Dose, to I	T Calculations, or	<u> </u>		<u> </u>		
	sbixoi 6	Chlorine D	(9	(Chloramine	ed Chlorine	Combin	Tine anir	🔼 Eree Chlor	bution System:	rıteiG ni bər	tistnisM Isu	tant Resid	of Disinfec	Турс о
										(Descripe):			traviolet Ra	
	nues)	e (Chloran	инед Срјоти	Сошр	əuoz∩ I	apixo	C DIOLIDG DIG	nlorine			Virus Inactiv			-
	` .	1 11,27	. 1101 .	·										
								May, 2004		:10	onth/Year o	for the M	sity Data	III D'

8102159

PWS Identification Number:

^{*} Refer to भिर्हामुह्यानुसु<u>शक्क फिर्सिंग</u> report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page	e 2 for Instructions.										
I. Gener	al Water System Info	rmation for the Mont	h'Year of.	May	, 2004						
System 1	Name:	American Condomi	nium						PWS Identification	Number:	6515213
System 7			Non-Transient Non-	Community [7]	Transient Non-Com	munity					
Number	of Service Connection	ns at End of Month:		309				Total Population Se	rved at End of Month	:	1080
System (Owner:		Florida Water Service	es							
Contact	Person:		Craig Anderson					Contact Person's Tit	le: Vice President of	Environmental Serv	ices
Contact	Person's Mailing Add	lress:	P. O. Box 609520				City: Orlando		State: FL	Zip Code: 32860-9	520
Contact	Person's E-Mail Add	ress:	craiga@florida-wate	r.com				Contact Person's Te	lephone Number: (40	07) 574-6691	
		operator or authorized	representative of this	-	David Rodriguez		rovided in this report	is true and accurate to	o the best of my know	7880 A (Chief Ope	
Signatur	e and Date				Printed or Typed Na	ıme				License Number or	litte
II. Daily	Distribution System	Disinfectant Residua	l Data for the Month	Year of:	IV.	1ay, 20	004				
Type of l	Disinfectant Residual	Maintained in Distri	bution System:	[7]	Free Chlorine		Combined Chlorine	(Chloramines)		,	
-	J.	Disinfectant Residual Not Measured but HPC	Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and	Day of the	a = No. of Sites Where	Disinfectant Residual Not Measured but HPC	c = No. of Sites Where Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and
Month 1	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month 17	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL
2			į			18	 	<u>† - </u>	-		+
3		L	ė.			19	i i		i		
4	i	1	• ·· ·· ·			20	i i				<u> </u>
5	i i					21	i			L	
6	1	:				22	 	<u>.</u>	i.		
7	1					23		j		∤	:
8		≨ -				24	1				† ·····
9						25	i		,		•
10	1	i				26	1				i
11	1		•			27	1				:
12	1	-				28	1		i		
13	1	·	-		-	29	1				
14	1					30	1				
15						31	1	·			
16						Total	21				
V = perce	entage of samples in	which disinfectant re	sidual is undetectable	$= (c+d+e)/(a+b) \times 10^{-6}$	00 =		-				
For previ	ous month, V =		%	··· · · · · · · · · · · · · · · · · ·						-	

DEP Form 62-555 900(6) Effective _____ **Docket No. 060368-WS**

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

Florida

Report Missing:

Monthly Operating Report

Zephyr Shores

June 2004

Aqua Utilities Florida, Inc.



_	-	-	^		
	Vagae	1	tor	Instruc	tione
DCC	1 42 5				

See Pages 4 for Instr							
. General Information	for the Month/	Year of: July, 2004					
A. Public Water System	(PWS) Informa	ation					
PWS Name:	Zephyrhills MHC					PWS Identification Number	6512018
PWS Type:	✓ Community	Non-Transient Non-Commu	nity T	ransient Non-Com	munity	Consecutive	
Number of Service Connect	 			· · · · · · · · · · · · · · · · · · ·		Population Served at End of I	Month: 491
PWS Owner:	Aqua Utilities Florid	la					
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Ad		beheath@aquaamerica.com	<u>m</u>				
3. Water Treatment Pla	ent Information						
	Zephyrhills MHC					Plant Telephone Number:	863-858-2504
	35235 Highway 54 \		,,		City: Zephyrhills	State: Florida	Zip Code: 33810
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini				
Permitted Maximum Day O				200,000	· · · · · · · · · · · · · · · · · · ·		
Plant Category (per subsection	ion 62-699.310(4), F.			120 T. 60 A		lass (per subsection 62-699.3	
Licensed Operators		Name		License Class	License Number		(s) / Shift(s) Worked
Lead/Chief Operator:				C	6813	Days 1st Shift	
	David Rodgiguez			A	7880	Days 1st Shift	
	Steve Fuller			В	7519	Days 1st Shift	
			·				
				ļ		<u> </u>	
	. <u>.</u>						
The state of the second state of the second				<u> </u>	L	1	
L Certification by Leac	I/Chief Operato	•					
I, the undersigned water	er treatment plant	t operator licensed in Florida, a	am the lead/chie	f operator of the	water treatment p	lant identified in part I	of this report. I certify that the
							icals used at this plant conform to NSF
							nal operations records for this plant
							cals used and chemical feed rates; and
							PWS owner so the PWS owner can
					these additional o	perations records to the	TWO OWNER SO THE TWO OWNER CAN
retain them, together w	viui copies of this	report, at a convenient location	m tot at least tel	i years.			
			Will Fontaine				C-6813
Signature and Date		71-74-4-4-4	Printed or Tyr				License Number
*							

PWS I	lentification	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
TII. D	1. Daily Data for the Month/Year of: July, 2004													
			g Virus Inactiv				Chlorine Di	ovido	☐ Ozone	E Comb	ined Chlori	no (Chlorer	nings)	
	traviolet R	-	_	r (Describe):		amorate 1	CHIOTEK DI	OXIGC	1 Ozone	1 Come	mied Chion	ne (Cinorai	illies)	
						7 F O U	·	Combin	ad Chlorino	(Chloramine		Chlorine I		
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:						·		Эюхаае	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if A			Park Salah	[일요회사] [10] [10] [10]
		1.00				CT Calc	ulations	<u> </u>			UV	Dose	Jelia - Adam	
			S. F.				Lowest CT				**			
		JANES.		1		Disinfectant	Provided		1					
	Days Plant				Lowest Residual	Contact Time	Before or at					13.82	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				* * * *	Minimum	Disinfectant	
	Visited by	to An	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			2.0				<u> </u>				1.2	
2 -	Х	24.0	2,000		2.2				ļ	<u> </u>	ļ		1.4	
3	Х	24.0	3,000		2.0				 		ļ		1.2	
4		24.0	2,500		ļ <u>.</u>			ļ 	 					
5.	X	24.0	2,500	ļ	1.0				 	 	<u> </u>	ļ	1.0	
6 ~	X	24.0 24.0	4,000 4,000	ļ	0.6	<u> </u>	ļ <u></u> -	 	ļ		ļ		0.8	
8	X	24.0	3,000	 	1.2		ļ	 -	<u> </u>				0.8	
9	$\frac{\lambda}{X}$	24.0	4,000		0.8	-			 	 	 		0.9	
10	X	24.0	3,000	 	2.5				 	 	<u> </u>		1.4	
11	- ^-	24.0	11,000		2.0				 -	<u> </u>				
12	Х	24.0	11,000		0.6			l		 	i		0.8	
13	Х	24.0	6,000		0.6	· · · · · · · · · · · · · · · · · · ·							0.9	
14	Х	24.0	4,000	<u> </u>	3.0								1.8	
15	Х	24.0	4,000		3.0								2.2	
16	Х	24.0	4,000		1.5								1.2	
17	Х	24.0	1,000		1,4								1.0	
18		24.0	2,000	<u></u>										
19	X	24.0	2,000		0.9					ļ			1.0	
20	X	24.0	1,000	ļ	3.0		ļ	 	 	ļ		ļ	1.2	
21	X	24.0	11,000	ļ	3.0	ļ		 		 		ļ	2.0	
22	X	24.0	2,000	ļ	2.4	 				 	ļ	 -	1.4	
23	X	24.0 24.0	1,000 4,000	ļ	2.5	 			 	 			1.2	
25	 ^-	24.0	2,500	 	2.0			 	 	 	L	 	1.0	
26	X	24.0	2,500	 	1.4	<u> </u>		 	 	 		 	1.2	
27	X	24.0	6,000	 	2.2	 		 	 	 			1.4	
28	X	24.0	1,000	 	1.8	 			 			 	1.1	
29	X	24.0	1,000	 	1.4		<u> </u>			1			1.4	
30	Х	24.0	1,000	1	1.2							1	1.0	
- 31	Х	24.0	5,000		1.3	1							1.0	
Total 7.	375		111,000	<u> </u>					-			7.0		
Average	ery and the contract of the co		3,581	1										

11,000

Maximum

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

Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

	See	Page	2	for	Instr	uctions
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	2 for instructions.										
		rmation for the Mont		July,	2004						
System N		American Condomii		e Paris					PWS Identification I	Number:	6515213
System T		Community 🗀	Non-Transient Non-	Community 📋	Transient Non-Com	nunity					
	of Service Connectio	ns at End of Month:		309				Total Population Ser	ved at End of Month	:	1080
System O			Aqua Utilities Florid	la							
Contact F			Brain Heath							Environmental Servi	ices
Contact F	Person's Mailing Add	ress:	2315 Griffin Road				City: Leesburg		State: FL	Zip Code: 34748	
Contact F	Person's E-Mail Addr	ess:	beheath@aqua	aamerica.com				Contact Person's Tel	ephone Number: (40	(352) 787-0980	
I, the und	ersigned lead/chief o	perator or authorized	representative of this	s consecutive system,	certify that the inform	nation p	ovided in this report	is true and accurate to	o the best of my know	vledge and belief.	
					Will Fontaine				_	C-6813	
Signature	and Date	The second secon		-	Printed or Typed Na	me				License Number or	Title
II. Daily	Distribution System	Disinfectant Residua	Data for the Month	Year of:	J	uly, 20	04				
		Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	1. The last of the second o	The state of the second contract of the secon	Disinfectant Residual	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual	Disinfectant Residual	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	Disinfectant Residual
1.5	l					17					,are
2	1					18					1
3						19	1				
4						20	1				
5	1					21	1				
6	1					22	1				
7	1					23	1				
8	1					24					
9	ı					25					
10	,					26	1				
- 11						- 27	1				
12	1					28	1				
13	1					29	. 1				
14	2					- 30	1				
15	2					31					
16	11					Total	23				
V = perce	entage of samples in	which disinfectant re	sidual is undetectable	$= (c+d+e)/(a+b) \times 1$	00 =			-			
For previo	ous month, V =		%			**					



See Pages 4 for Instru	etions					
I. General Information		ear of: August, 2004				
A. Public Water System		on			PWS Identification Number:	6512018
	Zephyrhills MHC	The Table No. Committee	Transient Non Comm	munit.	Consecutive	0312016
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comr		al Population Served at End of Mont	th: 491
Number of Service Connection		213		1100	ai Population Served at Elid of Mon	л. 471
	Aqua Utilities Florida Brian Heath			Cor	stact Person's Title: Area	ı Manager
		315 Griffin Road		City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Mailing Ad		313 Griffin Road 352) 787-0980) 787-6333
Contact Person's Telephone 1 Contact Person's E-Mail Add		eheath@aguaamerica.com		jCoi	HACE PEISON'S PAX NUMBER: (332) 787-0333
B. Water Treatment Plan		eneath@aquaamenca.com				
	Zephyrhills MHC				Plant Telephone Number:	863-858-2504
	35235 Highway 54 We	ant .		City: Zephyrhills	State: Florida	Zip Code: 33810
Type of Water Treatment by	··		chased Finished Water	City. Zephyrinis	State. Tionua	Elp Code. 33010
Permitted Maximum Day Op			200,000			
Plant Category (per subsection			200,000	Plant	Class (per subsection 62-699.310(4), F.A.C.): C
	31 02-099.510(4), T.A.	Name	License Class	License Numb		Shift(s) Worked
Lead/Chief Operator:	and the second s	Traine w	C	6813	Days 1st Shift	
. 7 13	David Rodgiguez		A	7880	Days 1st Shift	
	Steve Fuller		В	7519	Days 1st Shift	
	Steve I dilei			,,,,,	2.0,0 10.0	
						
		····				
American State of the Control of the						
II. Certification by Lead/	Chief Operator		· ·			
		perator licensed in Florida, am the	lead/chief operator of the	water treatment	plant identified in part I of th	nis report. I certify that the
information provided in	this report is true	and accurate to the best of my kno	wledge and belief. I certi	fy that all drinki	ng water treatment chemicals	s used at this plant conform to NSF
		able standards referenced in subsec				
						s used and chemical feed rates; and
		ocess performance records. Further				
	•	•		mese additional	operations records to the 1 w	5 owner so the 1 wis owner our
retain them, together wi	iui copies oi inis r	eport, at a convenient location for a	it least tell years.			
						0.6010
			ill Fontaine			C-6813
Signature and Date		Pr	inted or Typed Name			License Number

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

PWS Identification Number: MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Zephyrhills MHC

Plant Name:

8102159

											10,000	1 1 1 2 2 2 3		mmixeM
											3,516	*	200 · 100 ·	SystemA
											000,601	\$ 18 F	37 7 A 4 3 4 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4	Intol
<u> </u>	2.1								7.1		000,8	24.0	Τx	115
	0.2								2.5		3,500	24.0	X	30
						T					3,500	74.0	1	67
	0.2								0.2		000'L	24.0	X	82
	1.1						1		6.0		3,000	0.42	X	LZ
	0.2					-			2.8		000,4	24.0	X	97
	8.0						———		0.1		000'9	24.0	X	52
	8.0						<u> </u>	 	0.1	 	000,7	24.0	X	177
	6.0				1		 		8.0	 	008,2	0.42	$\frac{\hat{x}}{x}$	
					1				100	 	2,500	24.0	 ^ -	23
	8.1			 			 		0.8		000,8	0.42	 	-33
	0.1	1	1		 	1 —	 	 	0.1	 	10,000		X	71
	0.2	 	 	 	 		 	· · · · · · · · · · · · · · · · · · ·	2.8			24.0	X	50
	0.1	 		 			 	 			000'5	24.0	X	61
	4.1	 	 	ļ	 -	 	 	 	0.1		3,000	24.0	X	81
	9.0	 		 	 		 		0.2		000,8	24.0	X	7.1
	120	 	·	 	 			ļ	9.0		000,ε	24.0	X	91
	L-1	 	+	 		 	·				000,€	24.0		51
	4.1	 			 	ļ	↓		2.5		2,000	24.0	X	71
	8.0		·		<u> </u>				8.0		000,1	24.0	X	£1
	8.0		ļ		ļ	ļ	ļ		8.0		1,000	0.42	X	13
	0.1								0.2		000°Z	24.0	X	
	9.0						<u> </u>		9.0		2,000	0.42	X	10
	8.0	<u> </u>							9.0		000,1	24.0	X	6
					<u> </u>						000,1	24.0		8
	0.1								2.1		1,000	24.0	X	L
	9.1								8.1		2,000	24.0	Х	9
	8.1							-	9.6		1,000	24.0	Х	S
	9.1								5.5		2,000	24.0	X	7
	8.0		1						8.0		2,000	74.0	X	ε
	8.0								0.1		005	24.0	X	7
				_			T				005	24.0	- ^ 	1
Emergency or Abnormal Operating Conditions, Regair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentration at Remote Point in Distribution Distribution	Minimum UV Dose Required, mW- sec/cm ²	Lowest	Minnam CT Required, mg min/i.	pH of Water, I Applicable	Temp of D ^o , TeleW	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Disinfectant Contact Time (I) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow	Producted,	Hours plant in Operation	Days Plant Staffed or Visited by Operator (Place	Day of the Month
경기 방에는 경기에 경우를 살았다. 전기 보고 있는 것이다. 그를 경기 있습니다. 사람들은 사람들이 되었다.	1	9800	iλn				suonem	CT Calci			1.	'		: I
집중화 기계 등 사람들이 되었다.				II 'HODRAII	A II US III SO	807-ma			T Calculations, or		1	'	1	
the part of the second of the	200:01												<u> </u>	
		Chlorine D	(s	(Chloramine	ed Chlorine	Combin	Tine T		ibution System:	ned in Distr	ristaisM lsul	stant Resic	er Disinfec	Туре с
	(samu	e (Chioran	ined Chlorin	ouioa I	20070	appy	ora omnomo	,			L Other			
	, sodje	-1137			50020		Chlorine Dic				virus Inactiv			1
								August, 2004		:10	lonth/Year	C adt tol	aily Data	III' D

Effective August 28, 2003 * Refer to the installed and separation to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

Control Vales August Community Control Vales August 2004	A22220											
System Para American Contact Persons Para Security Para Para Security Para												
System Type	I. Genera	al Water System Info	rmation for the Mont	n/Year of:	Augus	t, 2004						(515012
Number of Service Connections at End of Month 309 Total Population Service At End of Month 1080										PWS Identification 1	Number:	6515213
System Owner				Non-Transient Non-		Transient Non-Com	munity		, <u> </u>			
Contact Person's Mailing Address 2315 Griffin Road City Leesburg State: File Zip Code 34748			ns at End of Month:						Total Population Ser	rved at End of Month		1080
Contact Person's Mailing Address Contact Person's FMail Address Deheath@aquaamerica.com Contact Person's FMail Address Deheath@aquaamerica.com Contact Person's Telephone Number: (4C (352) 787-0980	System C)wner:		Aqua Utilities Florid	la							
Contact Person's F-Mail Address: beheath@aquamerica.com Li, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Will Fontaine Printed or Typed Name Printed or Typed Name Daily Distribution System Distribu								_r	Contact Person's Tit			ces
I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Viii Fontaine	Contact I	Person's Mailing Add	ress:					City: Leesburg	, <u> </u>			
Signature and Date Printed or Typed Name Printed	Contact I	Person's E-Mail Addr	ess	beheath@aqua	aamerica.com				Contact Person's Tel	lephone Number: (40	(352) 787-0980	
	I, the unc	lersigned lead/chief o	operator or authorized	representative of this	s consecutive system,		mation pr	ovided in this report	is true and accurate to	o the best of my know		
Type of Disinfectant Residual Signature Disinfectant Residual Disinfec	Signature	and Date			-	Printed or Typed Na	me			-	License Number or	Title
Type of Disinfectant Residual Signature Disinfectant Residual Disinfec	II: Daily	Distribution System	Disinfectant Residua	l Data for the Month	Year of:	Au	igust, 2	004				
A = No. of Sites Where Day of the Day of									(Chloramines)			
18	1 2 2 2 2 2 2 2	Disinfectant Residual	Disinfectant Residual Not Measured but HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and	Day of the	Disinfectant Residual	Disinfectant Residual Not Measured but HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and
19	5 - J. S.											
4 20 5 21 6 22 7 23 8 24 9 25 10 26 11 27 12 28 13 29 14 30 15 31 16 Total	2							<u> </u>			ļ	<u> </u>
5 21 6 22 7 23 8 24 9 25 10 26 11 27 12 28 13 29 14 30 15 31 16 Total				-				<u> </u>		l		
6 22 7 23 8 24 9 25 10 26 11 27 12 28 13 29 14 30 15 31 16 Total					<u> </u>		21 may - 1 1	ļ <u> </u>				
23 24 3 3 3 3 3 3 3 3 3	-								<u> </u>			
8 9 10 26 11 27 12 28 13 14 30 -15 31 70a Total			ļ. — ————									
9	4 71 71								 			-
10											<u> </u>	
11 28 28 29 30 44 30 45 46 46 46 46 46 46 46 46 46 46 46 46 46										· · · · · · · · · · · · · · · · · · ·		
28	1		ļ									-
13 29 30 14 30 15 16 Total					ļ				 			
14 30 31 31 31 31 31 31 31 31 31 31 31 31 31			ļ				100	 				<u> </u>
15 31 Total Total												
Total Total		 	-	 					 		 	
	-			 			1		-	 		
		entage of camples in	which disinfectant re	cidual is undetectable	$= (c+d+e)/(a+b) \times 1$	00 =	П - Ста	J	-L			

For previous month, V =



See Pages 4 for Instr										
I. General Information	for the Month/Y	ear of: September, 20	004							
A. Public Water System	(PWS) Informa	tion								
PWS Name:	Zephyrhills MHC						PWS Identification Number:		6512018	
PWS Type:	✓ Community	Non-Transient Non-Community	/	ansient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Month	213				Total	Population Served at End of M	lonth:	491	
PWS Owner:	Aqua Utilities Florid	a						-		
Contact Person:	Brian Heath					Conta	ct Person's Title: A	rea Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesbu	ırg	State: Florida		Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980				Conta	ct Person's Fax Number: (3	352) <u>78</u> 7-6333		·····
Contact Person's E-Mail Ad		beheath@aquaamerica.com						· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Pla										
Plant Name:	Zephyrhills MHC						Plant Telephone Number:		863-858-250	
Plant Address:	35235 Highway 54 V			·	City: Zephyi	rhills	State: Florida		Zip Code:	33810
Type of Water Treatment by			Purchased Fini							
Permitted Maximum Day O				200,000						
Plant Category (per subsect	ion 62-699.310(4), F.			n			lass (per subsection 62-699.31		C	10 - Marie 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18
Licensed Operators		Name		License Class	License Nu	ımber		s)/Shift(s)	Worked	Service of the Co
Lead/Chief Operator:				<u> C</u>	6813		Days 1st Shift			
Other Operators:	David Rodgiguez			A	7880		Days 1st Shift			
	Steve Fuller			В	7519		Days 1st Shift			
	<u> </u>							······································		
										····
										
								<u> </u>		
经现代的证据证据 证据的证据							<u></u>			
II Certification by Lead	I/Chief Operator	·								
		operator licensed in Florida, am	the lead/chie	f operator of the	water treats	nent n	lant identified in part Lo	f this report	Lcertify	that the
		ue and accurate to the best of my								
		cable standards referenced in sub								
		operator staffed or visited this pla								
		process performance records. Fu			these additi	onal o	perations records to the	rws owner	so the PW	s owner can
retain them, together w	vith copies of this	report, at a convenient location f	or at least ter	ı years.						
			Will Fontaine	·				-	C-6813	
Signature and Date			Printed or Typ	ed Name					License Nun	ber

PWS Id	lentification	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
III. D	aily Data	for the N	lonth/Year	of:		September, 200)4				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
			y Virus Inactiv				Chlorine Di	ovide	☐ Ozone	Comb	sined Chlori	na (Chloran	nines)	
	traviolet R	-	-	r (Describe):		mornic 1	CHOINE DI	Oxide	1 Ozone	Come	nneu Chorn	ne (Chiorai	illies)	
-						[7 p. CU		Combin	ad Chlorian	(Chloramine	·a\	Chlorine I	Ni	
Type o	of Disinfe	ctant Resid	luai Maintai		ibution System:	₩ Free Chlo							Dioxide	
1 /				C	T Calculations, or			Four-Log	y Virus Inac	tivation, if				
						CT Calc	ulations				UV	Dose		[1] : [1] : [1] : [1] : [1] : [1] : [2] : [2]
1 4		1					Lowest CT							
					in the same	Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	<u> </u>
14 24 2	Staffed or		Net Quantity		Disinfectant	(T) at C	First		1.	10 m		Minimum	Disinfectant	통과 경기 기계에 되었다. 무료 기계 기계에 기계에 기계
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	m	Producted,	Peak Flow	Customer During	Peak Flow,	* Flow, mg-			Required, mg	a finish franchis, in the problems	mW-	 Distribution 	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	· minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	4,000		3.5				<u> </u>				2.0	
2	X	24.0	7,000		0.6		ļ						1.0	
3	X	24.0	7,000		0.8		ļ		<u> </u>				0.8	
5	X	24.0	4,000		3.5		<u> </u>		 				2.0	
6	Х	24.0	1,500 1,500		2,0		 	ļ	 				1.0	
7	X	24.0	1,000		1.4				ļ				1.0	
8	X	24.0	4,000		0.6	··· ·· ·							0.8	
9	X	24.0	8,000		1.0				 -				1.0	
10	X	24.0	4,000		0.8			f					0.9	
11	X	24.0	9,000		0.7			t					0.6	
12		24.0	4,500											
13	Х	24.0	4,500		3.0								2.0	
14	X	24.0	16,000		0.6								0.8	
15	X	24.0	21,000		0.6								0.6	
16	Х	24.0	18,000		0.7				ļ				0.8	
17	X	24.0	18,000		1.8							ļ	1.1	
18	,, .	24.0	20,500		- · · · · · · · · · · · · · · · · · · ·			ļ	 					
19	X	24.0	20,500		1.4							<u> </u>	1.0	
21	X	24.0	8,000		0.9			 	 				0.8	
22	X	24.0 24.0	20,000		3.0			 					1.6	
23	- <u>^</u>	24.0	21,000		0.8			 	 	l		 	1.2	
24	X	24.0	23,000		0.5		· · · · · · · · · · · · · · · · · · ·						0.6	
25	X	24.0	27,000		0.8			İ	 	t -			0.8	
26		24.0	16,000					1						
27	X	24.0	16,000		0.7								1.0	
28	Х	24.0			0.5								0.8	
29	X	24.0	21,000		0.7								0.7	
30	X	24.0	20,000		0.6								0.6	
31		24.0		<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>	l	l	l	L	
Total	7 - 2 - 2 - 2 - 2		368,000											
Average	2 (15 (J.5 (16))	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11,871	I										

27,000

Maximum

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

Effective August 28, 2003



See Pages 4 for Instructions.

I. General Information		Year of: October, 2004				
A. Public Water Syste	· · · · · · · · · · · · · · · · · · ·	ation				
PWS Name:	Zephyrhills MHC				PWS Identification Number:	6512018
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity 🔲	Consecutive	
Number of Service Conne				Total	Population Served at End of Mon	th: 491
PWS Owner:	Aqua Utilities Flori	da				
Contact Person:	Brian Heath			Conta	ct Person's Title: Are:	a Manager
Contact Person's Mailing		2315 Griffin Road	·	City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telepho		(352) 787-0980		Conta	ct Person's Fax Number: (352	2) 787-6333
Contact Person's E-Mail		beheath@aquaamerica.com				
. Water Treatment F						
Plant Name:	Zephyrhills MHC				Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54			City: Zephyrhills	State: Florida	Zip Code: 33810
Type of Water Treatment			sed Finished Water	Maria Cara Cara Cara Cara Cara Cara Cara		· · · · · · · · · · · · · · · · · · ·
Permitted Maximum Day	<u> </u>		200,000			
Plant Category (per subse					lass (per subsection 62-699.310(4	
Licensed Operators		Name	License Class		Day(s)	/ Shift(s) Worked
Lead/Chief Operator			C	6813	Days 1st Shift	
Other Operators:	David Rodgiguez		Α	7880	Days 1st Shift	
	Steve Fuller		В	7519	Days 1st Shift	
	J					
	<u></u>					
	XI				<u> </u>	
Certification by Lea	ad/Chief Operato	!				
		t operator licensed in Florida, am the lea	d/alriaf amanatan afsha	resotan traatmaant m	lant identified in next Left	his nament. I contifu that the
_	-	•	-	-	_	<u>.</u>
		ue and accurate to the best of my knowle				
		icable standards referenced in subsection				
		operator staffed or visited this plant duri				
(2) if applicable, app	ropriate treatment	process performance records. Furtherm	ore, I agree to provide	these additional o	perations records to the PV	VS owner so the PWS owner can
retain them, together	with copies of this	s report, at a convenient location for at le	east ten years.			
		Will F	ontaine			C-6813
Signature and Date	· · · · · · · · · · · · · · · · · · ·	Printed	d or Typed Name			License Number
=			71			

											000 281	7 Car 2 Com.		numixeN
											£19,£8			SystayA
	T										1,972,000	A. T. F. A. M. 1837	A PARTY OF	Lindl
	1.1	 	·	 	 							24.0		31
		 	↓	<u> </u>					0.2		38,000	24.0	X	30
[0.1		ļ	-		<u> </u>			4.[L	25,000	0.42	X	67
	7.1								2.0		23,000	0.42	X	87
	0.1								1.2		18,000	0.42	X	LZ
	6.0								0.1		10,000	0.42	X	97
	0.1								7.1		002,48	24.0	X	52
											005,48	0.42		74
	17								8.1		137,000	0.42	X	23
	0.1					T			9'1		000,79	0.42	X	77
	7.1								2.2	<u> </u>	000,86	0.42	X	17
	7 1								5.1		000,79	24.0	X	. 20
	9.0				1				9.0		000'\$6	24.0	X	- 6I
	8.0					T	†		9.0	1	000,08	24.0	X	81
					1		 			 	000,08	24.0		- L1
	9.0		1		1	1	1	1	7.0	 	000,011	24.0	X	
	9.0		 	1				 	9.0	 	000,69	24.0	X	91.
	8.0	 					 		8.0		000,08	24.0		SI
	8.0	 			-		+	 	8.0	 	000'911	24.0	X	ÞI.
	2.0						 		9.0	+	000,18		X	ει
	9.0	 		 	 				9.0	 		24.0	X	. 71
					+			 	190		000,16	24.0	X	п
	8.0	 	 			 	 	 	0.0		000,19	24.0		01
	0.1	 	 	 			 	 	8.0	 	000,68	24.0	X	6
	8.0	 	 			 -			7.0	ļ	000,82	24.0	X	8
	0.1	 	 	 	 	 	 		8.0	ļ	000,09	24.0	X	_ · L
	8.0	 	 		 	 		<u> </u>	I'I		000,82	24.0	X	9-
	2.1	 			 	├──			L'0		43,000	24.0	Х	Ç
	0.1	 -		 	ļ				5.1		000,91	24.0	X	·
	01	 					ļ. <u> </u>	 	6.0		42,500	24.0	X	3 پ.
	0.0	 									42,500	24.0		~~.7
Homisolo to too	8.0				<u> </u>				L'0		000,22	24.0	X	izl.
		Minimum UV Dose Required, m/W-1	Isəwo.l	Minimum CT Required, mg	pH of Water, if Applicable	Temp of	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Disinfectant Contact Time (I) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd	Met Quantity of Finished Water Producted, Producted,		(Place	Day of the Month
		əsoc	IWI					CT Calcu						
			*sldszilqq/	i vation, if	Virus Inact	30-Ino	Jemostate F	UV Dose, to I	T Calculations, or	O .	1			. ::1
And the second s	ioxide	Chlorine D			ed Chlorine (▼ Free Chlor ▼ Free Chlor	bution System:		rietnisM leu	tant Resid	or Disinfe	1 ype c
			nined Chlorin		ouozO		Chlorine Dic	hlorine	oli: Ç Frœ C	ation/Remov	Virus Inactiv T Other	ng Four-Log adiation	ivsidaA to A tsloivent	L ∩I Means
								October, 2004		:30	onth/Year	A shr ror	stad yliat	\mathbf{I}
						OL IIA	Schrymms r	T IGHT LAGHUE:		0107160		110.01110111	0.0000000000000000000000000000000000000	

^{*} Refer to hethermetaggs দুরুদ্ধিয়ে report to determine which plants must provide this information. Effective August 28, 2003



See Pages 4 for Instr	uctions.								
I. General Information		Year of: November, 2	004						
A. Public Water System	(PWS) Informa	ation							
	Zephyrhills MHC					PWS Identification Number		6512018	
PWS Type:	✓ Community	Non-Transient Non-Communi	ty T	ransient Non-Com	munity	Consecutive			
Number of Service Connect			·			Population Served at End of	Month:	491	
PWS Owner:	Aqua Utilities Florie	da							
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone	: Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Zephyrhills MHC					Plant Telephone Number:		863-858-25	04
Plant Address:	35235 Highway 54	West			City: Zephyrhills	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		200,000					
Plant Category (per subsect						Class (per subsection 62-699.3		С	
Licensed Operators		Name		License Class	License Number		(s) / Shift(s)	Worked	rate by the control
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift			
	David Rodgiguez			A	7880	Days 1st Shift			
	Steve Fuller			В	7519	Days 1st Shift			
						<u> </u>			
						 			
						<u> </u>			
						<u> </u>			
					<u> </u>				
	[ł	l	<u> </u>			
II Certification by Lead	I/Chief Operato	r							
		t operator licensed in Florida, an	the lead/chie	f operator of the	water treatment r	plant identified in part L	of this report	Leertify	that the
		ue and accurate to the best of my							
		icable standards referenced in su							
		operator staffed or visited this pl							
		process performance records. F			these additional e	operations records to the	PWS owner	so the PV	75 owner can
retain them, together w	vith copies of this	s report, at a convenient location	for at least ter	n years.					
			Will Fontaine				-	C-6813	
Signature and Date			Printed or Typ	oed Name				License Nur	nber

PWS Id	lentificatio	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
III. D	aily Data	for the N	lonth/Year	of:		November, 200)4							
			g Virus Inactiv		rol: T.F. (
		_	-		•	hlorine	Chlorine Di	ioxide	☐ Ozone	Comb	oined Chlori	ne (Chlora	mines)	
⊢	traviolet R			r (Describe):										
Туре	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	▼ Free Chle	orine [Combi	ned Chlorine	(Chloramine	es) [Chlorine l	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Los	Virus Inac	ctivation, if	Applicable	* V1 (24		
	*					CT Calc						Döse		
								1 2 1 1 1		T .			1 1 M	
1							Lowest CT				2			
	Davis Bland					Disinfectant	Provided		N. Arang	0.000		25		
	Days Plant Staffed or		Net Outertie		Lowest Residual	Contact Time	Before or at					1.77	Lowest Residual	
	Visited by		Net Quantity of Finished	54 T. U. K	Disinfectant Concentration (C)	(T) at C	First				Lowest	Minimum 'UV Dose	Disinfectant	
Day of	Operator	Hours plant	Water		Before or at First	Measurement Point During	Customer During Peak			Minimum CT	and the second of the fact of	Required,	Concentration at	・ これのでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	nH of Water	Required, mg	UV Dose,	mW-	Remote Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water o	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1 1	X	24.0	37,000	3	1.0			,		34402	III II SCOOLII	-1 SCOTOII	1.0	Out or operation
2	Х	24.0	26,000		1.4				-				1.0	
3	Х	24.0	29,000		2.0				——				1.6	
4	Х	24.0	27,000		1.5				T	1			1.2	
. 5	Х	24.0	26,000		1.4				1		-		1.0	
6	Х	24.0	41,000		2.0								1.4	
7		24.0	19,500											
8	X	24.0	19,500		1.5								1.2	
9	X	24.0	27,000		1.4								1.0	
10	X	24.0	27,000		1.5								1.1	
. 11 -	X	24.0	31,000		1.4								1.1	
. 12	X	24.0	31,000		1.2								1.0	
13	Х	24.0	58,000		1.0								1.0	
14		24.0	23,500											
15	X	24.0	23,500		1.2								1.0	
16	X	24.0	29,000		1.4				<u> </u>	ļ			1.1	
17		24.0	29,000		1.8				ļ				1.2	
19	X	24.0 24.0	30,000 30,000		1.6					ļ			1.1	
20	^	24.0	33,500		2.2					<u> </u>			1.4	
21	Х	24.0	33,500		1.0					 				
22	$\frac{\hat{x}}{x}$	24.0	21,000		1.8								0.8	
23	$\frac{x}{x}$	24.0	30,000		0.8								0.8	
24	X	24.0	33,000		1.4	· · · · · · · · · · · · · · · · · · ·							1.0	
25	Х	24.0	34,000		1.5					}			1.0	
26	Х	24.0	30,000		1.5					 			1.0	
27	Х	24.0	23,000		1.0								0.7	***************************************
28		24.0	26,000							 			0.7	
29	Х	24.0	26,000		0.9								0.7	
30	Х	24.0	28,000		0.8								0.7	
31		24.0												
Total		23 3471	882,000											
Average	经验证据		28,452											

58,000

Maximum

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

Effective August 28, 2003



										
I. General Information	for the Month/	Year of: December, 2004								
A. Public Water System	ı (PWS) Informa	ntion								
PWS Name:	Zephyrhills MHC				- 		PWS Identification Numb	er:	6512018	
PWS Type:	✓ Community	Non-Transient Non-Community	Trar	nsient Non-Com	munity		Consecutive			****
Number of Service Connec						Total I	opulation Served at End o	f Month:	491	
PWS Owner:	Aqua Utilities Florio				2					
Contact Person:	Carolyn McFalls					Contac	et Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, Suite 400			City: Saras	ota	State: Florida		Zip Code:	34240
Contact Person's Telephone	Number:	(941) 907-7400		***************************************	I	Contac	t Person's Fax Number:	(941) 907-7401	<u>• </u>	
Contact Person's E-Mail Ac	ddress:	cfmcfalls@aquaamerica.com								
B. Water Treatment Pla	ant Information									
Plant Name:	Zephyrhills MHC						Plant Telephone Number:		863-858-25	04
Plant Address:	35235 Highway 54 1	West	į		City: Zeph	yrhills	State: Florida		Zip Code:	33810
Type of Water Treatment by	y Plant:	✓ Raw Ground Water Pur	rchased Finish	ed Water						
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:	20	00,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				Plant Cl	ass (per subsection 62-699		С	
Licensed Operators		Name	I	License Class	License N	umber	Da Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	David Rodriguez		A		7880)	Days 1st Shift			
Other Operators:	Steve Fuller		В		7519	9	Days 1st Shift			
			1							
	WOLL 60									
I Certification by Lead									·	•
		t operator licensed in Florida, am the								
		ue and accurate to the best of my kno								
International Standard	60 or other appli	cable standards referenced in subsec	ction 62-555.	.320(3), F.A.C	C. I also ce	rtify tha	t the following addition	onal operation	is records	for this plant
were prepared each da	y that a licensed	operator staffed or visited this plant of	during the m	onth indicated	d above: (1) record	is of amounts of chem	nicals used and	d chemical	l feed rates; and
(2) if applicable, appro	opriate treatment	process performance records. Further	ermore, I agi	ree to provide	these addit	tional o	perations records to th	e PWS owner	r so the PV	VS owner can
	-	report, at a convenient location for a		•						
, 0		, ,	- J							
		D:	avid Rodriguez	•					A-7880	
Signature and Date			rinted or Typed					-	License Nu	mber
o.bare and Date		11	imou oi Typcu	i vanic					Dicense Mui	

Page 1

DEP Form 62-555, 900(3)Alternate

PWS Io	lentification	n Number:		6512018		Plant Name:	Zephyrhills 1	мнс _						
III. D	aily Data	for the N	lonth/Year	of:		December, 200	4							
		_	Virus Inactiv		ral: ▼ Free C	Chlorine I	Chlorina Di	avada	E Ozona	┌ Comb	in all Chlusis	- (Chlorer		
	traviolet R			r (Describe):		morate 1	Chlornic Di	oxide	Ozone	1 Come	med Chiorn	ie (Chiorai	nunes)	
-						T = 011		. C	. I Chile	(Chloramine				
Type	of Disinfed	ctant Resic	lual Maintai			Free Chlo					·	Chlorine I	Jioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if A				
					and the second	CT Calc	ulations	·			UV	Dose .		
							Lowest CT		11.75			100		[기기 기기 기존 17 기준 19 개조 기계
		[Disinfectant	Provided	ľ.				. 5.3	la de la companya de	
·	Days Plant				Lowest Residual	Contact Time	Before or at	1.5					Lowest Residual	
ł	Staffed or		Net Quantity	1 1 1 2 2 2 2 2	Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of		Hours plant	and the second of the second o		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		
the	(Place	ın	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Х	24.0	26,000		1.4								1.0	
2	Х	24.0	29,000		1.2								1.0	
3	X	24.0	29,000		1.4								0.8	
4	X	24.0	40,000	1	1.2	<u> </u>			<u> </u>	<u> </u>			1.0	
5		24.0	37,500	ļ <u>.</u>										
6	X	24.0	37,500		1.4								0.9	
7	X	24.0	34,000		1.2					<u> </u>			0.8	
8	Х	24.0	31,000		0.6	ļ			 				0.6	
9	X	24.0	36,000	ļ	1.4							ļ	1.0	
10	X	24.0	30,000		1.3	ļ			ļ				0.9	
11	X	24.0	45,000	 	1.0								0.9	
13	Х	24.0 24.0	24,000 24,000	 	1.0				 				0.8	
14	X	24.0	33,000	 	0.9	<u> </u>				 			0.9	
15	X	24.0	30,000	 	2.0					 	<u> </u>		1.2	
16	X	24.0	31,000	 	1.8	<u> </u>							1.2	
17	X	24.0	34,000	· ·	3.0								3.0	
18	X	24.0	40,000	 	1.8								1.0	
19	T	24.0	25,500											
20	Х	24.0	25,500		2.0								1.6	
21	Х	24.0	33,000		1.8								1.2	
22	Х	24.0	35,000		2.2								1.8	
23	Х	24.0	40,000		2.5					<u> </u>			2.0	
24	X	24.0	49,000		1.3								1.0	
25	Х	24.0	20,000		1.5					ļ			1.0	
26		24.0	22,500											
27	X	24.0	22,500		1.8								1.0	
28	X	24.0	31,000		1.4		 	ļ	 				1.0	<u> </u>
29 30.	X	24.0	31,000		1.8	 		 	 	 			1.1	
30.	X	24.0 24.0	35,000 58,000		2.2	ļ	 		 	ļ.———			1.4	
Total	X		1,019,000		2.0	L	L	L	L		L	L	1.4	
	Section 1		32,871	1										
VACTORE	机砂块建筑工作:	** A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	32,0/1	1										

58,000

^{*} Refer to the installetions நெருப் report to determine which plants must provide this information. Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.					
. General Water System Information for the Month/Year of:	December, 2004				
System Name: American Condominium			PWS Identification	Number:	6515213
System Type:	sient Non-Community Transient Non-Community			<u> </u>	
Number of Service Connections at End of Month:	309		Total Population Served at End of Month	1:	1080
System Owner: Aqua Utili	ities Florida				
Contact Person: Carolyn M	1cFalls		Contact Person's Title: Area Manager		
Contact Person's Mailing Address: 6960 Profe	essional Parkway Fast Suite 400	City: Sarasota	State: FL	Zip Code: 34240	

System T	ype: 🖳	Community 1.1	Non-Transient Non-	Community 1	Transient Non-Comi	nunity					1000
Number	of Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month		1080
System (Owner:		Aqua Utilities Florid	la							
Contact	Person:		Carolyn McFalls		7		, <u> </u>	Contact Person's Titl			
Contact	Person's Mailing Add	ress:	6960 Professional Pa	arkway East, Suite 40	0		City: Sarasota	,	L <u></u>	Zip Code: 34240	
Contact 1	Person's E-Mail Addr	ess:	cfmcfalls@aqu	aamerica.com				Contact Person's Tel	ephone Number: (94	(941) 907-7400	
I, the und	lersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the infor	nation pr	ovided in this report	is true and accurate to	o the best of my know	vledge and belief.	
					David Rodriguez					A-7880	
Signature	and Date			•	Printed or Typed Na	me				License Number or	Title
J											
		Disinfectant Residua				ember,					
Type of l	Disinfectant Residual	Maintained in Distri	bution System:	[2]	Free Chlorine		Combined Chlorine	(Chloramines)	les estimates to the contract		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			b = No. of Sites Where	c = No. of Sites Where	d = No. of Sites Where	le = No. of Sites When
	a = No. of Sites Where	b = No. of Sites Where Disinfectant Residual				Day of	a = No. of Sites Where				Disinfectant Residual
Day of the		Not Measured but HPC		The Control of the Co	The second of the second of the second of	the	Disinfectant Residual	Not Measured but HPC			Not Measured and
Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL
1-	1					17	1				
2	1					18					
3	1					19					
4						20	1				
5						21	1				
- 6	l					22	<u> </u>				
7	l					23	1				
8	1					24	1			ļ	
9	1					25					
10	1					26				ļ	
-11						27	I				
12						28	1				
13	1					29	1	ļ			
14	l 1			Į		30	i				
			<u> </u>								
15	l					31 Total	23				

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$

For previous month, V = %



. General Information	for the Month	Voor of							
A. Public Water System		ation							
PWS Name:	Zephyrhills MHC					PWS Identification Numb	per: 6	5512018	
PWS Type:	✓ Community	Non-Transient Non-Community	Trans	sient Non-Com	nunity	Consecutive			
Number of Service Connec					T	otal Population Served at End of	of Month: 4	191	
PWS Owner:	Aqua Utilities Flori	da							
Contact Person:	Carolyn McFalls					ontact Person's Title:	Area Manager		
Contact Person's Mailing A		6960 Professional Parkway East, Suite 400			City: Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone		(941) 907-7400			C	ontact Person's Fax Number:	(941) 907-7401		
Contact Person's E-Mail Ac		cfmcfalls@aquaamerica.com							
B. Water Treatment Pla									
Plant Name:	Zephyrhills MHC					Plant Telephone Number		363-858-250	
Plant Address:	35235 Highway 54		1.50		City: Zephyrhil	s State: Florida		Zip Code:	33640
Type of Water Treatment by			hased Finishe						
Permitted Maximum Day C		10.	200	0,000	-				
Plant Category (per subsect Licensed Operators	ion 62-699.310(4), F	A.C.): V Name		isansa Class		nt Class (per subsection 62-699 ber Da		C	1. 1802 - 11. 1991 (1978)
Lead/Chief Operator:	David Padrianes	Name		icense Class			ay(s) / Shift(s) \	worked	
Other Operators:	Steve Fuller		A B		7880	Days 1st Shift			
Outer Operators.	Sieve Fullei		B		7519	Days 1st Shift			
									
Burry Line									
			·						
45 1 4 4 5 1 4 4 5 1 4 5 1 5 1 5 1 5 1 5			— —						
I. Certification by Lead	/Chief Operato	r							
I, the undersigned wat	er treatment plan	t operator licensed in Florida, am the l	ead/chief or	perator of the	water treatmen	nt plant identified in part	I of this report.	I certify	that the
		ue and accurate to the best of my know							
		icable standards referenced in subsecti							
		operator staffed or visited this plant du							
		process performance records. Further							
					mese additions	ai operations records to ti	ie Pws owner:	so the Pw	vs owner can
retain them, together v	viui copies of this	s report, at a convenient location for at	i ieast ten ye	ears.					
		Dav	vid Rodriguez				A	\-788 0	
Signature and Date		Prin	nted or Typed 1	Vama			- <u>-</u>	icense Nun	nher

Page 1

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC														
III. Daily Data for the Month/Year of: January, 2005														
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide														
7,90 0. 5.0														
***				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
			104477 x	CT:Calculations UV Dose Disinfectant Lowest CT Disinfectant Contact Time Before or at Disinfectant Concentration (C) Measurement Customer Lowest UV Dose Concentration at Concen										
							Lowest CT							
	-					Dismfectant	Provided:						1.75	Section 19, 11
	Days Plant	10.00	34.61.41.4		Lowest Residual	Contact Time	Before or at	A 12 24					Lowest Mesidual	Emergency or Abhormal Operating
	Staffed or		Net Quantity		Disinfectant	M (T) at C	First					Minimum		
	Visited by		of Finished		Concentration (C)	Measurement	Customer			l	Lowest Operating	UV Dose Required,	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak	Temp of		Minimum C1 Required, mg		mW-		Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the Month	(Place = "X")	in Operation	Producted,	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	riow, mg-	Woter OC	if Applicable	, Required, ing	mW-sec/cm ²	sec/cm ²	System, mg/L:	Out of Operation
1 %	X	24.0	24,000	Nate, gpu.	1.8	, unitales	A CHAND SH	maici, C	п герпсаок	, miles	III W-SCOCIII	secient	1.0	and the second of Operation
2 -		24.0	24,500					 		 				
3 ,	Х	24.0	24,500		1.5								0.9	
4 7	Х	24.0	46,000		1.4								1.0	
5	X	24.0	37,000		0.6								0.6	
6	X	24.0	36,000		1.2					<u> </u>			1.0	
7	X	24.0	40,000		0.6	<u> </u>		ļ		ļ	ļ — — — — — — — — — — — — — — — — — — —	<u> </u>	0.7	
9.	X	24.0	46,000		0.8			<u> </u>		 	 		0.7	
10	X	24.0 24.0	32,500 32,500	 	0.8	ļ		 		 	 		0.6	
11	$\frac{\lambda}{X}$	24.0	48,000		1.0					 	 		0.9	
12	X	24.0	39,000		1.0			 					0.8	
13	X	24.0	39,000	<u> </u>	0,5			 		ţ			0.5	
14	Х	24.0	36,000		0.6								0.6	
15	Х	24.0	49,000		1.2								1.0	
16		24.0	23,000						L	<u> </u>			 	
17	X	24.0			0.8			ļ		 	<u> </u>	ļ	0.8	
18	Х	24.0	41,000	[1.0	ļ		 		 	 	 	1.2	
19 / 20	X X	24.0 24.0	38,000 39,000		2.0	 	ļ.———	ļ — — —		 	 	 	1.0	
21 %	X	24.0	35,000		2.0			 	ļ ——	 	 	 	1.4	
22	X	24.0	49,000		2.0			 		 	<u> </u>		1.5	
23		24.0	35,500					<u> </u>		ļ				
24	Х	24.0	35,500		1.7								1,2	
25	Х	24.0	39,000		1.4								1.0	
26	Х	24.0	44,000		1.1								0,8	
27	X	24.0	47,000		1.7					 	ļ		1.1	
28	X	24.0	29,000		1.6	ļ	 -	<u> </u>		 			1.0	
30	X	24.0	35,000	 	1.5	<u> </u>		 		 	 	 	1.0	
31	v	24.0	42,000 42,000	 	1.6		 -	 	 	 	 -	 	1.1	
31 X 24.0 42,000 1.6 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1														
A STATE OF	Arten Commence	and the second of the second o	1,151,000	1										

49,000

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

Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

I. Genera	l Water System Infor	mation for the Month	n/Year of:	Januar	y, 2005								
System N		American Condomir						PWS Identification Number:			6515213		
System T		Community [Non-Transient Non-	Community 📙	Transient Non-Comr	nunity							
	of Service Connection	ns at End of Month:		309				Total Population Ser		1080			
System Owner: Aqua Ottnues Florida													
Contact P	erson:		Carolyn McFalls	_				Contact Person's Title: South Regional Manager					
Contact Person's Mailing Address: 6960 Prof				60 Professional Parkway East, Suite 400 City: Sarasota					State: FL Zip Code: 34240				
Contact P	erson's E-Mail Addr	ess:	cfmcfalls@aquaamerica.com					Contact Person's Telephone Number: (40 (941) 907-7400					
I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.													
					David Rodriguez			A-7880					
Signature	and Date		*		Printed or Typed Na	me		License Number or Title					
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: January, 2005													
Type of Disinfectant Residual Maintained in Distribution System:											1 1		
Day of the	a = No. of Sites Where Disinfectant Residual Was Measured	and the second of the second o	c - No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	Disinfectant Residual	e — No. of Sites Where Disinfectant Residual <u>Not</u> Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	Disinfectant Residual	Disinfectant Residual		
1	1					17	1				<u> </u>		
2						18	1				<u> </u>		
3	1					19	1						
4	l					20	1						
5	}				L	21	1	<u> </u>			 		
6	1					22		<u> </u>			 		
7	<u>l</u>					23		ļ		ļ	 		
8						24					 		
9						25	1		1		 		
10	<u> </u>					26	1				+		
11	1					27	1	ļ			 		
12	<u>j</u>		ļ			28	1	ļ		1	 		
13	1			!		. 29		<u> </u>					
14	1			 		30	·	 		 	 		
15						31	1			<u> </u>			
16			<u> </u>	l	1	Total	1	<u></u>	L	<u> </u>			
		which disinfectant re		$e = (c+d+e)/(a+b) \times 1$	00 =								
For previo	ous month, V =		%										



. General Information	for the Month/	Year of: February, 20	005				····		
A. Public Water System	(PWS) Informa	ation							
PWS Name:	Zephyrhills MHC				··· ·	PWS Identification N	Number:	6512018	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity T	ransient Non-Com	munity	Consecutive			
Number of Service Connec	tions at End of Montl				Tota	Population Served at I	End of Month:	491	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Carolyn McFalls				Cont	act Person's Title:	South Region I	Manager	
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, Suit	te 400		City: Sarasota	State: Florida		Zip Code:	34240
Contact Person's Telephone	Number:	(941) 907-7400			Cont	act Person's Fax Numb	er: (941) 907-740)1	
Contact Person's E-Mail Ac	ldress:	cfmcfalls@aquaamerica.com	m						
3. Water Treatment Pla	ant Information								
Plant Name:	Zephyrhills MHC					Plant Telephone Nur	nber:	863-858-25	04
Plant Address:	35235 Highway 54				City: Zephyrhills	State: Florida		Zip Code:	33810
Type of Water Treatment by	<u></u>	Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day C				200,000	· · · · · · · · · · · · · · · · · · ·				
Plant Category (per subsect				-		Class (per subsection 62			
Licensed Operators		Name		License Class	License Numbe		Day(s) / Shift(s)	Worked	Tarak Maria
Lead/Chief Operator:				A	7880	Days 1st Shift			
Other Operators:	Steve Fuller			В	7519	Days 1st Shift			
							.,		
						 			
The second secon									
				 					
	<u> </u>								
						+			
				 					
				 		 			
 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	L		***************************************		L				
I. Certification by Lead	l/Chief Operato	r							
I, the undersigned wat	er treatment plan	t operator licensed in Florida, a	m the lead/chie	f operator of the	water treatment	plant identified in	part I of this repor	t. I certify	that the
information provided	in this report is tr	rue and accurate to the best of m	ny knowledge a	nd belief. I cert	ify that all drinkir	ng water treatment	chemicals used at	this plant of	conform to NSF
		icable standards referenced in s							
		operator staffed or visited this p							
		process performance records.							
	•	s report, at a convenient location			these additional	operacions revoras			, , , , , , , , , , , , , , , , , , , ,
. cam mem, together v	rial copies of this	s report, at a convenient location	ii ioi at icasi tei	i jours.					
			David Rodrig	1107				A-7880	
Signature and Date			Printed or Tyr					License Nur	nhar
organitic and Date			rimed or Typ	DECE INAME				Piceuse Mil	mod

Page 1

PWS Id	entification	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
III. D	aily Data	for the N	lonth/Year	of:		February, 2005		·	" .					
			g Virus Inactiv				Chlorine Di	ioxide	☐ Ozone	Comb	ined Chlori	ne (Chlorar	nines)	
	raviolet R			r (Describe):		•	Cinorine D	.0.200		,			,	
L.						▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) T	Chlorine I	Dioxide	
Type	i Distille	I Resid	I I		T Calculations, or									
					1 Calculations, of		ulations	Tour Log	N. H. GD THGC		UVI	Oose		
					i a	Cr Cale	2-1 3 3 5 6 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		INC.	I				
							Lowest CT							
				•	Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	Part A Company of the
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1emp of	pH of Water, if Applicable	Required, mg min/L	UV Dose, mW-sec/cm ²	mW- sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
Month	("X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes *	min/L	water, C	н Аррисаон	THIDL,	mw-sec/cm	sec/cm	1.0	Sout by Operation
2	X	24.0 24.0	64,000 19,000		1.3			┼	<u> </u>				1.0	
3.7	X	24.0	61,000		1.4			 		 			1.1	
4	X	24.0	21,000		1.2								1.0	
.5	Х	24.0	46,000		1.3								1.0	
6		24.0						ļ		<u> </u>				
7	X	24.0	38,500		1.4		ļ <u></u> -	 					0.9	
8	X	24.0	54,000 39,000		1.4		ļ						1.0	
10	X	24.0		 	1.5			 		 			1.1	
11	X	24.0	32,000		1.4			 					_1.0	
12	Х	24.0			1.6								1.0	
13		24.0	38,500							<u> </u>				
14	X	24.0	38,500		1.2			ļ		 			1.0	
15	X	24.0	47,000		1.5			 _		 			1.0	
16 17	X	24.0	48,000		1.8		 -	 		 -			1.0	
18	X	24.0	38,000		0.5		 	 	 				0.6	
19 :	X	24.0	42,000	<u> </u>	0.6			1					0.6	
20		24.0	19,000											
21	X	24.0			0.6		ļ	<u> </u>		<u> </u>	<u> </u>	 	0.5	<u> </u>
22	X	24.0	43,000	ļ	0.8								0.6	
23	X	24.0	35,000 34,000	 	0.6		 -	 		 	 		0.8	
25	X	24.0		 	1.2		ļ	 	<u> </u>	 			1.0	
26	X	24.0	34,000	 	0.8		<u> </u>	 	<u> </u>	 	 		0.8	
27	<u> </u>	24.0												
- 28	Х	24.0			0.7					<u> </u>		ļ	0.6	
29		24.0						 	ļ	 	L	<u> </u>		
30~	}	24.0		 				 -	 	 	 	 	ļ — — —	
31	विराह्मका है जिल्ला के एक संराह्मका है जा के एक	24.0	1.043.000	 	L	L	L	1	L		L	L	L	<u> </u>

33,645

64,000

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

Effective August 28, 2003



l. Gen <u>era</u>	al Water System Infor	rmation for the Mont	n/Year of:	March	1, 2005	·					
System N		American Condomii		3				······································	PWS Identification 1	Number:	6515213
System T	ype: 🖭	Community 📋	Non-Transient Non-	Community 🗔	Transient Non-Com	munity				-	
Number (of Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month		1080
System C	wner:		Aqua Utilities Florio	la							
Contact F	Person:		Carolyn McFalls	7				Contact Person's Tit	le: South Region Ma	падет	
Contact F	Person's Mailing Add	ress:	6960 Professional P	arkway East, Suite 40	00		City: Sarasota		State: FL	Zip Code: 34240	
Contact F	Person's E-Mail Addr	ess:	cfmcfalls@agu	aamerica.com				Contact Person's Tel	ephone Number: (40	(941) 907-7400	
I, the und	lersigned lead/chief o	perator or authorized	representative of this		certify that the infor	mation pr	ovided in this report	is true and accurate to	o the best of my know	vledge and belief. A-7880	
Signature	and Date				Printed or Typed Na	me			-	License Number or	Title
3.51ata1t	and Dute				Timed of Typed 11e						
l Daily	Distribution System	Disinfectant Residua	Data for the Month	Year of	М	arch, 2	005		1.00.000		
		Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
7								ka yan.			- Milki - A237
											v cc. va
	11 60 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a transfer	d = No. of Sites Where			a = No. of Sites Where	The state of the s	c = No. of Sites Where Disinfectant Residual	d = No. of Sites Where Disinfectant Residual	
Day of the	a = No. of Sites Where	Disinfectant Residual Not Measured but HPC	Disinfectant Residual	Disinfectant Residual	Disinfectant Residual Not Measured and	Day of the			Not Detected and HPC		1500 April 1 150 × 20 × 40 × 30 × 150 × 150
Month.	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL
1	l					17	1				
2	1			,		18	1				
3	l					19					
4	1					20					
5						21	ı				
6				·		-22	l				
7	l					23	1				
8	1					24	1				
9	1					25	1				
10	1					26					
11	1					27					
12						28	1				
13						29	1				
14	1					30	1				
15	1					- 31	1				
16	1					Total	23				<u> </u>
V = perce	entage of samples in	which disinfectant re	sidual is undetectable	$c = (c+d+c)/(a+b) \times 10^{-1}$	00 =						
or previo	ous month. V =		%								

DEP Form 62-555.900(6) Effective ___



	C 41 37 - 1 0		-						
. General Information	for the Month/	Year of: March, 200	5						
A. Public Water System	(PWS) Informa	ition							
PWS Name:	Zephyrhills MHC					PWS Identification Numb	er: 651:	2018	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity T	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Month	h: 213			Total	Population Served at End of	f Month: 491		
PWS Owner:	Aqua Utilities Florid	ia						·····	
Contact Person:	Carolyn McFalls				Conta	ct Person's Title:	South Region Mana	~	
Contact Person's Mailing A	ddress:	6960 Professional Parkway East, sui	te 400		City: Sarasota	State: Florida		Code: 34240	
Contact Person's Telephone	Number:	(941) 907-7400			Conta	ct Person's Fax Number:	(941) 907-7401		
Contact Person's E-Mail Ad	ldress:	cfmcfalls@aquaamerica.co	<u>m</u>						
B. Water Treatment Pla									
Plant Name:	Zephyrhills MHC			····	• · · · · · · · · · · · · · · · · · · ·	Plant Telephone Number:		-858-2504	
Plant Address:	35235 Highway 54				City: Zephyrhills	State: Florida	Zip	Code: 33810	
Type of Water Treatment by	<u></u>	✓ Raw Ground Water	Purchased Fin						
Permitted Maximum Day ()				200,000					
Plant Category (per subsect	ion 62-699.310(4), F		2 20 20			lass (per subsection 62-699		C	Sind Order
Licensed Operators		Name		License Class		Da	iy(s) / Shim(s) wo	rkea	
Bead/Chief Operator:				Α	7880	Days 1st Shift			
Other Operators:	Steve Fuller			В	7519	Days 1st Shift			
	<u> </u>						, 		
				 	<u> </u>	 			
The state of the s				<u> </u>					
			······································						
I Certification by Lead	I/Chief Operato	r							
		t operator licensed in Florida, a	am the lead/chie	ef operator of the	water treatment r	lant identified in part	I of this report. I	certify that the	
information provided	in this report is tr	rue and accurate to the best of r	ny knowledge a	nd belief Loert	ify that all drinkin	g water treatment chen	nicals used at this	plant conform t	to NSF
International Standard	11 uns report is u	icable standards referenced in s	mbsaction 62-5	55 320(3) F A (Lalso certify th	at the following addition	onal operations re	cords for this pl	lant
	ou or other appr	operator staffed or visited this	-lant during the	month indicate	d above: (1) recor	de of amounts of chen	oicals used and ch	emical feed rate	es: and
were prepared each da	iy mat a ncensed	operator stated or visited this	Prant during the	como to marrido	these additional s	narations records to the	ne DWS owner co	the DWS owner	r can
		process performance records.			uiese auditional (perations records to u	WI WE OWIEL SO	mic I W S UWING	can
retain them, together v	vith copies of this	s report, at a convenient location	on for at least te	n years.					
			David Rodrig	uez			A-7	/880	
Signature and Date			Printed or Typ				Lice	ense Number	
				•					

Page 1

PWS I	entification	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
			lonth/Year			March, 2005								
														
			g Virus Inactiv			Chlorine [Chlorine Di	oxide	☐ Ozone	Comb	oined Chlorii	ne (Chlorar	nines)	
L'	raviolet R			r (Describe):										
Type o	f Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	orine [Combin	ned Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
					T Calculations, or	UV Dose, to	Demostate l	Four-Los	Virus Inac	tivation, if	Applicable			
	ina in in in Si									TO LETTER	VU VI	ose		
	2.5		•						1		100 mg	\$50. E. S. S. C.		
						Confirmation	Lowest CT							
]	l	1	San San	Disinfectant	Provided		1 / / /		Lowest	越来越。		
1100	Days Plant		Section 1		Lowest Residual	Contact Time	Before or at	[l de	1 2		Minimum	Lowest Residual	
	Staffed or]	Net Quantity		Disinfectant	(T) at C	First			44		UV Dose	Disinfectant	
-	Visited by	1	of Finished		Concentration (C)	Measurement	Customer			Minimum CT	Operating	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that
Day of		Hours plant			Before or at First	Point During	During Peak	Temp of	att ac Water	Required, mg	*ITV Dose	mW-	Distribution	Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg- min/L	Water Of	if Applicable	min/I	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	water, C	II Applicable	mint.	III M-Secretii	Secreta	1.0	Out of Operation
2	X	24.0	36,000 26,000		1.3	ļ ————		 					0.8	
3	X	24.0	31,000	 	1.5	 	 	<u> </u>	 	 			1.1	
4	x	24.0	22,000	 	1.4		 		f				1.2	
-5	X	24.0	42,000		1.8	 	 	-		 			1.3	
6		24.0	22,500					f	1					
7	Х	24.0	22,500		1.5	 				<u> </u>			1.1	
8	X	24.0	34,000		0.5								0.6	
9	X	24.0	24,000		0.6								0.6	
10	Х	24.0	15,000		2.5								1.8	
11	Х	24.0	17,000		0.9								0.8	
12	Х	24.0	24,000		0.5								0.5	
13		24.0	27,000							1				
14	Х	24.0	27,000		0.8							Ĺ	0.8	
15	Х	24.0	7,000		0.6					<u> </u>			0.7	
16	Х	24.0	16,000	<u> </u>	1.8				L	ļ			1.1	
17	X	24.0	19,000		0.7		<u> </u>		<u> </u>		ļ		0.7	
18	X	24.0	9,000		0.9			 	ļ	ļ	L		0.8	<u> </u>
19.	Х	24.0	34,000		0.7				 	ļ	<u> </u>	ļ	0.5	
∴20 ∵		24.0	13,500				 	 					0.3	
21	X	24.0	13,500		0.6		ļ <u>.</u>	ļ		ļ	 		0.3	
22	X	24.0	8,000	ļ	1.1		ļ		ļ	 	ļ. — · · · · · ·		0.4	
23	X	24.0	21,000	ļ	0.6		ļ	├ ──	 	ļ — —	 	 	0.5	
24	X	24.0	21,000	 	0.7		 		 	 			0.8	
25	X	24.0	20,000	 	1.4	 	 	 	 	 	ļ — — —	 	1.0	
27		24.0	1	 	1.2	 	 	 	 	 		 -	†	
28	х	24.0	13,500	 	0.9	 		 	 	 	 		0.9	
29	^	24.0	19,000	 	0.8	 	 	 	 	 			0.6	
30	X	24.0	10,000	 	0.9	 	 	 	1	 		†	0.8	
31	X	24.0	19,000	 	0.9	<u> </u>	 		 	 	 		0.9	
Total :		. 24.0	639,000	 		L	L		 -				<u> </u>	
Averson			20.613	1										

42,000

^{*} Refer to the instructions (00 this report to determine which plants must provide this information.

Effective August 28, 2003



S/HCRI	DA				OKGHATH	GFRC	MI A SUDI AI	XI II SI SI EM	•		
See Page	2 for Instructions.										
I. Genera	al Water System Info	rmation for the Mont	h/Year of:	April	, 2005						
System N	lame:	American Condomi	nium						PWS Identification 1	Number:	6515213
System T	ype: [편]	Community [Non-Transient Non-	Community 📋	Transient Non-Com	munity					
Number (of Service Connectio	ns at End of Month:		309				Total Population Ser	ved at End of Month	ı:	1080
System C)wner:		Aqua Utilities Florid	la .							
Contact I	Person:		Brain Heath					Contact Person's Tit	le: Vice President of	Environmental Servi	ces
Contact F	Person's Mailing Add	lress:	2315 Griffin Road				City: Leesburg		State: FL	Zip Code: 34748	
Contact I	Person's E-Mail Addi	ress:	beheath@aqua	aamerica.com				Contact Person's Tel	ephone Number: (40	(352) 787-0980	
	ersigned lead/chief o	operator or authorized	representative of this		David Rodriguez Printed or Typed Na		ovided in this report	is true and accurate to	o the best of my knov	A-7880 License Number or	Title
						** ••					
		Disinfectant Residua Maintained in Distri			Free Chlorine	pril, 20	Combined Chlorine	(Chloramines)			
Type of I	Jishireetaan reestaaa	I Wantaned in Distri	oution system.		Tice ciliornic		Combined Cinorine				
Day of the	a = No. of Sites Where Disinfectant Residual	1	Disinfectant Residual	d = No. of Sites Where Disinfectant Residual Not Detected and HPC	Disinfectant Residual	Day of the	a = No. of Sites Where Disinfectant Residual	Disinfectant Residual	Disinfectant Residual	d = No. of Sites Where Disinfectant Residual Not Detected and HPC	Disinfectant Residua
Month	Was Measured	Measured out III e	Not Measured	> 500/mL	HPC > 500/mL	Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL
1	1					1.7					
2						18	l				
3						19	l				
4	1					20	1				
5	1					21	. 1				
6	1					22,	1				
-7	1					23					
8	1					24					
9						25	1				
10						- 26	1				
11	1					27	1				
12	1					28	11				
13	1					29	l				
14	1					30					
1.5	1	1		1	1	II ai	-1	1	!	1	1

DEP Form	62-555.900(6)
Effective	

For previous month, V =

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$

%

Total



#VALUE!

See Pages 4 for Instr	uctions	#VALUE!							
. General Information		Year of: April, 2005							
A. Public Water System		ition					PWS Identification Number:	6512018	
PWS Name:	Zephyrhills MHC Community	Non-Transient Non-Commun	nib/	ransient Non-Com	munity		Consecutive	0312010	
PWS Type: Number of Service Connect			ility	ransient Non-Com	Hunty		Population Served at End of Mo	onth: 491	
PWS Owner:	Agua Utilities Florid			·		Totali	opulation served at End of the		
Contact Person:	Brian Heath	14				Contac	ct Person's Title: Ar	ea Manager	
Contact Person's Mailing A		2315 Griffin Road			City:	Leesburg	State: Florida	Zip Code:	34748
Contact Person's Telephone		(352) 787-0980			1			52) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.cor	n						
B. Water Treatment Pla		4-7-7							
Plant Name:	Zephyrhills MHC						Plant Telephone Number:	863-858-25	04
Plant Address:	35235 Highway 54	West			City:	Zephyrhills	State: Florida	Zip Code:	33810
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		200,000					
Plant Category (per subsect	tion 62-699.310(4), F						ass (per subsection 62-699.310		Francisco (1977) i sal Robado (1944)
Licensed Operators		Name		License Class	Licer	nse Number) / Shift(s) Worked	
Lead/Chief Operator:	David Rodgiguez			Α		7880	Days 1st Shift		
Other Operators:	Steve Fuller			В		7519	Days 1st Shift		
The state of the s									
The state of the s					<u> </u>		-		
				 			ļ. — . — . — . — . — . — . — . — . — . —		
			- Marie - Mari		ļ				
	ļ			 	 				
					 				
					 				
					 				
	1			<u></u>					
II. Certification by Lea	d/Chief Operato	r							<u> </u>
I, the undersigned wat	ter treatment plan	t operator licensed in Florida, a	am the lead/chie	of operator of the	water	treatment p	lant identified in part I of	this report. I certify	that the
information provided	in this report is tr	rue and accurate to the best of n	ny knowledge a	nd belief. I cert	ify that	t all drinking	water treatment chemica	als used at this plant	conform to NSF
International Standard	1 60 or other appl	icable standards referenced in s	subsection 62-5	55.320(3), F.A.G	C. I als	so certify tha	at the following additiona	al operations records	for this plant
were prepared each da	ay that a licensed	operator staffed or visited this	plant during the	e month indicate	d abov	e: (1) recor	ds of amounts of chemica	als used and chemica	I feed rates; and
(2) if applicable appr	consiste treatment	process performance records.	Furthermore I	agree to provide	these	additional o	perations records to the F	PWS owner so the P	WS owner can
		s report, at a convenient location				uuumoma. o	P. C. M. C.		
retain them, together	with copies of this	s report, at a convenient rocation	ii ioi at icast te	n years.					
			David Rodrig	mez				A-7880	
Ciantura and Data			Printed or Ty					License Nu	ımber
Signature and Date			rinica or ry	peu reame				Election 140	

Page 1

PWS Id	entification	n Number:		6512018		Plant Name:	Zephyrhills	MHC						
III. D	aily Data	for the N	lonth/Year	of:		April, 2005								
			g Virus Inactiv		/al: ▽ Free C	hlorine [Chlorine Di	oxide	Ozone	Comb	sined Chlori	ne (Chlorar	nines)	
	raviolet R	-		r (Describe):			Chiornic Di	OAdc	1 Ozone	1 Come	med Cinori	ne (emora	illics)	
-					ribution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	(a:	Chlorine I	Dioxide	
Type c	Distinct	Ctant Resid	luai Waintai		T Calculations, or								Entrol Carlo	
					1 Carculations, or	CT Calc		roui-Log	, virus mac	iivation, ii 2		Dose		
			7		- AN-10-10-10-10-10-10-10-10-10-10-10-10-10-	HERE'S CHESSER STEETS OF	The second section is a second		F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		U.V.	505€ 73***	3. 14. 英菜	#####################################
				}		·	Lowest CT							
	Day Dia				Lowest Residual	Disinfectant	Provided					4.400		
	Days Plant Staffed or		Net Quantity		Disinfectant	Contact Time. (T) at C	Before or at					Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak		And Charles	Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg	1 cmp of	pH of Water, if Applicable	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month 1 *	"X") X	Operation 24.0	gal. 18,000	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L 0.9	Out of Operation
2	X	24.0	17,000		1.0				-				0.9	
" 3		24.0	9,000		1.0							<u> </u>	0.0	
4	Х	24.0	9,000		1.1								0.8	
- 5	X	24.0	21,000		0.8								0.6	
6	X	24.0	16,000		1.4								1.6	*Install new flow meter register.
7	X	24.0	25,000		1.5								1.2	
8	X	24.0 24.0	4,000 20,000		1.4			<u> </u>					1.1	
10	^	24.0	14,500		2.0								1,2	4.50
-11	Х	24.0	14,500		1.2								1.1	
12	X	24.0	24,000		1.2								1.0	
∴ 13 🧀	X	24.0	12,000		1.0								0.9	
14	X	24.0	15,000		1.4								1.1	
15 - 16	X	24.0 24.0	18,000 16,000		1.5								0.9	
17		24.0	15,000		0.0								0.0	
18	X	24.0	15,000		0.8								0.8	
19	Х	24.0	17,000		0.9								0.7	
20=	Х	24.0	22,000		1.2								1.1	
21	X	24.0	20,000		1.1								0.9	
22	X	24.0 24.0	21,000 21,000		1.2								0.8	
24	^_	24.0	7,000		0.8								0.6	
25	X	24.0	7,000		0.8								0.7	
26	X	24.0	13,000		1.0								0.8	
27	Х	24.0	4,000		1.2								1.0	
28	X	24.0	5,000		1.0								1.0	
29	X	24.0	13,000		1.0								0.8	
30	X	24.0 24.0	9,000		1.0								0.7	
Total	96. i 10	24.0	442,000							L				
Average	7.54 - 2.5 - 1.7 7.57 - 1. 8 - 1.74	557 . 3.A.	14 258	1										

25,000

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

Effective August 28, 2003



	al Water System Infor	rmation for the Montl	h/Year of:	May,	2005						····
System N	Jame:	American Condomir	nium						PWS Identification 1	Number:	6515213
System T	ype: 🔽	Community [Non-Transient Non-	Community 🔲	Transient Non-Comr	nunity					
Number	of Service Connection	ns at End of Month:		309				Total Population Ser	rved at End of Month	•	1080
System C)wner:		Aqua Utilities Florid	a							
Contact I	Person:		Brain Heath					Contact Person's Tit	le: Vice President of		ces
Contact I	Person's Mailing Add	ress:	2315 Griffin Road	.4			City: Leesburg		State: FL	Zip Code: 34748	
Contact I	Person's E-Mail Addr	ess:	beheath@aqua	america.com				Contact Person's Te	lephone Number: (40	(352) 787-0980	
I, the unc	dersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the inform	nation pr	ovided in this report	is true and accurate to	o the best of my know	vledge and belief.	
					David Rodriguez					A-7880	
Signature	and Date				Printed or Typed Na	me			-	License Number or	Title
II. Daily	Distribution System	Disinfectant Residua	Data for the Month	Year of:	M	lay, 20	05				
Type of I	Disinfectant Residual	Maintained in Distri	bution System:	<u>[]</u>	Free Chlorine		Combined Chlorine	(Chloramines)			In the second second
						estina. Kantan					
Day of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Not Measured but HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and	Day of the	a = No. of Sites Where Disinfectant Residual	Disinfectant Residual Not Measured but HPC	c = No. of Sites Where Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residu
Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month 17	Was Measured	Measured	Not Measured	> 500/mL	HIPC > 300/mil
2						18.	1				
$\frac{2}{3}$	1					19	1				
4	1					20	1				
5	-					21					
6	i					22					
7						23	1				
						24	l				
8						25	1				
8	1					26	1				
	1					27	1				
9							 	T		t	
9 10	1					28		1		1	[
9 10 11	1					28 29					
9 10 11 12	1 1					15 15 11 To	1				
9 10 11 12 13	1 1					29	1				



#VALUE!

See Pages 4 for Instr	uctions.							
I. General Information		Year of:	May, 2005					
A. Public Water System	ı (PWS) Informa	etion						
PWS Name:	Zephyrhills MHC	ition				PWS Identification Num	nber: 6512018	
PWS Type:	✓ Community	Non-Transient	Non-Community	Transient Non-C	`ommunity	Consecutive	0512010	
Number of Service Connec	_:		213		community	Total Population Served at End	of Month: 491	
PWS Owner:	Aqua Utilities Florie		213			Total Topulation Scived at Elic	of Month.	
Contact Person:	Brian Heath					Contact Person's Title:	Area Manager	
Contact Person's Mailing A		2315 Griffin Road			City: Leesbur		Zip Code	: 34748
Contact Person's Telephone		(352) 787-0980			Telty. Leesbul	Contact Person's Fax Number:	(352) 787-6333	. 31740
Contact Person's E-Mail A		beheath@aguaai	merica com			Contact 1 Cross of 1 Lik 14th Incor.	(332) 101 0333	
B. Water Treatment Pl								··· -1 ··· · · · · · · · · · · · · · · ·
Plant Name:	Zephyrhills MHC				*	Plant Telephone Number	er: 863-858-2	2504
Plant Address:	35235 Highway 54	West			City: Zephyrl		Zip Code	
Type of Water Treatment b		✓ Raw Ground Wa	ater Purch	ased Finished Water	1			
Permitted Maximum Day C	Operating Capacity of			200,000		,		
Plant Category (per subsect			v		I F	lant Class (per subsection 62-69	99.310(4), F.A.C.): C	
Licensed Operators		Name		License Cla			Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David Rodgiguez			Α	7880	Days 1st Shift		
Other Operators:	Steve Fuller			В	7519	Days 1st Shift		

The second second								
								
· · · · · · · · · · · · · · · · · · ·								
	•							
II Certification by Lead								
						ent plant identified in part		
information provided	in this report is tr	ue and accurate to tl	he best of my know	ledge and belief. I o	ertify that all dri	nking water treatment che	emicals used at this plan	it conform to NSF
International Standard	60 or other appli	cable standards refe	erenced in subsection	on 62-555.320(3), F.	A.C. I also certi	fy that the following addit	tional operations record	is for this plant
						records of amounts of che		
						nal operations records to		
retain them, together v					rae most additio	nar operations receive to	the I was a which as the x	We owner can
	copies of this		ioni ioodiion ioi di	reast terr years.				
			D	id Dadaiaaa			A 7000	
Circoture and Date			· ——	id Rodriguez	·		A-7880	
Signature and Date			Prini	ted or Typed Name			License N	lumber

PWS Io	S Identification Number: 6512018 Plant Name: Zephyrhills MHC													
			lonth/Year	of:		May, 2005								
			y Virus Inactiv		ral: 🔽 Free C		OLL : =:	- 1	-		. 1611	(61.1		
						люние	Chlorine Di	oxide	Ozone	1 Comb	ined Chlorii	ne (Uniorar	nines)	
-	traviolet R			r (Describe):										
Type o	of Disinfe	ctant Resic	lual Maintair		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if A				[전투 교육 : 1] - 기가 그리고 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
		ve ju										Dose		
1			2		[45,51, vic	Para Comment								
							Lowest CT							
-				·		Disinfectant	Provided						Lowest Residual	
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First		e e e			Minimum	Disinfectant	바둑이 있다. 이 가는 사는 이 성상 개최 (High
	Visited by	Addition to	of Finished		Concentration (C)	Measurement	Customer	10 P			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	그는 그는 사람이 사고하는 그 그는 그는 그는 사람들이 가는 그를 가장하는 것들까지 그 때문에 다른 사람이 되었다.
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
8234 E		24.0	5,000											
2, 4	Х	24.0	5,000		1.2								0.8	
34. 3 .	Х	24.0	5,000		1.1		L						0.9	
. 4	X	24.0	5,000		1.0								0.7	
×5	Х	24.0	2,000		3.0							ļ <u>.</u>	1.8	
6	Х	24.0	7,000		1.5				ļ	ļ			0.9	
7.	Х	24.0	9,000		1.2							<u> </u>	0.9	
8		24.0	7,000				 							
9	X	24.0	7,000		1.1		 	<u></u>		 			0.7	
10	X	24.0	9,000	ļ	0.8							 	0.8	
11	X	24.0	10,000		1.1		<u> </u>	 					1.0	
12	X	24.0	6,000	ļ	0.8			 					0.9	
13 14	_^_	24.0	7,000 8,000		0.8					 			0.5	
15	х	24.0	8,000		0.9		 	 					0.8	
-16	X	24.0	8,000		0.6					 			0.6	
17	X	24.0	8,000		1.0								0.8	
18	X	24.0	7,000		0.8								0.8	
19	X	24.0	10,000		1.0							l	0.9	
20	X	24.0	10,000		0.9								0.7	
21		24.0	10,000											
22	Х	24.0	10,000		0.7								0.7	
23	Х	24.0	9,000		0.8					L			0.9	
24	X	24.0	11,000		0.6							ļ	0.6	
25	Х	24.0	10,000		0.8		<u></u>			ļ			0.7	
26	Х	24.0	11,000		0.8					.			0.8	
27	X	24.0	10,000		0,8				L	ļ		ļ	0.7	
28		24.0		 			 	ļ <u>.</u>		ļ		ļ		
29	X	24.0	8,500		0.7		ļ	<u> </u>	 				0.7	
30	X	24.0			0.6			 	 	 		<u> </u>	0.3	
3}:	X	24.0	9,000 248,000		0.7	L	l	J	<u> </u>	J	L	L	0.3	L
Total		gly and the least of the least	8,000	1										
Average		å•• jir y lång i sid	8,000	I										

11,000

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

Effective August 28, 2003



See Page	2 for Instructions.										
I. Genera	al Water System Infor	rmation for the Mont	1/Year of:	June,	2005						
System N		American Condomir	nium						PWS Identification N	Number:	6515213
System T	ype: 🔟	Community [7]	Non-Transient Non-	Community 📋	Transient Non-Com	munity					
Number o	of Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month:		1080
System C	Owner:		Aqua Utilities Florid	a				· · · · · · · · · · · · · · · · · · ·			
Contact I	Person:		Brain Heath	Sec						Environmental Service	ces
Contact I	Person's Mailing Add	ress:	2315 Griffin Road	100			City: Leesburg		State: FL	Zip Code: 34748	
Contact I	Person's E-Mail Addr	ess:	beheath@aqua	america com				Contact Person's Tel	ephone Number: (40	(352) 787-0980	
	dersigned lead/chief o	pperator or authorized	representative of this		certify that the information Will Fontaine Printed or Typed Na		ovided in this report	is true and accurate to		vledge and belief. C-6813 License Number or T	Title Title
II Daily	Distribution System	Disinfectant Residua	Data for the Month/	Year of:	. J.	une, 20	05				A
		Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
	a = No of Sites Where		c = No. of Sites Where Disinfectant Residual	Disinfectant Residual	e = No. of Sites Where Disinfectant Residual <u>Not</u> Measured and HPC > 500/mL	Day of the Month	a = No. of Sites When Disinfectant Residual Was Measured	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	was Measured	ivicasureu	INOLIVICASUICU		TH C = SOOME	17	1				
2	1					18					
3	l i	<u> </u>				19				· · · · · · · · · · · · · · · · · · ·	
4	·				·	20	1	1			
5						21	1				
6	1					22	1				
7	1					23	1				
8	1		-			24	1				
9	1					25				<u></u>	
10	1	<u> </u>				26					
11						27	1				
12						28	1				
13	1					29	1				
14	l					30	1				
15	1					31				ļ	
16	1					Total	22		<u> </u>	L	<u> </u>
V ≈ perce	entage of samples in	which disinfectant re	sidual is undetectable	$= (c+d+e)/(a+b) \times 10^{-1}$	00 =						

DEP Form 62-555.900(6) Effective

For previous month, V =



See Pages 4 for Instructions. I. General Information for the Month/Year of: June, 2005 A. Public Water System (PWS) Information PWS Identification Number: 6512018 PWS Name: Zephyrhills MHC Consecutive PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month Total Population Served at End of Month: 491 213 PWS Owner Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager City: Leesburg Zip Code: 34748 Contact Person's Mailing Address 2315 Griffin Road State: Florida (352) 787-6333 Contact Person's Fax Number: Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com **B. Water Treatment Plant Information** 863-858-2504 Plant Name: Zephyrhills MHC Plant Telephone Number: Zip Code: 33810 City: Zephyrhills State: Florida Plant Address: 35235 Highway 54 West Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water 200,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) Day(s) / Shift(s) Worked License Number Licensed Operators License Class Name Lead/Chief Operator; Will Fontaine 6813 Days 1st Shift 7880 Days 1st Shift Other Operators: David Rodgiguez 7519 Days 1st Shift Steve Fuller 35 II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-6813 Will Fontaine License Number Printed or Typed Name Signature and Date

PWS I	VS Identification Number: 6512018 Plant Name: Zephyrhills MHC													
Ш	aily Data	for the N	lonth/Year	of:		June, 2005								
			y Virus Inactiv		ral: ▼ Free C		CLL : D:	.,						
ı	traviolet R		C Othe			morne 1	Chlorine Di	oxide	☐ Ozone	[Comb	bined Chlori	ne (Chlorar	nines)	
r.														
Type o	of Disinfec	ctant Resid	lual Maintai		ibution System:							Chlorine I	Dioxide	
	1			C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable			
1				1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CT Calc	ulations		TIMUTS		UV	Dose		
				1.14 s #11 s					1.024		e garakera			
			,			Disinfectant	Lowest CT Provided							
1	Days Plant				Lowest Residual	Contact Time	Before or at		Ce co	12.0		\$4. · ·	Lowest Residual	Augustin State
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum		A STATE OF THE PARTY OF THE PAR
	Visited by		of Finished		Concentration (C)	Measurement	Customer				20	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water	25	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1emp of	pH of Water	Required, mg	UV Dose.	mW-	Distribution	Involves Taking Water System Components
Month 1	"X") X	Operation 24.0	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L/	mW-sec/cm*	sec/cm ²	System, mg/L:	Out of Operation
2	$\frac{\hat{x}}{x}$	24.0	2,000 1,000		0.7							<u> </u>	0.7	
3	X	24.0	4,000		2.2							<u> </u>	1.6	
4	X	24.0	4,000		1.9					i	 		1.0	
5		24.0	1,000							-	-		1.0	
÷6	Х	24.0	1,000		0.9	,							0.9	
7	Х	24.0	3,000		1.6								1.1	
8	X	24.0	3,000		1.4								1.1	
9	Х	24.0	2,000		0.6								0.6	
10	X	24.0	1,000		2.0								1.4	
11	X	24.0 24.0	8,000 3,500		1.8								1.2	
13	Х	24.0	3,500		0.7								0.8	
14	X	24.0	8,000		1.0								0.8	
15	X	24.0	5,000		0.8								0.8	
16	Х	24.0	5,000		0.8								0.7	
17	X	24.0	10,000		0.9								0.8	
18	X	24.0	8,000		0.8								0.6	
19		24.0	7,500											
20	X	24.0	7,500		0.7								0.6	
21 22	X X	24.0 24.0	6,000		2.0								1.2	
23	X	24.0	19,000 3,000		1.0					ļ	<u> </u>		0.8	
24	X	24.0	3,000		0.9								0.9	
25		24.0	5,000							l			0,5	
26	Х	24.0	5,000		0.6								0.7	
27	Х	24.0	7,000		0.6							721	0.5	
28	X	24.0	4,000		0.8								0.7	
29	X	24.0	3,000		1.0								0.8	
30	Х	24.0	5,000		0.7								0.8	
31		24.0	149.000							L				J
		3.75 (176) 3.11 3.75 (176) 3.11	148,000 4,774											

19,000

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

Effective August 28, 2003



See	Page	2	for	Instruction	16
occ	IALL	4	101	THOU GETTO	15.

	2 for fusti decions.		/V	July,	2005						
System N		rmation for the Montl American Condomic		July,	2005				PWS Identification 1	Number	6515213
System N				C	Transient Non-Comi				r ws identification i	vuinoci.	0313213
		ns at End of Month;	Non-Transient Non-	309	Transient Non-Comi	numry		Total Donulation Cor	ved at End of Month		1080
System O		ns at End of Month;	Aqua Utilities Florid					Total Population Sei	ved at End of Month		1000
Contact P			Brain Heath	d			· · · · · · · · · · · · · · · · · · ·	Contact Person's Tit	le: Vice President of	Environmental Servi	Ces .
	erson's Mailing Add	roon:	2315 Griffin Road				City: Leesburg			Zip Code: 34748	
							City. Leesburg	T	L	L. .	
Contact P	erson's E-Mail Addr	ess	beheath@aqua	america.com				Contact Person's Tel	ephone Number: (40	(352) 787-0980	- "
l, the und	ersigned lead/chief c	pperator or authorized	representative of this	consecutive system,		mation p	rovided in this report	is true and accurate to	o the best of my know		
					Will Fontaine					C-6813	
Signature	and Date				Printed or Typed Na	me				License Number or 1	ttle
II Daily	Distribution System	Disinfectant Residua	I Data for the Month	Vear of		uly, 20	05		·		
		Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
						1				age and the state of	
		100								and the second	
			c = No. of Sites Where							d = No. of Sites Where	
	a = No. of Sites Where	In 125 cars and the state of th	The state of the s	Disinfectant Residual	Disinfectant Residual	Day of	a = No. of Sites Where Disinfectant Residual			Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and
Month	Was Measured	Not Measured but HPC Measured	Not Measured	Not Detected and HPC > 500/mL	Not Measured and HPC > 500/mL	the Month	Was Measured	Measured out HPC	Not Measured	> 500/mL	HPC > 500/mL
1	1	ivicasincu	. Ivo weather	2 Journe	11 C > 300/mil	17	THIS INCLUSION.	11.0000	101111111111111111111111111111111111111		
2	1					18	1				
3						19	i				
4	1					20	1		-		
5	1					21	1				
6	1					22	1				
7	1					23					
8	1			-		- 24					
9						25	1				
10						26	1				
11	1					27	1				
12	1					28	ı		-		
13	ı					29	1				
14	I					30					
15	1					31	1				
16						Total	23				
V = perce	ntage of samples in	which disinfectant res	sidual is undetectable	$= (c+d+e)/(a+b) \times 10^{-1}$	00 =		······································				
	ous month, V =		%								

DEP Form	62-555.900(6
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See Pages 4 for Instr									 	
I. General Information	for the Month/	Year of: July, 2005	5							
A. Public Water System	(PWS) Informa	tion								
PWS Name:	Zephyrhills MHC					PWS Identification Number	er:	6512018		
PWS Type:	Community	Non-Transient Non-Comm	nunity Tr	ransient Non-Com	munity	Consecutive				
Number of Service Connect	tions at End of Month	213			Total I	Population Served at End of	f Month:	491		
PWS Owner:	Aqua Utilities Florid	la								
Contact Person:	Brian Heath				Contac	ct Person's Title:	Area Manager			
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida		Zip Code:	34748	
Contact Person's Telephone	Number:	(352) 787-0980			Contac	ct Person's Fax Number:	(352) 787-6333	3		
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>om</u>							
B. Water Treatment Pla	ant Information									
Plant Name:	Zephyrhills MHC			- <u></u>		Plant Telephone Number:	***************************************	863-858-250		
Plant Address:	35235 Highway 54 V				City: Zephyrhills	State: Florida		Zip Code:	33810	
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini							
Permitted Maximum Day O				200,000						
Plant Category (per subsect	ion 62-699.310(4), F.					lass (per subsection 62-699		C	and the second of the second of	
Licensed Operators		Name		License Class		Da Da	y(s) / Shift(s)	Worked		
Lead/Chief Operator:				C		Days 1st Shift				
Other Operators:	David Rodgiguez			Α		Days 1st Shift				
	Steve Fuller			В	7519	Days 1st Shift	 			
	<u> </u>			<u> </u>						
									<u></u>	
	}					<u></u>				
The special section of the section o	L			<u> </u>	<u> </u>	<u> </u>				
II Certification by Lead	I/Chief Operator	r					·			
I, the undersigned wat	er treatment plant	operator licensed in Florida,	, am the lead/chie	f operator of the	water treatment p	lant identified in part l	of this repor	t. I certify	that the	
		ue and accurate to the best of								
		cable standards referenced in								
		operator staffed or visited this								
		process performance records								
	•	report, at a convenient locati		-	tirebe additional o	P •				
rouni mont, together v	copies of this	Toport, at a convenient rocat	.o. ioi di lousi toi	. <i>, .</i>						
			Will Fontaine				_	C-6813		
Signature and Date			Printed or Typ	ped Name			-	License Nur	mber	

PWS lo	WS Identification Number: 6512018 Plant Name: Zephyrhills MHC													
III. D	II. Daily Data for the Month/Year of: July, 2005													
			g Virus Inactiv		ral: ▼ Free C		Chlorine Di		☐ Ozone		ined Chlori	(CL)		
1				r (Describe):		morute 1	Chiorine Di	oxide	Ozone	Come	nnea Chiorii	ne (Chiorai	nines)	
-	traviolet R								1011	(C) 1				
Type o	of Disinfe	ctant Resid	dual Maintai		ibution System:	▼ Free Chlo				(Chloramine		Chlorine I	Dioxide	
	1000				T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable [*]			
1	and the					CT Calc	ulations	Various various			UVI	Dose		
1							reading of the	17.						
1 1							Lowest CT							
					v	Disinfectant	Provided		8 -711.				J	
1.11	Days Plant				Lowest Residual Disinfectant	Contact Time	Before or at First					Minimum	Lowest Residual Disinfectant	
	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	(T) at C Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	1	Hours plant		1	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
14.5	Х	24.0	4,000	7.01	0.8								0.7	
2	Х	24.0	2,000		0.9								0.8	
· .3,		24.0	2,500											
4.00	X	24.0	2,500		0.8								0.6	
5	X	24.0	3,000		0.9								0.8	
6	Х	24.0	6,000		0.8								0.7	
~ 7.0	X	24.0	6,000		1.1								0.9	
8	Х	24.0	6,000		1.0					<u> </u>		ļ	1.1	
9		24.0	3,500						<u> </u>				L	
10	X	24.0	3,500		1.0								0.7	
11	X	24.0	5,000		0.8								0.7	
12	X	24.0	6,000		0.8				 				1.0	
13	X	24.0	5,000 3,000	ļ	1.4				-				1.1	
15	X	24.0	6,000	-	0.7								0.6	
16	X	24.0	9,000		0.6			-		— ——			0.5	
17	1 -^-	24.0	4,000		0.0									
18	X	24.0	4,000		0.7								0.6	
19	X	24.0	6,000		0.7								0.7	
20 -	X	24.0			0.8								1.0	
21	Х	24.0			0.6								0.8	
22	Х	24.0			0.7								0.9	
23	Х	24.0	15,000		0.8								0.9	
24		24.0	5,000											
25	X	24.0	5,000		0.8								1.2	
26	Х	24.0	2,000		1.0								1.1	
27	Х	24.0	6,000		0.7				L				1.0	
28	Х	24.0	7,000		0,6								1.1	
29	X	24.0	10,000		0.7								0.9	
30		24.0	9,500										<u> </u>	
31	Х	24.0	9,500		0.8			I	L	<u> </u>		<u> </u>	1.0	
Total			195,000	ł										
Average	TO MARKET OF THE PARTY OF THE		6,290	1										

21,000

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

Effective August 28, 2003



V600228908											
See Page	2 for Instructions.						<u>.</u>				
		rmation for the Mont		Augus	t, 2005				T		(515212
System N		American Condomi							PWS Identification	Number:	6515213
System T			Non-Transient Non-		Transient Non-Com	munity					1000
	of Service Connectio	ns at End of Month:		309				Total Population Ser	rved at End of Month		1080
System C			Aqua Utilities Florid	la						r : .10:	
Contact I			Brain Heath			<u></u>		Contact Person's Tit	le: Vice President of		ces
Contact I	Person's Mailing Add	lress:	2315 Griffin Road				City: Leesburg		L	Zip Code: 34748	
Contact I	Person's E-Mail Addi	ress:	beheath@aqua	aamerica.com				Contact Person's Te	lephone Number: (40	(352) 787-0980	
		operator or authorized	d representative of this	s consecutive system,	Will Fontaine		rovided in this report	is true and accurate t	o the best of my know	C-6813 License Number or	Titlo
Signature	and Date				Printed or Typed Na	me				License Number of	ritie
II. Daily	Distribution System	Disinfectant Residua	al Data for the Month	Year of:	Au	igust, 2	005				
Type of I	Disinfectant Residual	Maintained in Distr	ibution System:	<u> </u>	Free Chlorine		Combined Chlorine	(Chloramines)			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Day of the	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	Disinfectant Residual	Disinfectant Residual	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	Disinfectant Residual	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	Disinfectant Residual	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					. 17	1				
2	1					18	1				
3	1					19	1				
4	1					20					
5	1					21					
6						22	1				
7					ļ <u>.</u>	23.	1				
8	11					24	1			<u></u>	
9	1					25	11				
10	11					26	1				
11	1					27					
12	1	-				28					
13						29	11				
14			ļ	ļ		30	1				
15				<u> </u>	ļ	31	1	ļ	 		
16	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u></u>	Total	23		<u> </u>	L	<u></u>
V = perce	entage of samples in	which disinfectant re	esidual is undetectable	$e = (c+d+e)/(a+b) \times 1$	00 =						

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%

For previous month, V =



See Pages 4 for Instructions. August, 2005 1. General Information for the Month/Year of: A. Public Water System (PWS) Information 6512018 PWS Name: Zephyrhills MHC PWS Identification Number: Consecutive ✓ Community Non-Transient Non-Community Transient Non-Community PWS Type: Total Population Served at End of Month 491 Number of Service Connections at End of Month: 213 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: 2315 Griffin Road City: Leesburg State: Florida Zip Code: 34748 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 beheath@aguaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** 863-858-2504 Plant Name: Zephyrhills MHC Plant Telephone Number: Plant Address: 35235 Highway 54 West City: Zephyrhills State: Florida Zip Code: 33810 ✓ Raw Ground Water Type of Water Treatment by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Category (per subsection 62-699.310(4), F.A.C.): ν 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: Will Fontaine 6813 Days 1st Shift Other Operators: 7880 Days 1st Shift David Rodgiguez 7519 Davs 1st Shift Steve Fuller II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-6813 Will Fontaine License Number Printed or Typed Name Signature and Date

Page 1

PWS Id	S Identification Number: 6512018 Plant Name: Zephyrhills MHC													
III. D	aily Data	for the N	lonth/Year	of:		August, 2005								
_			g Virus Inactiv				Chlorine Di	ovide	Ozone	Comb	ined Chloris	ne (Chloran	nines)	
1	raviolet R	-		r (Describe):		1	CHOING DI	OAGC	, OZONC	, come	med CHOIL	ic (Cinorali	nutcoj.	
Ε.					ibution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) <u></u>	Chlorine I	Dioxide	
Type o	Disinie	tani Kesio	iuai iviaintali							<u> </u>			I to a second	
				<u>C</u>	T Calculations, or			rour-Log	Virus Inac	aivation, if			1	
[Barra :			CT Calc	ulations		<u> </u>	See and	UV			
1				right for the state of the stat		len en de tra	Lowest CT	l	t de	ter all the		A T		
						Disinfectant	Provided							
	Days Plant	7			Lowest Residual	Contact Time	Before or at					1	Lowest Residual	
	Staffed or	9.1	Net Quantity		Disinfectant	(T) at C	First.	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Minimum	Disinfectant	Emergency or Abnormal Operating
	Visited by	 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	of Finished		Concentration (C)	Measurement	^Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant		- 200 L	Before or at First	Point During	During Peak			Minimum CT		Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow Rate, god.	Customer During	Peak Flow, minutes	Flow, mg-	Water Or	if Applicable	Required, mg	mW-sec/cm ²	sec/cm ²	Distribution :: System, mg/L	Out of Operation
Month 1	"X") X	Operation: 24.0	gau.	Kate, gpd.	Peak Flow, mg/L	minutes	THIVL.	water, ac	II Applicable	- HILLY	III W-SCC/CIII	SCC/CIII	1.2	Cator Operation
2	X	24.0			0.7			 	-	t		<u> </u>	0.8	
3	X	24.0			0.6			 					0.9	
4	Х	24.0	23,000		0.6							~~~	0.8	
- 5	Х	24.0	27,000		0.7								0.9	
6	X	24.0			0.8								0.8	
7.		24.0	14,000											
- 8	Х	24.0			0.8			ļ	ļ				0.9	
9,	X	24.0			0.9		<u> </u>	 					0.8	
10	X	24.0 24.0	16,000 16,000		0.8		 -	 		 		<u> </u>	0.8	
12	X	24.0			0.0			 		 		<u> </u>	0.8	
13	X	24.0	19,000		0.6			 	 	 			0.8	
14		24.0												
15	X	24.0			0.7				·				0.9	
16	Х	24.0	14,000		0.6								0.6	
17	X	24.0			0.8								0.8	
18	X	24.0			0.8								0.9	
19	Х	24.0	15,000		0.6							<u> </u>	0.7	
20	Х	24.0			0.7			 				 	0.8	
21		24.0	17,000		0.6		 	 	 	 		ļ	0.7	
22-	X	24.0 24.0	17,000		0.6		 	 	 			 	0.7	
24	X	24.0	9,000		0.7		 	 	 				0.8	
25	X	24.0	10,000	-	0.8		 	 					0.9	
26.	X	24.0	15,000		0.7		 	 		†			0.7	
27	X	24.0	22,000		1.1								1.0	
28		24.0	13,500											
29	Х	24.0	13,500		2.5								1.8	
30	Х	24.0	14,000		1.1			<u> </u>	<u></u>	<u> </u>			1.1	
31	Х	24.0	17,000		0.9	<u> </u>	L	<u> </u>	L	L	L	L	0.9	
Total			483,000											
Average	対抗を払い		15,581	j										

27,000

^{*} Refer to the installed use (yeth)'s report to determine which plants must provide this information.

Effective August 28, 2003



See Page	2 for Instructions.										
I. Genera	il Water System Infor	rmation for the Mont	h'Year of:	Augus	t, 2005						
System N	lame:	American Condomii	nium						PWS Identification	Number:	6515213
System T	ype 🔽	Community	Non-Transient Non-	Community	Transient Non-Com	munity					
! .	of Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month		1080
System C	wner:		Aqua Utilities Florid	a							
Contact I			Brain Heath					Contact Person's Tit		Environmental Servi	ces
	Person's Mailing Add		2315 Griffin Road				City: Leesburg		State: FL	Zip Code: 34748	
Contact I	erson's E-Mail Addr	ess:	beheath@aqua	america.com				Contact Person's Tel	ephone Number: (40	(352) 787-0980	
I, the und	ersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the infor	mation p	rovided in this report	is true and accurate to	o the best of my know	vledge and belief.	
Signature	and Date				Will Fontaine Printed or Typed Na	me				C-6813 License Number or	itle
			Data for the Month			gust, 2					
Type of I	Disinfectant Residual	Maintained in Distri	bution System:		Free Chlorine	R 1	Combined Chlorine	(Chloramines)			
Day of the		Disinfectant Residual Not Measured but HPC	c = No. of Sites Where Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and	Day of the	a = No. of Sites Where Disinfectant Residual	Disinfectant Residual Not Measured but HPC	Disinfectant Residual Not Detected and HPC		Disinfectant Residual Not Measured and
Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month 17	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL
2			<u> </u>			18					
3	. :					19	1				
4	1					20	<u> </u>				
5	1				<u>:</u> 	$\frac{20}{21}$	 				
6	•	•			i	22	1				
7	- · · · · -					23	i				
8	1			l		24	1				
9	1			**- ***		25	1				
10						26	1				
11	1	•				27					
12	1	-		-		28					
13		•				29	1				
14						30	1				
15	I					31	1				
16	1				I	Total	23				
V = perce	entage of samples in v	which disinfectant res	sidual is undetectable	$= (c+d+e)/(a+b) \times 10^{-6}$	00 =						
For provi	ous month, V =		%								



See Pages 4 for Instructions.

. General Information		Year of: September,	2005					
			, 2003	· 				
A. Public Water System		ntion		·		_		
PWS Name:	Zephyrhills MHC					PWS Identification Number:	6512018	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Tı	ransient Non-Comi		Consecutive		
Number of Service Connect					Total	Population Served at End of N	Month: 491	····
PWS Owner:	Aqua Utilities Florid	la		· · · · · · · · · · · · · · · · · · ·			*****	
Contact Person:	Brian Heath				Conta		Area Manager	
Contact Person's Mailing A		2315 Griffin Road			City: Leesburg	State: Florida	Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Ad	 -	beheath@aquaamerica.cor	<u>n</u>	·				
B. Water Treatment Pla								
Plant Name:	Zephyrhills MHC					Plant Telephone Number:	863-858-2	
Plant Address:	35235 Highway 54 V				City: Zephyrhills	State: Florida	Zip Code:	33810
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day O				200,000				
Plant Category (per subsect						lass (per subsection 62-699.3		The same between the same and t
Licensed Operators		Name		License Class		 	(s) / Shift(s) Worked	
Lead/Chief Operator:				С	6813	Days 1st Shift		
Other Operators:	David Rodgiguez			A	7880	Days 1st Shift		
	Steve Fuller			В	7519	Days 1st Shift		
						<u> </u>		<u> </u>
						ļ		
					<u> </u>			
(1973年) 1975年 -				<u> </u>	<u> </u>			
II Certification by Lead	L/Chief Operate							
			41 1 1/-1-1-	C C41-		lant identified in most L	of this nament. I conti	fu that the
		t operator licensed in Florida, a						
		ue and accurate to the best of n						
		icable standards referenced in s						
		operator staffed or visited this						
(2) if applicable, appro	priate treatment	process performance records.	Furthermore, I	agree to provide	these additional o	perations records to the	PWS owner so the P	WS owner can
retain them, together v	vith copies of this	report, at a convenient locatio	n for at least ter	n years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ	oed Name			License N	lumber
=			,,					

											35,000	100		mmxs
											19,968		運送過去	ASEIDV
											000,915	PURE STATE		Isto
		L										24.0		31
	7.0								6.0		18,000	24.0	X	30
	8.0								8.0		19,000	24.0	X	56
	0.1								2.1		25,000	24.0	X	87
	8.1								7.4		000,91	0.42	X	7.7
	9.1								0.2		12,000	24.0	X	97
											12,000	24.0		52
	6.0					L			0.1		33,000	24.0	X	74
	0.1					L			6.0		000,71	24.0	X	23
	8.1]							5.5		18,000	24.0	X	77
	₽. I								2.0		32,000	24.0	X	12
	0.1								0.1		15,000	24.0	X	70
	1.2	1							91		25,500	24.0	X	61
											25,500	24.0		81
	S.I								8.1		000,02	24.0	X	41
	ÞΊ								0.2		30,000	24.0	Х	91
	91								5.5	1	23,000	24.0	X	51
	8.0								9.0		23,000	24.0	X	14
	Þ'I	1							8.1		20,000	24.0	X	13
	6.0					ļ —	1		2.1		14,500	0.42	X	12
											14,500	24.0		11
	8.0								1.1	1	35,000	0.42	X	10
	0.1								1.21		000,61	24.0	Х	6
	0.1								1.1	1	000,12	24.0	X	8
	I'I								91		20,000	24.0	X	L
	0.2							l	8.2	1	12,000	0.42	X	9
	7.0								0.1		20,000	24.0	X	S
										1	000,02	24.0		7
	8.0								6.0		21,000	24.0	X	ε
	0.1								7.1		000'41	24.0	X	7
	8.0								8.0		12,000	24.0	Х	T
Entergency or Abnormal Operating		imminiM		Minimum CT Required, mg		Temp of Water, ^O C	Before or at Eirst Customer During Peak How, mg-	Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rafe, gpd	Net Quantity of Pinished Water Producted, gal	husiq euroli ni nousraqO	(Place	oy of the
							Lowest CT Provided	Disinfectant					a u	
			plicable UVI	A li ,noitsvi	Virus Inact	go. I-mo		UV Dose, to I CT Calca	T Calculations, or	<u> </u>				
	obixoi	Chlorine D	(9	(Chloramines	ed Chlorine	Combine	Tine oni	Free Chlor	bution System:	ed in Distri	nistnisM leu	tant Resid	oolnisid 1	o ədá
				Сотр			Chlorine Dio	nlorine	al: V Free C	ation/Removs (Describe):	Virus Inactiva	g Four-Log diation	nivəidəA te sA təloivet	o sueəj o _
							ς	Зерtетрет, 200		:3	onth/Year o	for the N	sia Data	(I D
						ЭНИ	Zephyrhills M	Plant Name:		8107159)	Митрег	nonsolitication	PI SM

^{*} Refer to Details (1921) 1921 (1921) report to determine which plants must provide this information.



See Page	2 for Instructions.										
l. Genera	il Water System Infor	rmation for the Mont	r'Year of.	Septemb	er, 2005						
System N	lame:	American Condomii	nium						PWS Identification 1	Number:	6515213
System T	ype: [다	Community [1]	Non-Transient Non-	Community [Transient Non-Comi	munity					
Number of	of Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month	· ·	1080
System O)wner:		Aqua Utilities Florid	a				,			
Contact F	Person:		Brain Heath					Contact Person's Titl		management of the second of th	ces
Contact P	Person's Mailing Add	ress:	2315 Griffin Road				City: Leesburg	,	State: FL	Zip Code: 34748	
Contact F	Person's E-Mail Addr	ess:	beheath@aqua	america.com	. -			Contact Person's Tel	ephone Number: (40	(352) 787-0980	
I, the und	lersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the inform	mation p	rovided in this report	is true and accurate to	the best of my know	ledge and belief.	
					Will Fontaine					C-6813	
Signature	and Date				Printed or Typed Na	me				License Number or	litle
11 15	Division Services	District that David	L Data Cardso Month	V me of :	Sent	ember	2005				
		Disinfectant Residua Maintained in Distri			Free Chlorine		Combined Chlorine	(Chloramines)			
]					T				
- 1	Disinfectant Residual	Disinfectant Residual Not Measured but HPC	c = No. of Sites Where Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Detected and HPC	Disinfectant Residual Not Measured and	Day of the	1	Not Measured but HPC	Disinfectant Residual	Disinfectant Residual	Disinfectant Residual
Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month 17	Was Measured	Measured	INOL IVICASUICO	- 500/III.	1110-300/112
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5						22	1 - 1	<u> </u>		· · · · · _ · _ · · _ ·	
7	1					23	·	<u></u>		ļ	
8	1					24		-			
9						25	 		i - · · · · · · · · · · · · · · · · · ·		
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16	1	÷	1			Total	21		<u></u>	·	<u> </u>
	1 nntana of a1	biok dioi-fortour	cidual is undatactable	$c = (c + d + e)/(a + h) \times 10$		11	<u> </u>	1		-	±
		which disinfectant re		= (crure)/(aru) x II				* *			
r or previ	ous month, V =		%								

61

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

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WIN PROTECTION		Y Y	
***	No.	FION	

See Pages 4 for Instructions.

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		uez	UeZ 6813 UeZ A 7880 B 7519	uez A 7880 uez A 7880 B 7519
		uez	UCZ 6813 UCZ A 7880 UCZ B 7519	uez A 7880 uez B 7519
		uez A 7880 uez B 7519	uez A 7880 uez B 7519	uez C 0813 uez A 7880 B 7519
		uez 6813 uez A 7880 B 7519	uez A 7880 uez A 7880	uez C 0813 Uez A 7880 B 7519
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		uez	DEZ A 7880 DEZ B 7519	uez C 081.3 uez A 7880 B 7519
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Steve Fuller Steve Fuller	Steve Fuller Steve Fuller	C 6813	C 6813	C 0813
Steve Fuller Steve Fuller	Steve Fuller Steve Fuller	C 6813	C 6813	C 0813
David Rodgiguez Steve Fuller Steve Fuller	David Rodgiguez Steve Fuller Steve Fuller	C 6813	C 6813	C 0813
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uez A 7880 B 7519	uez A 7880 B 7519			
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Name License Class License Number C 6813 Days 1st Shift A 7880 Days 1st Shift B 7519 Days 1st Shift	Name License Class License Number C 6813 Days 1st Shift A 7880 Days 1st Shift B 7519 Days 1st Shift	Name	Name License Class License Number	Name License Class License Number
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Raw Ground Water 200,000 Plant Class (per subsection 62- Plant Class (per subsection 62- C 6813 Days 1st Shift A 7880 Days 1st Shift B 7519 Days 1st Shift	Raw Ground Water 200,000 Plant Class (per subsection 62- gallons per day: V License Class License (per subsection 62- Name C 6813 Days 1st Shift A 7880 Days 1st Shift B 7519 Days 1st Shift B 7519 Days 1st Shift	Raw Ground Water 200,000 Purchased Finished Water 200,000 Plant Class (per subsection 62-Number Figure Class Ticense Nimber	Raw Ground Water Purchased Finished Water gallons per day: 200,000 V Plant Class (per subsection 62-Number) Name License Class	Raw Ground Water 200,000 Plant Class (per subsection 62- Name License Class License Number
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Name	Name	gallons per day: V Plant Class (per subsection 62-	Sallons per day: 200,000 Plant Class (per subsection 62-1) Name License Class License Number	Sallons per day: 200,000 Plant Class (per subsection 62- License Class License Number
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Name	Name	gallons per day: V Plant Class (per subsection 62-	gallons per day. V Plant Class (per subsection 62- Name License Number	gallons per day. V Plant Class (per subsection 62- License Class License Number
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V Plant Class (per subsection 62- Name License Class License Nümber C C 6813 Days 1st Shift A 7880 Days 1st Shift B 7519 Days 1st Shift B 7519 Days 1st Shift	V Plant Class (per subsection 62- Name License Class License Number C C 6813 Days 1st Shift A 7880 Days 1st Shift B 7519 Days 1st Shift	V Plant Class (per subsection 62-	v Plant Class (per subsection 62- Name License Class License Number	V Plant Class (per subsection 62- Name License Class License Number
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Name	Name	V Plant Class (per subsection 62-	V Plant Class (per subsection 62- Name License Class License Number	V Plant Class (per subsection 62- Name License Class License Number
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License Class License Number C Consect Class Consect	License Class License Number C Consect Class Consect	Cense Vimber Cense Vimber	License Class License Number	Name License Class License Number
C	C		Name - Licelise Class -	Name Class Livelise Class
C 6813 Days 1st Shift	C 6813 Days 1st Shift			

II Certification by Lead/Chief Operator

information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can 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 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 retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine Vinted or Typed Name License Number	Page 1
Will Fontaine Signature and Date Printed or Typed N	DED From 62 KKK OMM/3/Milemate

PWS lo	lentification	n Number:		6512018		Plant Name:	Zephyrhills	мнс						
III. D	II. Daily Data for the Month/Year of: October, 2005													
			y Virus Inactiv		ral: ⊽ Free C	hlorine [Chlorine Di	ovide	Ozone		ined Chlorii	ne (Chlorar	ninec)	
1	traviolet R			r (Describe):		1	Cinornic Di	o.duc	1 Ozone	i Come	med Chlorn	ne (Cinorai	nuics)	
-					ibution System:	▼ Free Chlo	rino F	Combin	ed Chlorine	(Chloramine	·e)	Chlorine I		
Type	of Disinfed	ctant Resid	iuai Maintai								·		Joane	: The state of the
ļ				C	T Calculations, or			our-Log	Virus Inac	tivation, if				
						CT Calc	ulations				UVI	Dose		는 사람들이 되었다면 하는 것이 되었다면 하는데 다른 경우
							Lowest CT							
			A. 1.	1 3 A		Disinfectant	Provided			Harris Carl	an Albayon			
	Days Plant			200	Lowest Residual	Contact Time	Before or at				#>10 - W	The Arteria	Lowest Residual	To a second second
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
-	Visited by	1 1 1 1 1 1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	the state of	7 200	Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1.	Х	24.0	35,000		0.9								0.7	
2		24.0	15,500											
3	Х	24.0	15,500		3.5								2.2	
4	Х	24.0	25,000	ļ	2.0							ļ	1.4	
5	X	24.0	16,000		1.1			ļ				ļ	0.9	
7	X	24.0	25,000		0.7								0.6	
8	X	24.0 24.0	9,000 29,000		1.5								1.1 0.8	
9		24.0	16,500		0,7								0.8	
10	Х	24.0	16,500		0.7		 						0.7	
11	X	24.0	26,000		2.5								1.6	
12	X	24.0	20,000		2.4								1.5	
13	X	24.0	23,000		2.2								1,6	
14	Х	24.0	24,000		2.5								1.5	
15		24.0	21,000							1				
16	Х	24.0	21,000		2.5								1.0	
17	Х	24.0	9,000		1.6								1.0	
18	Х	24.0	28,000		2.5								1.4	
19	Х	24.0	33,000		1.0								0.8	
20	Х	24.0	20,000		2.5					<u> </u>			1.6	
21	Х	24.0	26,000		0.8					<u> </u>			0.9	
22	Х	24.0	25,000		2.2								1.4	
23		24.0	16,500					ļ <u> </u>					ļ	
24	X	24.0	16,500		0.9								0.8	
25	X	24.0	23,000		0.9		<u> </u>						0.8	
26 27	X X	24.0	23,000		2.5		<u> </u>				ļ. — —-	 	1.6	
28	X	24.0 24.0	22,000 28,000		1,8			-					1.1	
29	_ <u>^</u>	24.0	33,000		1,0		 			 			1.1	
30	X	24.0	33,000		1.6		 	 		 		 	1.0	
31	X	24.0	10,000		1.5					\vdash			1.1	
Total -	X 450 - 150	27.0	684,000		1.5		I		L	J	<u></u>	l	***	<u> </u>
Average			22,065	1										

35,000

^{*} Refer to the instructions (07) this report to determine which plants must provide this information.

Effective August 28, 2003



	See Page	2 for Instructions.										
Non-Transient Non-Community F Non-Transient Non-Community Number of Service Connections at End of Menth Non-Community System Owner Agua Utilities Florids Sarah Heath Contact Person's Title Vice President of Environmental Services Contact Person's Heath Address: 2315 Griffin Road City Leeburg State FL Zap Code 34748	l. Genera	l Water System Infor	rmation for the Montl	h Year of:	Octobe	er, 2005						
Summer August A	System Na	ame:	American Condomir	nium						PWS Identification 1	Number:	6515213
Agua Uldities First Brain Iteah Brain	System Ty	ype: [▽]	Community	Non-Transient Non-	Community [Transient Non-Comr	nunity					
Contact Person's Mailing Address Signatified Signati	Number o	f Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month		1080
Contact Person's Balling Address 2315 Griffin Road Crity Leesburg Sale: FL Zip Code: 34748	System O	wner:		Aqua Utilities Florid	la							
Contact Person's Fe-Mail Address: Deheath@aquamerica.com	Contact P	erson:		Brain Heath					Contact Person's Tit	le: Vice President of	Environmental Servi	ces
the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Will Fontaine	Contact P	erson's Mailing Add	ress:	2315 Griffin Road				City: Leesburg		State: FL	Zip Code: 34748	
Coling Distribution National Distrib	Contact P	erson's E-Mail Addr	ess:	beheath@aqua	aamerica.com				Contact Person's Te	ephone Number: (40	(352) 787-0980	
Coling Distribution National Distrib												
Coling Distribution National Distrib												
Daily Distribution System Distribution Distribution System Distribution System Distribution Distribution Distribution Distribution System Distribution Distribution Distribution Distribution Distribution System Distribution Distribu	I, the unde	ersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the inforr	nation pi	ovided in this report	is true and accurate to	the best of my know	ledge and belief.	
Daily Distribution System Distribution Distribution Distribution System Distribution Distribution Distribution System Distribution System Distribution Distribution Distribution System Distribution Di												
Daily Distribution System Distribution System Distribution System Distribution System Free Chlorine						Will Fontaine					C-6813	
Second Proper of Disinfectant Residual Maintained in Distribution System: Fee Chlorine Fee Fee Fee Chlorine Fee Fee Chlorine Fee Fee Chlorine Fee Fee Fee Fee Fee Fee Fee Fee Fee	Signature	and Date				Printed or Typed Na	me				License Number or	Title
Special Composition Special Residual Not Measured and HPC Not Measured and HPC Not Measured Special Composition Special Residual Not Measured Special Composition Special Residual Not Measured Special Composition Special Residual Not Measured												
A	II. Daily I	Distribution System	Disinfectant Residua	I Data for the Month	Year of:	Oct	tober, 2	2005				
A	Type of D	isinfectant Residual	Maintained in Distri	bution System:	र	Free Chlorine	П	Combined Chlorine	(Chloramines)			
A												
A			N 60'- 118	N - 66% - 101	4 - N - CO'4 - W/L	N 66'4 - WI			h - No of Citos Where	c - No. of Sites Where	d - No. of Sites Where	e = No. of Sites Where
Day of the Month Month Was Measured Month Was Measured Month Was Measured Month Mont	ł	a - No. of Sites Where	1	1			Day of	a = No. of Sites Where				
Month Was Measured Measured Not Measured							1 1			l .	i e	
18			{		I —		1		 		> 500/mL	HPC > 500/mL
19	1						17	1				
4	2						18	1				·
S 1 21 1 1 22 1 1 23 23	3	1					19	1	ļ i			· ·
Control Cont	4	1	,	<u> </u>	,		20	1		!		·
Total Tota	5	1		; 	T		21	1				,
S	6	1		<u> </u>			22	1				i
10	7	1			i		23					
10	8		•				24	1			<u> </u>	
11	9						25	1			i	
12	10	1					26	1				
	11	1		,			27	l				<u> </u>
	12	1					28	1				
	13	1			•		29					
Total 21 V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =	14	1		[30					
V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =	15						31	1				
and the second of the contract	16						Total	21				
and the second of the contract	V = perce	ntage of samples in	which disinfectant re-	sidual is undetectable	$= (c+d+e)/(a+b) \times 10^{-1}$	00 =						
				The second of th								



		#VALUE!								
See Pages 4 for Instr		/oan of	2005							
. General Information	i for the Wonth/Y	ear or: Nov	vember, 2005							
A. Public Water Systen	ı (PWS) İnformat	tion								
PWS Name:	Zephyrhills MHC						PWS Identification Num	ber:	6512018	
PWS Type:	✓ Community	Non-Transient Non-	-Community	Transient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Month:	213				Total	Population Served at End	of Month:	491	
PWS Owner:	Aqua Utilities Florida	a								
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A		2315 Griffin Road			City:	Leesburg	State: Florida		Zip Code:	34748
Contact Person's Telephone		(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail A		beheath@aquaamer	rica.com							
3. Water Treatment Pl										
Plant Name:	Zephyrhills MHC						Plant Telephone Number		863-858-25	
Plant Address:	35235 Highway 54 W				City:	Zephyrhills	State: Florida		Zip Code:	33810
Type of Water Treatment b	,	✓ Raw Ground Water	☐ Purchased	Finished Water						
Permitted Maximum Day (200,000	,					
Plant Category (per subsec			V		1 7. 7		lass (per subsection 62-69			Server 2 Subservices (All Services)
Licensed Operators		Name		License Class	Licer	nse Number		ay(s) / Shift(s)	WOIKEU	
Lead/Chief Operator:	Steve Fuller			В	 	7519	Days 1st Shift			
Other Operators:]		· · · · · · · · · · · · · · · · · · ·		 					
	:		·		┼					
					 					
					┼					
					+					
					 					
					+-					
					1					
					1					
the state of the second	3									
I Certification by Lea										
I, the undersigned war	ter treatment plant	operator licensed in Fl	lorida, am the lead/c	hief operator of the	e water	treatment p	lant identified in part	I of this repor	t. I certify	that the
information provided	in this report is tru	e and accurate to the b	est of my knowledg	e and belief. I cert	tify that	t all drinkinį	g water treatment che	micals used at	this plant	conform to NSF
International Standard	d 60 or other applic	cable standards referen	ced in subsection 62	2-555.320(3), F.A.	C. I als	so certify the	at the following addit	ional operation	is records	for this plant
were prepared each da	av that a licensed o	perator staffed or visit	ed this plant during	the month indicate	d abov	e: (1) recor	ds of amounts of che	micals used an	d chemica	I feed rates; and
(2) if applicable, appr	opriate treatment r	orocess performance re	cords. Furthermore	. I agree to provide	e these	additional o	perations records to	the PWS owne	r so the PV	WS owner can
		report, at a convenient					•			
				- <i>y</i>						
			Steve Full	er					B-7519	
Signature and Date				Typed Name				_	License Nu	mber
Signature and Date			i finded of	1 yped (vaine					S. Combe I tu	

PWS I	lentification	n Number:		6512018		Plant Name:	Zephyrhills	мнс						
	aily Data	for the N	onth/Year	of:		November, 200	05							
			g Virus Inactiv		vol: T F C									
						niorine	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chloran	nines)	
⊢	traviolet R		[Othe											
Type o	of Disinfec	ctant Resid	lual Maintai	ned in Distr	ibution System:	▼ Free Chlo	orine	Combin	ed Chlorine	(Chloramine	s) I	Chlorine I	Dioxide	
		. 4.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable			
1						CT Calc				e and of the second of the second	UV		1	[하는 사람이를 하는 바람이 함께 살을 했다.]
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			140 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service .	i-que e		
							Lowest CT							
1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Disinfectant	Provided						1917 144	
1	Days Plant			600	Lowest Residual	Contact Time	Before or at		14 60		Report for		Lowest Residual	
	Staffed or		Net Quantity	History of	Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest Operating	UV Dose Required,	Concentration at	
Day of	Operator	Hours plant		n (4 Tr	Before or at First	Point During	During Peak	Temp of		Minimum CT Required, mg		mW-	Remote Point in	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the	(Place	in O	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution	Out of Operation
Month 1	X")	Operation 24.0	gal. 29,000	Rate, gpd.	reak riow, mg/L	minutes	min/L	water, C	n Applicable	IIIIVI .	inw-sec/cin	SCC/CIII	System, mg/L	Out of Operations
2	X	24.0	26,000		1.6			 	-				1.0	
3	X	24.0	44,000		2.2	<u> </u>	 	 					1.6	
4	X	24.0	30,000		1.8			 				 	1.4	
5	X	24.0	34,000		2.0							 	1.2	
6		24.0	33,000											
7	Х	24.0	33,000	·	1.6			i					1.1	
8	X	24.0	30,000		1.8								1.2	
9	Х	24.0	34,000		1.6								1.4	
10	X	24.0	30,000		1.4								1.0	
-11	Х	24.0	34,000		1.2								0.9	
12	X	24.0	27,000		1.0		ļ						0.8	
13		24.0	36,000											
14	Х	24.0	36,000		1.1								0.8	
15	Х	24.0	12,000		1.0								0.9	
16	X	24.0	34,000		0.8								0.8	
17	Х	24.0	49,000		1.1							<u> </u>	0.8	
18	X	24.0	13,000		1.0		 		ļ			 	0.7	
19	Х	24.0	45,000		1.0		 					 	0.8	
20 21		24.0	36,500 36,500		1.3		 		<u> </u>			 	1.0	
22	X	24.0 24.0	36,500		1.3			 					0.8	
23	X	24.0	16,000		1.1			 				 	0.8	
24	X	24.0	44,000		1.8			 -	-			 	1.5	
25	$\frac{\lambda}{X}$	24.0	37,000		2.1		 	 					1.6	
26	X	24.0	20,000		1.9		 			-			1.4	
27		24.0	43,500		1			 				·	· · · · · · · · · · · · · · · · · · ·	
28	Х	24.0	43,500		1.6								1.4	
29	Х	24.0	21,000		1.8						· · · · · · · · · · · · · · · · · · ·		1.2	
30	Х	24.0	27,000		1.5								1.3	
31		24.0						-						
Total	ed area o	WAR INC.	966,000						•					
Average	10 - 5 m		31,161											

49,000

^{*} Refer to the instructions (2001) report to determine which plants must provide this information.

Effective August 28, 2003



See Page 2 for Instructi

Security Security	See Page	2 for Instructions.						_,				
Non-Transcent Non-Community	I. General	Water System Infor	mation for the Month	n/Year.of:	Decemb	er, 2005						
Number of Service Connections at End of Monits 309 1080 599 59	System Na	ame:	American Condomir	nium						PWS Identification I	Number.	6515213
Agua Utilities Florida Prison Agua Utilities Florida Prison Priso	System Ty	ype: 🔃	Community [7]	Non-Transient Non-	Community 🗐	Transient Non-Comm	nunity					
Contact Person: Brain Heath Contact Person's Mailing Address: 2315 Griffin Road City Leesburg City Leesburg Contact Person's Telephone Number: A 232 787-0980	Number o	f Service Connection	ns at End of Month:		309				Total Population Ser	ved at End of Month		1080
Contact Person's Mailing Address	System O	wner:		Aqua Utilities Florid	a							
Contact Person's E-Mail Address Deheath@aquamerica.com Deheath@aq	Contact P	erson:		Brain Heath					A			ces
Signature and Date Wall Fontaine Printed or Typed Name December, 2005	Contact P	erson's Mailing Add	ress:	2315 Griffin Road				City: Leesburg		State: FL	Zip Code: 34748	
	Contact P	erson's E-Mail Addr	ess:	beheath@aqua	america.com				Contact Person's Tel	ephone Number: (40	(352) 787-0980	
					÷							
	I, the unde	ersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the inform	nation pi	ovided in this report	is true and accurate to	the best of my know	vledge and belief.	
Daily Distribution System Disinfectant Residual Data for the Month Vear of						Will Fontaine					C-6813	
	Signature	and Date					me			=	License Number or	Title
Procedure Proc	5.Ba.a.											
Procedure Proc	II Daily	Distribution System	Disinfectant Residua	Data for the Month/	Year of :	Dece	mber.	2005				
Second Sites Where Disinfectant Residual Not Measured by HPC Disinfectant Residual Not Measured by HPC M									(Chloramines)			
a = No. of Sites Where Disinfectant Residual Day of the Disinf			Triantanied bi Distri	[]								
a = No. of Sites Where Disinfectant Residual Day of the Disinf							43.5					
Day of the Day of th									[4] A. C. Martin, Phys. Lett. 198, 198	The first of the f		the first transfer of the second transfer of
Month Was Measured Measured Not Measured Month Was Measured Measured Not Measured >500/mL HPC > 500/mL 1<		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Section 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1	The state of the s	L. Community of the Community	Freedometric to the contraction of	A 44 C 18 C 18 C 18 C 18 C 18 C 18 C 18 C	A The second sec				
		the first term of the control of the	1 7 7 14 7 3		TO 1 THE LOCAL CO. LANSING MICH.	1 1 1 To Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					HPC > 500/mL
2 1 3 1 4 20 5 1 6 1 7 1 8 1 9 1 10 1 11 27 12 1 13 29 14 1 15 1 30 1 31 1 30 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1		was Measured	Measured	Not Measured	> 300/mL	HPC > 500/IIIL	, v	was Measured	Ivicasured	1101 Wedsared	1,3,390,112	
3 1 4 20° 5 1 6 1 7 1 8 1 9 1 10 1 11 27° 12 1 13 1 14 1 15 1 31 1 30 1 31 1 31 1 31 1 31 1 31 1 31 1 31 1		<u>.</u>				 		 				
4 20 1 5 1 21 i 6 1 22 i 7 1 23 1 8 1 24 i 9 1 25 i 10 1 26 1 11 27 1 12 1 28 1 13 1 29 1 14 1 30 1 15 1 31 1 15 1 31 1						<u> </u>		1				
5 1 6 1 7 1 8 1 9 1 10 1 11 27 12 1 13 1 14 1 15 1	-						1000	1		1		
6 1 7 1 8 1 9 1 10 1 11 27 12 1 13 1 14 1 15 1		1						1				
7 1 8 1 9 1 10 1 11 26 12 1 13 1 13 1 14 1 15 1 31 1 31 1 31 1 31 1				 				1		1		
8 1 9 1 10 1 11 26 12 1 13 1 14 1 15 1 11 30 12 1 13 1 14 1 15 1								1				
9 1 10 1 11 26 12 1 13 1 14 1 15 1 11 30 12 1 13 1 14 1 15 1								i				
10 1 11 27 12 1 13 1 14 1 15 1 31 1 31 1 31 1								-				
11 12 1 13 1 14 1 15 1	- 1 mark						1 100	1				
12 1 13 1 14 1 15 1								1				
13 1 29 1 1 30 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								1				
14 1 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1			- 29	1				
15 1 31 1								1				
							31	1				
							Total	21	T			
V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =			which disinfectant re-	sidual is undetectable	$c = (c+d+e)/(a+b) \times 1$	00 =	<u> </u>	3		1		
For previous month, V = %			which distillectant ic	· 	(0.4.0)/(0.0) X 1							



#VALUE!

See Pages 4 for Instr	uctions.								
. General Information		ar of: December	r, 2005						
A. Public Water Systen	(PWS) Information	on							
PWS Name:	Zephyrhills MHC						PWS Identification Number:	6512018	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity	ransient Non-Com	munity		Consecutive		
Number of Service Connec		213				To	otal Population Served at End of Month	ı: 491	
PWS Owner:	Agua Utilities Florida	- , ,,							
Contact Person:	Brian Heath			-		Co	ontact Person's Title: Area	Manager	
Contact Person's Mailing A	.ddress: 23	15 Griffin Road			City: L	eesburg	State: Florida	Zip Code:	34748
Contact Person's Telephone		52) 787-0980				Co	ontact Person's Fax Number: (352)	787-6333	
Contact Person's E-Mail Ac	ldress: be	eheath@aquaamerica.co	<u>om</u>						
. Water Treatment Pl	ant Information								
Plant Name:	Zephyrhills MHC						Plant Telephone Number:	863-858-2	504
Plant Address:	35235 Highway 54 We	st			City: Z	ephyrhill	s State: Florida	Zip Code:	33810
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day (Operating Capacity of Pla	nt, gallons per day:		200,000					
Plant Category (per subsect	ion 62-699.310(4), F.A.	C.): V					nt Class (per subsection 62-699.310(4)		
Licensed Operators		Name		License Class	Licens	e Numl	ber Day(s) /	Shift(s) Worked	
Lead/Chief Operator:	Steve Fuller			В		7519	Days 1st Shift		
Other Operators:									
新塩酸 計画									
					 				
						_			
					ļ				
					ļ				
	<u></u>								
探告。持一直在		· -							
Cartification by Lon	I/Chi-f O- anaton								
I Certification by Lead				C . C.I			The state of the s	1 1 T(10	' 41 - 4 41 -
							nt plant identified in part I of th		
							king water treatment chemicals		
							that the following additional o		
were prepared each da	y that a licensed op	erator staffed or visited this	s plant during the	month indicated	d above:	(1) re	cords of amounts of chemicals	used and chemica	al feed rates; and
(2) if applicable, appr	opriate treatment pro	ocess performance records.	Furthermore, I	agree to provide	these a	dditiona	al operations records to the PW	S owner so the P	WS owner can
		port, at a convenient locati							
			Steve Fuller					В-7519	
Signature and Date		- Marie		and Nama		-		License No	umber
Signature and Date			Printed or Typ	eu name				License in	numbel

PWS identification Number: 6512018 Plant Name: Zephyrhills MHC														
HI. Daily Data for the Month/Year of: December, 2005														
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) Ultraviolet Radiation Chloramines														
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*														
				C			Demostate 1	Four-Log	y Virus Inac	tivation, if A				
} `				·	CT Calculations UV Dose									
							T CTT		1				A STANTANTANTAN	
1			i ·	{		Disinfectant	Lowest CT Provided		}	j		Ny varian'i		
2.53	Days Plant			j	Lowest Residual	Contact Time	Before or at						Lowest Residual	A SUND SECTION OF THE SECTION OF THE CONTRACT OF THE SECTION OF THE CONTRACT O
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		1		1.0	Minimum	Disinfectant	
1 .	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First.	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	· / min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
11	X	24.0	18,000		1.9			ļ	ļ				1.1	
2	X	24.0	40,000		1.8				ļ				1.2	
4	X	24.0	20,000 24,500	 	1.0			 	 			ļ <u>.</u>	1.0	
5	X	24.0	24,500		1.7			 	 	-		 	1.2	
6	X	24.0	53,000		1.2				 	 			1.0	
7	X	24.0	21,000		1.1				 				0.9	
8	X	24.0	13,000		1.8				1				1.2	
9	Х	24.0	27,000		1.6								1.0	
10	Х	24.0	44,000		1.6								1.1	
11		24.0	23,000											
12	X	24.0	23,000		1.7								1.0	
13	X	24.0	40,000		1.5								1.1	
14	X	24.0	14,000		1.6	L			ļ				1.4	
15	Х	24.0	29,000		1.6				 _				1.2	
16	X	24.0	26,000		1.5								0.9	
17	X	24.0	39,000		1.6						<u> </u>	 	1.1	
19	X	24.0	16,000	 	1.3			 	 			 	1.0	
20	x	24.0	47,000	 	1.3			 	 				0.8	
21	$\frac{\hat{x}}{x}$	24.0	17,000	 	1.4			 					1.0	
22	X	24.0	29,000		1.4			 					0.7	
23	X	24.0	32,000		1.8								1.2	
24	Х	24.0	43,000		1.6								1.1	
25		24.0	27,500											
26	Х	24.0	27,500		0.6								0.5	
27	X	24.0	22,000		1.6								1.0	
28	X	24.0	27,000		2.5]	ļ	<u> </u>			1.6	
29	Х	24.0	50,000		2.5				ļ				1.8	
30	X	24.0	21,000		2.0			├	 				1.2	
31	X	24.0	47,000	<u> </u>	2.0		L	<u> </u>	<u> </u>	L	L	<u></u>	1.4	L
Total 901,000 Average 29,065														
Average	14. 14. E.M.	 4. 4. 4. 4. 4. 4. 4. 4. 	29,065	1										

53,000

Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



See Page	2 for Instructions.										
I. Genera	l Water System Infor	mation for the Montl	i Year of:	Decemb	er, 2005						-, -, -, -, -, -, -, -, -, -, -, -, -, -
System N	ame:	American Condomir	nium						PWS Identification N	Number:	6515213
System T			Non-Transient Non-G	Community [Transient Non-Comm	nunity		-			
Number of Service Connections at End of Month: 309								Total Population Served at End of Month: 1080			
System O	wner:		Aqua Utilities Florid	a					,		
Contact Person: Brain Heath							Contact Person's Title: Vice President of Environmental Services				
Contact Person's Mailing Address: 2315 Griffin Road Contact Person's E-Mail Address: beheath@aquaamerica.cc							City: Leesburg	State: FL Zip Code: 34748			
				america.com				Contact Person's Tel	ephone Number: (40 (352) 787-098		
I, the und	ersigned lead/chief o	perator or authorized	representative of this	consecutive system,	certify that the inform	nation pr	ovided in this report i	is true and accurate to			
					Will Fontaine					C-6813	
Signature and Date					Printed or Typed Nar	me		License Number or Title			
II. Daily	Distribution System	Disinfectant Residua	1 Data for the Month	Year of:	Dece	mber,	2005				
Type of E	Disinfectant Residual	Maintained in Distri	bution System:	티	Free Chlorine		Combined Chlorine	(Chloramines)			
		b = No. of Sites Where	c = No. of Sites Where	d = No of Sites Where	e = No of Sites Where			b = No. of Sites Where	c = No. of Sites Where	d = No. of Sites Where	e = No. of Sites Where
	a = No. of Sites Where		Disinfectant Residual	Disinfectant Residual	Disinfectant Residual	Day of	a = No. of Sites Where	Disinfectant Residual	Disinfectant Residual	Disinfectant Residual	Disinfectant Residual
Day of the			Not Detected and HPC	Not Detected and HPC	Not Measured and	the	Disinfectant Residual	Not Measured but HPC	Not Detected and HPC		Not Measured and
Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL	Month	Was Measured	Measured	Not Measured	> 500/mL	HPC > 500/mL
1	1	<u> </u>				17	<u> </u>	:	i — — — —		
2	1	ļ				18					<u> </u>
3	1	1				19	1	T	<u> </u>		
4		:					1	:	i		
5	1					21	11		·		-
6	1	I .			,	22	1	<u> </u>			<u> </u>
7	1	i				23	1		<u> </u>		
8	1	İ				24	1				<u> </u>
9	1					25	ļ.,		i		
10	1			***		26	1	-	i	,	<u> </u>
11						27	1 1		·		·
12	I	† † †				28	1	1	;	1	
13	1				· • · · · - · -	29	1 -	<u> </u>			
14					<u> </u>	30	1	:		ļ	-
15	1	i				31	ļ			<u>i</u>	
16	i					Total	21				·
V = perce	ntage of samples in	which disinfectant re	sidual is undetectable	\approx (c+d+e)/(a+b) x 1	00 =						
For previous	ous month, V =		%								

DEP Form 62-555.900(6) Effective _____